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CHAPTER NINETEEN

Addictive Behaviours and Family Relationship Among College Students During the Pandemic: A Cross-sectional Study in Indonesia

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ABSTRACT

The COVID-19 pandemic has had a tremendous impact on the lives of college students in Indonesia, including vulnerability to various addictions. Accordingly, this study investigated four categories of addiction among college students in the country during the COVID-19 outbreak: Internet, nicotine, alcohol, and other drugs. It also examined whether good family relationships are associated with lower addiction rates among this group. Data was collected from 1,295 college students from the seventh largest university in the country. We used the Internet Addiction Test (IAT), the Nicotine Dependence syndrome scale (NDSS), the Alcohol Dependence Scale (ADS), and the Drug addiction used Drug Use Questionnaire (DAST-10), and the Brief Family Relationship Scale (BFRS) to measure student addiction levels, and the Brief Family Relationship Scale (BFRS) to assess their familial relationships. We found that 73% of respondents could be classified as having Internet addiction, and 31% could be for nicotine addiction. 73.1% were at risk of alcohol dependence, and 76.1% were at risk of drug dependence. Family relationships were associated with lower levels of addiction for all categories except for drug addiction. These findings highlight the issue of Internet, nicotine, alcohol, and drug addiction among college students in Indonesia during the pandemic. It suggests that encouraging good family relationships could reduce addiction levels among students, and that postsecondary school administrations should provide support services or treatment to students struggling with certain addictions.

Keywords*:* Student Addiction, Family Relationships, COVID-19, Post-Secondary Education, College.

INTRODUCTION

As of August 24, 2021, more than 213 million cases of COVID-19 infection had been reported worldwide, and at least 4.44 million people had died of the disease (WHO, 2021). The persistence of the virus has been observed globally, with a resurgence of cases and deaths found in developing countries especially during the second wave of the pandemic (WHO, 2021). This crisis has significantly disrupted normal activities of daily life worldwide as people have been constrained to stay home to slow the spread. These lockdowns are characterised by uncertainty about the future, and an inability to have a normal social life—especially among students who are forced to conduct all of their academic studies and social lives via the Internet and social media. With limited physical and social activities permitted outside the home and more time spent alone with their mobile phones and the Internet, social media addiction is a risk among students during this period. And studies have reported that physical distancing raises one's use of social media, increases alcohol consumption (Calina et al., 2021; Flaudias et al., 2021), and intensifies tobacco use or other substance consumption (Chaffee et al., 2021; Hanafi et al., 2021; Sokolovsky et al., 2021). These addictive behaviours are therefore potential problems that could arise during lock-downs and subsequently persist thereafter.

Studies have confirmed this risk, showing that such activities may increase social media addiction (Bhatia et al., 2021; Gómez-Galán et al., 2020; Zhao & Zhou, 2021), alcohol addiction, and substance addiction among students (Bhatia et al., 2021). These addictions during the pandemic have been associated with many physical ailments and mental disorders (Bhatia et al., 2021; Calina et al., 2021; Patterson et al., 2021). Bhatia et al. (2021) reported that adolescents who

use substances illegally have an increased prevalence of comorbidity, higher risk of COVID-19 infection, and are more likely to engage in risky behaviour such as sexual activities with strangers. Moreover, addiction to certain behaviours has intertwined effects on other addictions, with studies reporting that social media addiction increases the likelihood of developing a more dangerous substance addiction. Steers et al. (2016) found that friends who post about alcohol or tobacco consumption on social media can drive other students to follow suit. Using tobacco and alcohol can develop young students' dependence and move them onto using more dangerous drugs (Bachman et al., 2013).

Another effect of lockdown regulations during the pandemic is that many students have only had in-person social interactions with their family. Students who have a good relationship with their family will spend more time doing things together at home (Fok et al., 2014), which may decrease Internet use and risk of Internet addiction (Burleigh et al., 2018; Faltýnková et al., 2020). Good family relationships have also been negatively associated with other addictive behaviours. Omasu et al. (2015) found that having a poor relationship with family, spending insufficient time with parents, and lack of communication with family were predictors of students' smoking habits. Ledoux et al. (2002) found that students who have a poor relationship with their parents were more likely to be substance users than other students. And Kask et al. (2013) reported that negative life events with families can intensify alcohol use among adolescents. Because substance use and alcohol addiction are also associated with stressful conditions, individual anxiety, and depression (Anthenelli & Grandison, 2012), good family relationships could help prevent these addictions by providing social support in stressful situations (Pössel et al., 2018).

Accordingly, this study investigated Indonesian college students' addictive behaviours during the pandemic with regard to social media, nicotine, alcohol, and other drugs. The case of college students in Indonesia is interesting because they tend to be vulnerable to stress-related disorders or addictive disorders. As with students across the world, face-to-face classroom teaching at universities has been replaced by online learning from home, and campuses have been closed down since the first wave of the pandemic hit in March 2020. For safety purposes, many universities have encouraged students to go back to live with their families, which some may be reluctant to do as it means losing their independence. Meanwhile, lockdown policies have forced them to limit social activities outside the home. Because most non-essential facilities have been closed, most students are currently unable to engage in typical social activities such as collective physical exercise, going with friends to malls or supermarkets, meeting in coffee shops, or even watching movies at the cinema.

Internet and Social Media

While stuck at home, many students try to fill their social needs via social media, which connects them with their friends and provides entertainment to relieve boredom. A pre-pandemic survey by the Indonesian National Bureau of Statistics reported that in 2019, 72 million young Indonesians used the Internet regularly and that more than a half of those used social media platforms such as Facebook, WhatsApp, Instagram, and YouTube (BPS, 2021). Since the onset of the pandemic, recent statistics show that the use of social media (specifically WhatsApp, Line, Telegram, and Facebook) have increased sharply by about 40% in Indonesia, while the use of online game apps has increased by about 24% (Kata Data Indonesia, 2020). According to these statistics, WhatsApp and Facebook users are opening their accounts 100 to 200 times a day, and

10 to 15 times a day, respectively. The average time Indonesians spend accessing the Internet and social media has also increased by almost 50% during the pandemic, from about 5.5 hours a day to almost 8 hours a day. Most Internet and social media users are young adults between age 16 and 24(Kata Data Indonesia, 2020), and with the increasing time and intensity of Internet use among this group, especially college students, their risk of addiction to social media and the Internet is higher than normal.

Nicotine, Alcohol, and other Drugs

Smoking is common in Indonesia, with approximately 57 million smokers (Indonesian Ministry of Health, 2020) in a country of 273 million people—the third-highest prevalence of smoking among the nine countries in North and Southeast Asia (WHO, 2021). Among the 30 countries with a high Muslim population, Indonesia is ranked second-highest in prevalence of smokers (Amalia et al., 2019). In 2014, the Global Youth Tobacco Survey (GYTS) in Indonesia showed that 20.3% of students aged 13 to 15 were using tobacco products, 19.4% were smoking tobacco, 18.3% were smoking cigarettes, and 2.1% were using smokeless tobacco (WHO, 2014). During pandemic, the prevalence of smoking among youth in Indonesia may have increased as a coping mechanism for the stress and anxiety caused by lockdowns.

Because Indonesia is a Muslim country, many regard drinking and drug use as sinful. Moreover, in addition to the drugs that are typically prohibited in most places, alcohol is also illegal in Indonesia, and imports of alcohol and drugs are restricted. Despite these measures, homemade beers and spirits are popularly enjoyed throughout the country, leading to many deaths. The Indonesian Ministry of Health (2020) has reported that the prevalence of alcohol consumption was 3% among Indonesians older than 10 years old during the past year. The prevalence of heavy

episodic drinking (defined as 60 grams or more of pure alcohol on at least one occasion in the past 30 days) during the past year among Indonesians older than 15 years was 6.5% in 2016. These rates are lower than the WHO South-East Asia Region's reported prevalence of 3.9% for alcohol use disorders and 2.9% for alcohol dependence in 2014 (WHO, 2014).

Recently, Hanafi et al. (2021) reported that alcohol consumption was 9.5% in Indonesia during the pandemic, with 44.5% reporting stable alcohol consumption. In terms of nicotine, 20.3% of respondents reported daily cigarette smoking, and 47.6% reported stable cigarette consumption. The latest report from the Indonesian Child Protection Commission has reported that of the 87 million youth in Indonesia, 5.9 million have become drug addicts. Narcotics is a classic issue in Indonesia, but the growing number of youths affected was unexpected.

Family Relationships

Because most students have been living with their families amidst the pandemic, family relationships are an important factor for their mental health during this period. Strong family relationships are among the social and cultural characteristics of Indonesian college students that also reflect those of the wider Indonesian society (French et al., 2020; Koentjaraningrat, 1957; Purwono et al., 2019). Indonesians are very family-oriented, meaning that family relationships are very close and there are strong cultural norms that all family members should love and take care of each other. We believe that this important social feature can benefit the mental health of college students adapting to the stressful situation imposed by the pandemic. Having good family relationships can help students to feel safe and to enjoy their time with family during quarantine. Most importantly, because it has been found to reduce depressive symptoms in adolescents (Pössel et al., 2018), they could reduce the risk of developing depression during the pandemic or ameliorate

symptoms if they do. Accordingly, this study also intends to examine the association of family relationships with tendency for addictions during the pandemic.

Study Objectives

Our objectives are two-fold: (1) to investigate the prevalence of Internet, nicotine, alcohol, and other drug addiction among college students in Indonesia during the pandemic, and (2) to examine whether family relationships are associated with lower rates of these addictions. To our knowledge, very limited systematic research has been done to investigate various addictions among college students in Indonesia. Thus, our findings may provide new information for university administrators to better understand the consequences of the pandemic on student mental health and addiction, and better serve them by enacting immediate and effective interventions focused on prevention and treatment.

METHODS

Procedure

A cross-sectional and anonymous online population-based survey was conducted among college students in Indonesia in seven public universities between March 2021 and April 2021. The seven universities represented seven regions of Indonesia: Sumatra, Jawa and Bali, Kalimantan, Sulawesi, Nusa Tenggara, Maluku, and Papua. We used stratified random sampling to represent each of these regions, and collected data from a total of 1,295 participants.

The online questionnaire was implemented with Google Forms, and the generated survey link was distributed to the university stakeholders Then, the university stakeholders asked lecturers to share the survey link to their student's emails or through a WhatsApp group after introducing its

purpose, explaining how to answer the questions, and explaining the consent form Written informed consent was obtained from all respondents.

Measures

The questionnaire was designed to measure five constructs: Internet addiction, nicotine addiction, alcohol addiction, drug addiction, and family relationships. Internet addiction was measured with the Internet Addiction Test (IAT), which was developed by Young et al. (1999) and was adapted into Indonesian by Prasojo et al. (2018). This scale consists of 20 items asking about preoccupation with the Internet, overuse of the Internet, ability to anticipate and control Internet use, and intention to neglect work and social activities, rated on a Likert scale from 1 ("not applicable") to 5 ("always"). The total scores of IAT are subsequently categorised into four groups to determine the severity of Internet addiction: normal (0 – 30), mild (31 – 49), moderate (50 – 79), and severe (80 – 100). Prasojo et al. (2018) also used a cut off 45 or higher on total IAT score to determine Internet addiction.

Nicotine addiction was measured with the Nicotine Dependence Syndrome Scale (NDSS), developed by Shiftman et al. (2004). The NDSS measures five multidimensional indicators of nicotine dependence: Drive (craving and withdrawal, and subjective compulsion to smoke), priority (preference for smoking over other reinforcers), tolerance (reduced sensitivity to the effects of smoking), continuity (regularity of smoking rate), and stereotypy (invariance of smoking). Responses were recorded using a Likert scale from 1 to 5 (1 = "Not at all true," 2 = "Somewhat true," 3 = "Moderately true," 4 = "Very true," 5 = "Extremely true"). A cutoff total score of 40 or greater has been used for classifying nicotine dependence (Saxena et al., 2019).

Alcohol addiction was measured with the Alcohol Dependence Scale (ADS), which evaluates the severity of alcohol dependence syndrome. The instrument consists of 25 items that have been validated by previous studies (Doyle & Donovan, 2009; Skinner & Allen, 1982). The ADS interpretation guide outlines the following categories of alcohol dependence:

- A score of 0 means no evidence of alcohol dependence was reported. However, this does not necessarily mean that the individual is free of dependence symptoms. Assess the validity of self-reports.
- Scores of 1-13 (1st quartile) indicate a low level of alcohol dependence. Symptoms are probably psychological, rather than physical. Moderation (Level I) drinking strategies may be considered if there are no contradictions. A score of 9 or more is highly indicative of a current diagnosis (DSM-III) of alcohol abuse or dependence.
- Scores of 14-21 (2nd quartile) indicate an intermediate level of alcohol dependence. Psychological problems related to drinking are likely. Psychological dependence may still be characteristic but look for signs of physical dependence and withdrawal symptoms.
- Scores of 22-30 (3rd quartile) indicates a substantial level of alcohol dependence. Intensive physical dependence is likely. Outpatient disorders, psychiatric symptoms, and social inpatient problems related to alcohol abuse are probable. Abstinence treatment goals should be recommended. Clients are more likely to recognize that abstinence is the only way to improve.
- Scores of 31-47 (4th quartile) indicate a severe level of alcohol dependence. Physical Intensive dependence is highly likely. Serious psychiatric symptoms and medical

disorders related to drinking such as liver disease are likely. Abstinence is recommended. Check for the seriousness of intentions to comply with treatment.

Drug addiction was measured with the Drug Abuse Screening Test10item version (DAST-10) developed by Skinner and Allen (1982). Each item in the DAST-10 is a yes or no question, with "yes" scored as 1 point. The resulting score plus '1' (coming from the positive answer to question number 1 in the introductory section of the questionnaire screening for marijuana, illegal and/or prescription drug use in the recent year) arrives at the total score. A total score of 1 or 2 is considered "at-risk" and requiring brief intervention; a score of 3 to 5 indicates "moderate" drug abuse requiring brief treatment; and a total score of 6 or more indicates "severe" drug abuse requiring a referral for treatment (Skinner & Allen, 1982).

Family relationships were evaluated with the Brief Family Relationship Scale (BFRS), which includes seven questions about family cohesion, three about the family's expression of opinions, and six about conflict within the family (Fok et al., 2014). The items are rated on a scale ranging from 1 to 3 (1 = "Not at all", 2 = "Somewhat", 3 = "A lot").

Pilot Test

Before data collection, a pre-test of the online survey platform was conducted for pilot testing. We asked 21 eligible participants whether they had any trouble accessing the link or completing the survey and to identify any comprehension issues with the questions or response options. Participants reported none of these issues. The average time to finish all questions was 30 minutes. Validity and reliability tests were applied to the questionnaire. The validity correlation coefficients for IAT, NDSS, ADS, DAST-10, and BFRS items were all ≥ .80, and Cronbach's

alpha were all ≥ .90. The Spearman-Brown correction was also applied to estimate the reliability of the entire survey. Kappa values were all ≥ .70, indicating moderate reliability of the instrument.

Statistical Analysis

First, descriptive analysis was conducted to illustrate the distributions of each measure. Second, chi-square test to evaluate differences in addiction scale scores between students who reported good family relationships and those who reported poor ones. Third, we applied partial least squares structural equation modeling (PLS-SEM) to simultaneously test the effects of family relationships on students' addiction scores and of the associations between each addiction score. PLS-SEM was analysed in two steps: model measurement tests were used to evaluate the validity and reliability, and the structural model test was used to measure the significance of the relationship between each variable. An important source of bias in structural equation modeling, which is employed with the partial least squares method, is missing data. Thus, to anticipate the missing data, the structural model test used a pairwise deletion procedure in PLS-bootstrapping (Hair et al., 2021).

RESULTS

Respondent Characteristics

The mean IAT score was 52.7, and the range was 20 to 100. Scores indicated mild addiction or higher in 96.4% of respondents, and more than half (55.2%) had scores indicating moderate Internet addiction. The mean NDSS score was 34.65 with a range of 1 to 95), and 31.6% of scores were 40 or greater, indicating addiction to nicotine. On the ADS, 90.6% of scores, indicated at some level of alcohol dependence, though most of these (73.1%) were a low level. The mean

DAST-10 score was 1.07, with 79.9% of scores indicating some level of alcohol abuse, though nearly all of these (76.1%) were at the lowest level, deemed "at risk" and requiring only brief intervention. The mean of BFRS was 39.29 with a range of 16 to 48, which suggests that the majority of respondents have had good family relationships during the pandemic.

Table 1

Respondent Characteristics

Variables	Mean (SD)	(N = 1295)
IAT	52.70 (12.99)	
Normal (0-30)		46 (3.6%)
Mild (31-49)		499 (38.5%)
Moderate (50-79)		715 (55.2%)
Severe (80-100)		35 (2.7%)
<45		350 (27.0%)
≥45		945 (73.0%)
NDSS	34.65 (18.63)	
<40		444 (68.4%)
≥40		205 (31.6%)
ADS	7.30 (6.73)	
No evidence (0)		35 (9.4%)
Level I (1-13)		272 (73.1%)
Level I or II (14-21)		49 (13.2%)
Level II or III (22-30)		12 (3.2%)
Level III or IV (31-47)		4 (1.1%)
DAST-10	1.07 (1.03)	
None reported (0)		260 (20.1%)
Low level (1-2)		986 (76.1%)
Moderate level (3-5)		36 (2.8%)
Substantial level (6-8)		5 (0.4%)
Severe level (9-10)		8 (0.6%)
BFRS	39.29 (5.82)	
Cohesion	18.56 (2.88)	
Expressiveness	7.11 (1.82)	
Conflict	13.61 (3.08)	

Structural Equation Modelling

Goodness of Fit

To test the validity, we examined the loading factors and discriminant validity. For an exploration analysis, the loading factor value's threshold is 0.50 (Hair *et al.*, 2014). If the values are less than 0.50, the item is not valid to measure the construct and must be released from the model. Accordingly, for our first evaluation, items with factor loadings less than 0.50 were removed from the model. After the screening, we analysed the discriminant validity and reliability (Cronbach alpha and composite reliability) and the effect size. Table 2 presents the discriminant validity, average variance extracted (AVE), composite reliability, Cronbach alpha, and R-squared. The Cronbach alpha and composite reliability values were all higher than 0.80, ranging from 0.89 to 0.97 and 0.88 to 0.98, respectively, indicating good reliability for each measure. The AVE extracted from each variable were all higher than 0.50, meaning that the model is a good fit. However, two variables have AVE less than 0.50. According to Fornell Larcker, if AVE is less than 0.50 but the composite reliability is higher than 0.60, then the convergent validity of the construct is still adequate (Hair *et al.*, 2014). Finally, the discriminant validity coefficients (in bold, Table 2) are higher than the correlations of the latent variables, which means that each item predicts its construct and can be distinguished from indicators in other constructs.

Table 2

The Goodness of Fit of the Model

	Cronbach's Alpha	Composite Reliability	AVE	R^2-	ADS	DAST-10	BFRS	IAT	NDSS
ADS	0.891	0.911	0.353	0.105	**0.589**				
DAST-10	0.892	0.916	0.611	0.465	0.604	**0.769**			
BFRS	0.916	0.929	0.571	0.461	-0.259	-0.058	**0.757**		
IAT	0.867	0.888	0.369	0.017	0.235	0.026	-0.143	**0.603**	
NDSS	0.967	0.972	0.684	0.123	0.350	0.102	-0.168	0.108	**0.823**

Structural Model

The results of structural equation models are presented in Table 3. There was a significant negative relationship between BFRS and IAT scores , β = -0.495, $p < .001$, indicating the respondents who reported having a better family relationship during the pandemic tended to be less addicted to the Internet. There was also a significant negative relationship between BFRS and NDSS, β = -0.450, $p < .001$, indicating that respondents with better family relationships were less likely to have a nicotine addiction. We also found a significant negative relationship between BFRS and ADS, β = -0.154, $p < .001$, similarly indicating that better family relationships were associated with less alcohol dependence. There was, however, no significant relationship between BFRS and DAST-10 , β = -0.006, $p = .230$.

Table 3

Results of the Structural Equation Modelling (SEM)

					95% CI	
Structural	β Coefficient	OIM SE	z	P>|z|	Lower	Upper
BFRS-IAT	-0.495	0.061	-8.180	<.001	-0.614	-0.376
Constant	72.154	2.404	30.010	<.001	67.442	76.866
BFRS-ADS	-0.154	0.023	-6.700	<.001	-0.199	-0.109
Constant	8.164	0.911	8.960	<.001	6.378	9.950
BFRS-NDSS	-0.450	0.103	-4.360	<.001	-0.652	-0.248
Constant	35.048	4.103	8.540	<.001	27.007	43.090
BFRS-DAST-10	-0.006	0.005	-1.200	.230	-0.016	0.004
Constant	1.299	0.196	6.630	<.001	0.915	1.683
var(e.IAT)	160.354	6.302			148.467	173.193
var(e.ADS)	23.035	0.905			21.327	24.879
var(e.NDSS)	467.012	18.353			432.391	504.405
var(e.DAST-10)	1.066	0.042			0.987	1.152

DISCUSSION

College students are increasingly being recognised as a vulnerable population, suffering from higher levels of anxiety, depression, substance abuse, and disordered eating than the general population. Therefore, when their educational experience is radically changed as it has been during the COVID-19 pandemic, the burden on their mental health is amplified (Browning et al., 2021).

Our findings showed that 73% of the students could be classified as having Internet addiction—almost triple the proportion found in a previous study conducted before the pandemic. This contrasts with the findings of Hanafi et al. (2021) that only 16.7% of Indonesian adolescent respondents had Internet addiction. Our finding of a 31% prevalence of nicotine addiction was also higher compared to other studies before the pandemic in other developing countries such as India

(13.1%) and Malaysia (11.9%). The proportion of students who were at risk of alcohol use was also high (76.1%), and the mean DAST-10 score was 1.07.

Having good family relationships was negatively associated with Internet addiction, nicotine addiction, and alcohol addiction, confirming previous studies reporting a benefit of good family relationships for young adults across developed and developing countries (e.g., Fok et al., 2014;, Faltýnková et al., 2020; Kask et al., 2013; Hidayat & Thabrany, 2010). Good family relationships seem to decrease students' Internet use and prevent addiction for these students because they tend to spend time with family instead (Faltýnková et al., 2020; Browning et al., 2021). In the context of the pandemic, family support is even more critical since most students are spending their time with their families at home. Students who are able to maintain good connections with their parents may be better able to cope with the stressful situation and maintain their mental health during social isolation (Sujarwoto et al., 2021).

Accordingly, we found students who reported having a poor relationship with their families were more likely to use alcohol. Prior studies also reported that these students tend to exhibit more alcohol addiction (i.e., drinking heavily and always thinking about alcohol), and experience stronger physical symptoms such as vomiting and stomach cramps, and psychological symptoms such as delirium tremens (DTs), anxiety, restlessness or overexcitement, blackouts and convulsions (Eseed & Khoury-Kassabri, 2018). Kask et al. (2013) reported that having a strong family unit with high social control by parents decreased the intense alcohol use, while negative family experiences increased it.

The important role of family for mitigating addiction was also indicated by our finding of a negative relationship between BFRS and NDSS. Smoking is still part of community culture in

Indonesia and is therefore allowed by parents/family if their son is entering young adulthood. Studies have also found that tobacco by family makes developing this habit more likely (Hidayat & Thabrany, 2010). A young adolescent who perceives that their parents are permissive towards smoking is more likely to use and/or become addicted to tobacco, and children with parents addicted to smoking are also more likely to have easy access to cigarettes. As one study explained, tobacco addiction appears to "run in the family" because children who grow up in families of smokers may duplicate it in their adult behaviour (Koentjaraningrat, 1957; Sujarwoto et al., 2021). Thus, the role of family is important to prevent children from becoming a smoker in the future. And in the context of the pandemic, the role of parents is even more imperative due to families spending more time together at home than normal.

Limitations and Future Research

There were some limitations in this study. First, it used a cross-sectional design, thus the results were limited in their ability to infer a causal effect. According to some previous studies, addictions have reciprocal effects. Alcohol addiction is believed to increase smoking behaviour, and vice versa (Mirbaba, 2016). Similarly, aside from family relationships' effects on alcohol use, most studies on this topic have reported that alcohol use also affects family relationships (Reinaldo & Pillon, 2008). Hung et al. (2009) reported that alcohol use by parents affects family interactions, and these interactions in turn can make children more likely to use alcohol. Thus, it would be worthwhile for future research to study these reciprocal effects using longitudinal methods.

Second, this study could not report the demographic characteristics of the respondents as we were unable to collect this data. It would be interesting to analyse associations between levels

of addiction and age, gender, and other demographic variables, therefore future research should try to include these variables.

RECOMMENDATION

Considering the large percentage of students deemed to have addictions, universities would be well-served to address the mental health needs of their student body. Given the likelihood of ongoing and lasting effects of the COVID-19 pandemic on mental health and addiction, universities may also consider shifting focus to helping students maintain healthy mindsets, rather than merely avoiding stress. Because many students seek out and expect opportunities for social interaction during their postsecondary experience, universities can further develop platforms that facilitate safe student social interaction in the context of social distancing regulations.

CONCLUSION

This study shows that a good family relationship, as part of the country community culture, contributes to a lower risk of addiction formation among students and therefore may provide a channel for mitigating those addictions during the COVID-19 pandemic and beyond.

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