Family Dynamics and Social Support as Predictors of Substance Use Recovery in the Naga Society

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Abstract

While previous researchers have explored the impact of family and social support networks in the process of substance use recovery, there is a lack of research on the same for the Naga Community from North-East, India. A sample of 150 participants aged 18-35 from the Naga Community of Nagaland currently in the process of substance use recovery was surveyed. Data was collected through self-report measures including FACES III - Family Version Scale to assess the family dynamics, the Social Support Questionnaire (SSQ6) to assess an individual's perceived social support, the Substance Use Recovery Evaluator Scale (SURE) to assess the individual's progress in substance use recovery. The study revealed a statistically significant correlation between substance use recovery and the family cohesion aspect of family dynamics, as well as between substance use recovery and social support. However, no correlation significant correlation was found between substance use recovery and the family adaptability aspect of family dynamics. The significant correlation observed between Substance Use Recovery and family cohesion indicates that strong family support and unity positively influence an individual's ability to overcome substance use and addiction. Similarly, the association between Substance Use Recovery and Social Support emphasizes the role of social networks in helping individuals overcome their addiction. These results contribute to a deeper understanding of how family dynamics and social support have an impact on the recovery process of individuals dealing with substance use.

Keywords: Family Dynamics, Social Support, Substance Use Recovery

The Role of Family Dynamics and Social Support in Substance Use Recovery within the Naga Society

Substance use disorder (SUD) is a pervasive issue affecting many individuals across diverse societies throughout the world. While the impact of addiction on individuals and communities is well-documented, the role of family dynamics and social support networks in facilitating substance use recovery remains a critical area of study. Understanding how these factors intersect within specific cultural settings can provide valuable insights into effective interventions and support mechanisms for individuals grappling with addiction.

This research aims to comprehend the relationship that exists among Naga family dynamics, community support systems, and the process of substance use recovery. Within the unique cultural context of the Naga society, where traditions, values, and familial structures play a significant role in shaping social

interactions and support systems, understanding the impact of family dynamics and social support on substance use recovery is crucial.

Substance use recovery refers to the process by which individuals with substance use disorders strive to achieve and maintain abstinence from addictive substances, improve their physical and mental health, and rebuild their lives in a positive and meaningful manner. Recovery is a multifaceted and ongoing journey that involves various stages, challenges, and personal growth opportunities.

Family dynamics, as defined by the American Psychological Association (APA), are the ways in which family members influence one another's attitudes, emotions, and actions along with the ways in which family relationships evolve. It refers to the patterns of interaction, communication, and relationships within a family unit and encompasses various factors such as family structure, communication styles, cohesion, conflict resolution strategies, roles and responsibilities, and levels of support and involvement. These dynamics involve behavioural and relational patterns that govern a family's everyday functioning, including interactions, roles, hierarchies, communication, and adaptation to change. Family dynamics are influenced by various factors such as culture, traditions, learned skills, emotions, and family history. Researchers investigated the barriers and factors that motivate mothers to receive treatment for substance misuse. According to this study, the mothers' recovery depends greatly on their families, and they had a favorable opinion of family therapy (Villegas et al. 2016). Various studies have shown that familial relationships and support can have a great impact on the recovery journey of individuals involved in substance use. It can be a motivation factor for individuals in their recovery journey.

Social networks, which comprise friends, family, classmates, and peers, offer resources, support, and encouragement to individuals. This is referred to as social support. It encompasses various forms of support, including emotional, instrumental, and informational support, which play a crucial role in promoting individuals' well-being, coping with stressors, and navigating challenges. Social support networks play a crucial role in an individual's life. Having a positive social support network can help individuals deal and cope with problems in their lives in a better way. Community support networks are a source of better health and well-being as well as resilience during stressful life situations. In a study conducted to investigate social support and network relationships in SUD recovery, there were positive significant relationships found between general social support and substance use disorder recovery. (Stevens et al, 2014)

In many societies, including the Naga community in Nagaland, India, familial relationships, community structures, and cultural norms play a pivotal role in shaping individuals' experiences with substance use and their journey toward recovery. The Naga society, characterized by its tribal affiliations, customary laws, and traditional practices, presents a unique backdrop for exploring the complexities of addiction treatment and rehabilitation. The prevalence of substance abuse, particularly alcohol and drug misuse, within this community, underscores the need for tailored approaches that consider the cultural nuances and social dynamics at play.

The state of Nagaland is located in the northeastern part of India and is the 16th state within the union of India. The Naga society is built mainly on tribal and intra-tribal connotations with clans and sub-clans dominating discourse within the group where customary law, as handed down through the generations is the rudimentary system delivery based on customs, practices, and beliefs accepted within that community and embracing all social and economic ways of life. The modern ways of life with ever-growing urban settings with cities and towns bursting at the seams with development and progress have inevitably brought along challenges to society in the form of unemployment and hardships in coping with the changing times.

In the Naga society, substance abuse in the form of alcohol and drugs accompanied with its alternate lifestyle of decadence has not only brought sorrow within the nuclear family but menace to the whole of society. The Naga Mother's Association and other NGOs have been doing their best to address this issue over the years providing care, support, and rehabilitation for the individuals involved in substance abuse. The history of substance abuse in Nagaland has underscored the need for holistic approaches to address addiction, recognizing that it is a disease requiring comprehensive treatment strategies. The Naga society's struggle with drug addiction has highlighted the importance of family dynamics, community support, and faith-based interventions in facilitating recovery and reintegrating recovering individuals back into society. The journey toward substance use recovery within the Naga society involves not only combating addiction but also addressing societal stigma, providing counselling, creating awareness, and offering employment opportunities to support individuals on their path to recovery. Understanding the role of family dynamics, social acceptance, and community interventions is essential in formulating effective strategies for substance use recovery within this unique cultural context.

A wide range of aspects, including biological, psychological, social, and environmental effects, determine the complex dynamics of addiction and recovery. Among these, the role of family relationships and social support systems has emerged as a crucial determinant of individuals' ability to navigate the challenges of substance use recovery. Families often serve as primary sources of emotional, practical, and financial support for individuals struggling with addiction, playing a pivotal role in their recovery journey. Moreover, social support networks, encompassing friends, peers, community organizations, and healthcare providers, can provide essential resources and encouragement to individuals seeking to overcome substance use disorders.

While existing literature has highlighted the importance of family support and social networks in substance use recovery, there is a dearth of research specifically focusing on the Naga community and its cultural context. By delving into this uncharted territory, this research purposes to fill this gap by examining how family dynamics, community support systems, and cultural norms influence the recovery process for individuals grappling with substance use disorders in Nagaland. This study aims to provide important insights for creating culturally appropriate and successful therapies by thoroughly examining these connected aspects. It also aims to shed light on the difficulties associated with addiction treatment in the Naga community.

The exploration of family dynamics, social support networks, and cultural influences on substance use recovery within the Naga society represents a critical step toward enhancing our understanding of addiction treatment in culturally diverse populations. In the distinctive cultural context of Nagaland, this project aims to close the gap between research and practice and pave the way for more efficient, culturally aware, and comprehensive methods of assisting people in their journey toward recovery from substance use disorders.

Rationale

This study's objective is to examine whether social support networks and family dynamics affect substance use recovery in the Naga community. By identifying how family dynamics and social support affect substance use recovery, this research can help improve mental health outcomes for the Naga individuals who are struggling with substance use and are in the process of recovery. The investigation's results will contribute to a better comprehension of the lasting impact of family dynamics and social support networks,

informing the Naga community to take necessary actions while dealing with individuals who are in the process of substance use recovery.

Methodology
Objectives
1. To examine the impact of family dynamics and social support on substance use recovery in the Naga community.
2. To explore the association between family dynamics and substance use recovery in the Naga community.
3. To evaluate the effect of social support on substance use recovery in the Naga community.

Hypotheses
H_1 -There is a significant impact of family dynamics and social support on substance use recovery in the Naga community.

H_2 -There will be a strong positive correlation between family dynamics and substance use recovery in the Naga community.

H_3 -There will be a positive relationship between social support and substance use recovery in the Naga community.

Sample
The study involved 150 participants, both men and women. The samples were selected using a combination of random and purposeful sampling procedures. The ages of the participants ranged from 18 to 35.

Variables
Dependent Variable
DV_1– Substance Use Recovery
Independent Variable
IV_1– Family Dynamics
IV_2– Social Support

Measures
General Demographics
Participants answered a series of questions regarding their current age and gender.
FACES III - Family Version Scale
In 1985, David H. Olson, Joyce Portner, and Yoav Lavee created the FACES III questionnaire. FACES III includes measures of family type/functioning (extreme, mid-range, moderately balanced, balanced), family adaptability (the degree to which the family system is flexible and can change), and family cohesion (the degree to which family members are in relation to or separated from their family). Combining 10 things with odd scores for cohesiveness and 10 items with even scores for adaptability simplifies scoring. Each dimension has a score between 1 and 8. Extremely high scores are now considered "very connected" and "very flexible" instead of the old terms "enmeshed" and "chaotic," respectively. The Family Type score (1–8) is obtained by adding the values for cohesiveness and adaptation and dividing the result by 2.

An internal consistency coefficient (r) of.68 indicates that the FACES III model scales are reasonably consistent with one another. With an R-value of.80, the FACES III model shows excellent test-retest reliability. The FACES III model shows a very weak correlation between the scales, with an R-value of only .03.

Social Support Questionnaire

SSQ6 shortened version of the original Social Support Questionnaire created by Sarason, Levine, Basham, and Sarason in 1983. This self-report questionnaire assesses an individual's perceived social support. This questionnaire uses a 6-point Likert scale. From "1 - very dissatisfied" to "6 - very satisfied," the scale goes from 1 to 6. Both the 20-item and 12-item scales show very good reliability in their correlations between total scores and components, with r = 0.93 being an excellent threshold.

Substance Use Recovery Evaluator Scale

The SURE outcome measure was created with unprecedented input from individuals in recovery; it is psychometrically valid, short, and easy to complete. It works with or in place of other result tools. Scores in SURE are straightforward. There are a total of 21 questions, and you can get a 1, 2, or 3 for each. There are two parts to this evaluation's score methodology. A score of 3 for "Never" or "on 1 or 2 days," 2 for "on 3 or 4 days," and 1 for "on 5 or 6 days" or "every day" is assigned to questions 1-3 in the first section, which is assessed based on frequency. The five areas are self-care (scores 5–16), relationships (scores 4–12), material resources (scores 3-9), outlook on life (scores 3-9), drinking and drug use (scores 6–24), and overall (scores 3-9). The possible total scores range from 21–63. An answer of "All of the time" or "Most of the time" is worth 3 points, "A fair amount of the time" is worth 2 points, and "A little of the time" or "None of the time" is worth 1 point in the second part (questions 4-21), which also employs frequency scoring. Part C does not have a grade.

Research Design

Purposive sampling, a non-probability sampling methodology, and a quantitative correlational design were used in this study to explore the research problems.

Statistical analysis

Family dynamics, social support, and substance use recovery were examined in relation to each other using Pearson's Correlation and Multiple Regression.

Results

Among people in the 18–35 age bracket, the descriptive statistics provide light on the following three critical variables: family dynamics, social support, and substance use recovery. Respondents' average score of 59.51 on the Family Dynamics scale suggests that this population engages in a fair amount of relationship interaction-based family activities. With an average score of 27.18, respondents indicated a considerable amount of social support. The average score of 40.37 on the Substance Use Recovery scale suggests that people are making moderate strides toward sobriety. The level of variability within each variable is shown by the standard deviations. Family Dynamics has the lowest level of variability (SD = 7.83), followed by Substance Use Recovery (SD = 10.73), and Social Support (SD = 8.85). In sum, the results provide light on the complexities and difficulties of young people's social lives, drug abuse rehabilitation, and familial and familial connections. (see Table 1)

Table 1 Descriptive Statistics of all the variables.

		Mean	Standard Deviation
	Total substance use recovery	40.37	10.73
	Social support	27.18	8.85
	Family Dynamics	59.50	7.82

Significant correlations were observed among the variables in the study (see Table 2). A positive correlation was found between Substance Use Recovery, Social Support, and Family Cohesion, with correlation coefficients ranging from 0.326 to 0.452 and all associated p-values being highly significant (p<0.001). Nevertheless, no significant correlation was found between substance use recovery and family adaptability. Therefore, the association between total substance use recovery and social support is significant and positive.

Graphical representations of the data are shown through scatter plots (see Figure 1).

**Table 2**

Pearson's Correlation Analysis Results

|		SUR	SS	FC	FA
SUR	Pearson Correlation	--			
	N	150			
SS	Pearson Correlation	.326**	--		
	Sig. (2-tailed)	.000			
	N	150	150		
FC	Pearson Correlation	.452**	.423**	--	
	Sig. (2-tailed)	.000	.000		
	N	150	150	150	
FA	Pearson Correlation	.148	.077	.136	--
	Sig. (2-tailed)	.071	.350	.098	
	N	150	150	150	150

.Correlation is significant at 0.01 level (2-tailed).

Note: SUR- Substance Use Recovery, SS- Social Support, FC- Family Cohesion, FA- Family Adaptability

Figure 1

Scatter plots representing correlations between variables
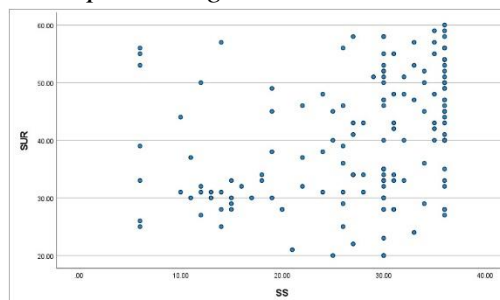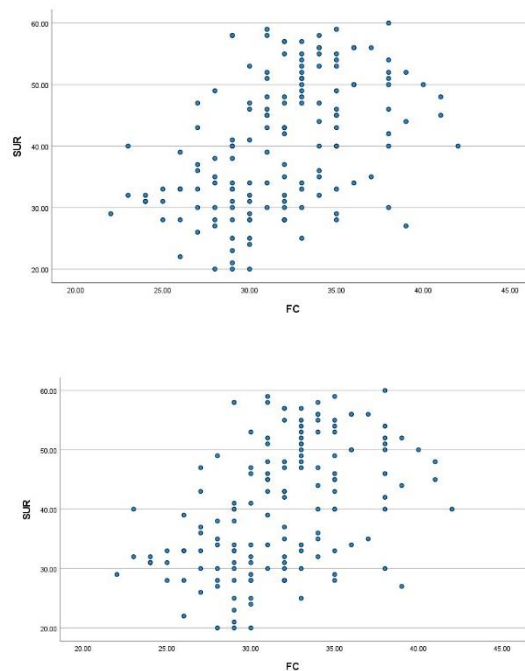
In the multiple regression analysis, Family Cohesion and Social Support were examined as predictors for substance use recovery. The regression model with family cohesion as the predictor of total substance use recovery showed a significant fit, with an F-value of 37.942 and a p-value of 0.000. Family cohesion alone can account for around 19.9% of the variance in overall substance use recovery, according to the adjusted R-squared value of 0.199. A p-value of 0.000 and an F-change value of 37.942 with 1 and 148 degrees of freedom further support the importance of family cohesion as a predictor.

The ANOVA table presents two models, Model 1 with family cohesion as the predictor and Model 2 with both family cohesion and social support as predictors. The regression model for Model 1 has a p-value of 0.000 and an F-value of 37.942, indicating statistical significance. This indicates that the model as a whole is a good fit for the data. With an F-value of 21.483 and a p-value of 0.000, the regression model is also statistically significant, indicating that the inclusion of social support as a predictor enhanced the model's capacity for predicting all aspects of substance use recovery. The R-squared value for Model 1 is 0.204, indicating that approximately 20.4% of the variance in total substance use recovery can be explained by family cohesion alone. The R-squared value for Model 2 is 0.226, suggesting that the addition of social support as a predictor increased the amount of variance explained to 22.6%. (see table 3)

Model 2's p-value of 0.042 and F-change value of 4.204 with 1 and 147 degrees of freedom shows that the model's predictive power was greatly enhanced when social support was included as a predictor in comparison to Model 1. Refer to Table 3 for additional details.

The model presented a significant fit including only the family cohesion dimension of family dynamics and social support as predictors and excluding all others as they were not significant. The family cohesion dimension of family dynamics explained about 22.6% of the positive variance in total substance use recovery.

Table 3:

Stepwise regression table with family cohesion and social support as predictors of total substance use recovery

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	R Square Change	F Change	df1	df2	Sig. F Change
					Change Statistics				
1	.452a	.204	.199	9.60804	.204	37.942	1	148	.000
2	.476b	.226	.216	9.50570	.022	4.204	1	147	.042

a. *Predictors: (Constant), Family cohesion*

b. *Predictors: (Constant), Family cohesion, Social support*

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	3502.566	1	3502.566	37.942	.000[b]
	Residual	13662.527	148	92.314		
	Total	17165.093	149			
2	Regression	3882.412	2	1941.206	21.483	.000[c]
	Residual	13282.681	147	90.358		
	Total	17165.093	149			

a. Dependent Variable: Total substance use recovery

b. Predictors: (Constant), Family cohesion

c. Predictors: (Constant), Family cohesion, Social Support

Coefficients[a]

Model		Unstandardized Coefficients B	Std. Error	Standardized Coefficients Beta	t	Sig.
1	(Constant)	2.502	6.198		.404	.687
	Family cohesion	1.194	.194	.452	6.160	.000
2	(Constant)	2.909	6.135		.474	.636
	Family cohesion	1.011	.212	.382	4.775	.000
	Social support	.199	.097	.164	2.050	.042

a. Dependent Variable: Total substance use recovery

Discussion

The objective of this investigation was to discover whether there was a significant correlation between social support, family dynamics, and substance use recovery. The study's results provide insight into the demographics and descriptive statistics of Naga community members between the ages of 18 and 35. The

survey has 52 female participants and 98 male participants; therefore, it gives a good cross-section of the population's demographics. In addition, the descriptive data provide light on important aspects of Naga society's youth, including family dynamics, social support, and rehabilitation from drug use.

The correlational analysis revealed significant associations among the variables investigated in the study. The family cohesion dimension of family dynamics showed a positive correlation with substance use recovery, indicating that higher levels of family cohesion are connected with better substance use recovery outcomes. Having supportive family ties is crucial for improving recovery outcomes for those who are battling with substance misuse. This discovery emphasizes the significance of caring and supportive family settings in assisting Naga individuals in building resilience and facilitating effective recovery from substance use disorders. It also proposes that effective drug use treatment within this population may be greatly influenced by supportive and healthy family interactions. However, the family adaptability dimension of family dynamics did not appear to influence individuals' substance use recovery process directly.

A correlational relationship was also tested between social support and substance use recovery. The results showed a moderate positive correlation between the two variables suggesting that individuals are more likely to engage in substance use recovery if they have higher levels of social support. This provides more evidence that even a small amount of community social support helps with rehabilitation. This implies that social support networks may play a beneficial role in reinforcing efforts to overcome substance use.

Furthermore, the results of the regression analysis provide more evidence that social support and family dynamics have a role in Naga drug use rehabilitation. The model presented a significant fit including only the family cohesion dimension of family dynamics and social support as predictors and excluding all others as they were not significant. The family adaptability dimension of family dynamics was excluded as it had no significant correlation with substance use recovery. The regression analysis confirms that family cohesion plays a significant role in predicting total substance use recovery within the Naga community. The positive coefficient and standardized coefficient suggest that higher levels of family cohesion are linked to better outcomes in substance use recovery.

The ANOVA table confirms that both family cohesion and social support are significant predictors of total substance use recovery within the Naga community. The models show that family cohesion alone explains a significant amount of variance in substance use recovery, and the addition of social support further enhances the predictive power of the model. Therefore, the results support the hypothesis that both family dynamics, as well as social support, play crucial roles in predicting and influencing substance use recovery outcomes among individuals in the Naga community.

In conclusion, the results highlight the significance of social support and family dynamics in helping Naga people recover from drug use disorders and become more resilient. These findings highlight the need for more comprehensive methods of addiction therapy that consider the role of social and family networks in helping people overcome substance misuse. It is possible to improve the efficacy of drug abuse rehabilitation programs and encourage long-term recovery among Naga people by creating more supportive home situations and community-based support networks.

Conclusion

This study shed light on the intricate interplay between Family Dynamics, Social Support, and Substance Use Recovery among 150 Naga individuals aged 18-35 years old currently in the process of substance use recovery. The study employed purposive sampling and used SPSS for statistical analysis. The findings

from the thorough quantitative data analysis highlight the significant role that these factors play in the recovery process from drug use.

We started our inquiry by looking at the demographics of the Naga community's youth (those between the ages of 18 and 35). Within this age group, there were 90 male responses and 69 female respondents, indicating a skewed gender distribution. This laid the groundwork for investigating the interplay between youths' families, social networks, and drug use rehabilitation.

These factors were better understood with the use of descriptive statistics. According to the average ratings, respondents made modest progress towards sobriety, had a lot of social support, and participated significantly in relationship-based family activities. The young of Nagaland's social life and their attempts to recover from substance misuse were complicated and fraught with difficulties, as seen by the wide range of values for each variable.

Additional investigation using Pearson correlation analysis revealed fascinating connections. It became clear that there was a favourable association between family dynamics and recovery rates of drug use since they increased in tandem with improved family ties. Similarly, there was a positive linear link between social support and substance use recovery, which was notable despite the minor association.

The analysis revealed that individuals with higher levels of family dynamics and social support exhibit stronger overall efforts in the substance use recovery process. The substantial impact of these parameters was confirmed by the statistical significance of the model coefficients. Our findings highlighted the considerable impact of family dynamics and social support on drug use rehabilitation within the Naga community.

Ultimately, this research shows that the Naga people are resilient and that social networks and family are highly important in the rehabilitation process from substance abuse. More successful community-based treatments and policies may be achieved if stakeholders acknowledge the significance of creating nurturing support systems within families and strengthening social networks to combat sustance use disorders. In the end, our goal is to help the Naga youth who are struggling with drug misuse find holistic recovery and overall well-being.

Implications and Limitations

This study sheds light on the profound impact of Family Dynamics and Social Support on Substance Use Recovery. The unique cultural context of the Naga society is acknowledged in the study and the importance of family dynamics and social support is emphasized. By identifying these factors, the study aims to contribute to improving the mental health outcomes of Naga individuals who are struggling with substance use.

The findings of the study can also contribute to creating more awareness within the Naga society about the role that family dynamics and social support play in the recovery process of substance use, leading to more informed and supportive community responses.

However, since the main emphasis of the investigation is specifically on the impact of family dynamics and social support on substance use recovery within the Naga Society the other factors that could be influencing substance use recovery, such as socio-economic status or access to healthcare resources are neglected. Therefore, there is limited scope of variables. The Naga society is also diverse with various tribes and cultural practices. The findings of the investigation may not apply to other societies or cultures because of the unique cultural context of the Naga society.

In the Naga society, there have been certain taboos regarding substance use for a long time. Individuals in the recovery process were hesitant to participate in the study which slowed down the data collection process.

If the study has a small sample size or is conducted within a specific subset of the Naga society, the findings may not be generalizable to the broader population. Limited sample size could also impact the statistical power of the study. Therefore, the study's sample size of 150 participants tends to limit the generalization of the entire Naga community.

The data collection relied on self-report measures which could lead to participants not accurately reporting their substance use or recovery experiences due to social desirability bias or fear of judgment, leading to inaccurate data collection.

In essence, this study catalyses ongoing exploration and dialogue surrounding the complex interplay between Family Dynamics, Social support, and Substance Use Recovery within the Naga society. By advancing our understanding we can strive towards creating more inclusive, holistic approaches to promoting better substance use recovery processes and enhancing overall quality of life for Naga individuals.

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