

Seeking for Pleasure: The Risk Factor between Voluntary Client versus Involuntary Client

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Introduction

Addiction is defined as a chronic, relapsing disease characterized by compulsive drug seeking and use despite adverse consequences (National Institute of Drug Abuse; NIDA, 2020). The term addiction here is equivalent to a severe substance use disorder as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5, 2013). The addiction is considered as a brain disorder because it involves functional changes to brain circuits involved in reward, stress, and self-control. Foddy and Savulescu (2010) believe that substance use is a pleasure-oriented behaviour. They describe addiction as strong appetites toward pleasure and argue that addicts suffer in significant part because of strong social and moral disapproval of lives dominated by pleasure seeking. Initially, the decision to use drugs is generally voluntary. However, a person's ability to exert self-control can become seriously impaired as a result from continues use of drugs. NIDA in *Drugs, Brain, and Behaviour: The Science of Addiction* (revised version, June 2020) lists out few general reasons on why people take drugs which are, (1) To feel good, (2) To feel better, (3) To do better and (4) Curiosity and social pressure. These reasons are among the factors that initiate individuals to take drugs and could be a risk factors that cause relapse in recovering addicts.

Previously, research has shown that youngsters involved with drug abuse are associated with their perceptions of the risks related to drug use (Calafat, Fernández, Montse and Becoña, 2008). However, Duff (2008) found that the relationship of young people to drugs is not only influenced by their risk perceptions and risk-willingness, but also by the pleasure and excitement they associate with drug use (Jarvinen & Ostergaad, 2011). The positive experience and the positive expectation related with drug use are among the factors why youth are involved with drug abuse. Hence, for the purpose of this study, both groups of clients which are voluntary clients and involuntary clients were studied as respondents to see the impact of seeking for pleasure as a risk factor for recovering addicts to maintain in their recovery.

Problem Statement

This study focuses on the tendency of voluntary and involuntary clients to remain recovering. NADA Drug Information (2018) shows that 28.86 percent of the cases detected in 2017 were from the group of repeated addicts. This percentage shows an increase when compared to 2016 which is only 25.68 percent (NADA Website, 2018). Datuk Seri Zulkifli Abdullah (2018) explained that the actual number of repeated addicts throughout the country may be more as some of them failed to be detected by the NADA. In 2017 to 2018, a total of 25,922 repeated addicts were detected nationwide, while for the period January to July this year, a total of 13,152 repeated addicts were detected (BeritaHarian, 2018). It was also reported in the *Utusan Borneo* (2018) that more than 74 percent of recovering addicts in all rehabilitation centres are now between 19 and 39 years old, which is the most productive age to work or contribute to the country. He is confident that the present rehabilitation centres are ready able to rehabilitate them, but at the same time, the support system in the form of employment is also important to provide (Datuk Seri Zulkifli Abdullah).

White (2018) in *NIDA Notes* explains that completing drug addiction treatment and following a rehabilitation program is a great accomplishment. During the treatment process, various knowledge in dealing with relapses and planning after release were shared. But he also explained that the success of finishing treatment at the centre was just the beginning of the journey. Some recovering addicts may and will recover forever, some will relapse, and some will be experiencing a chronic relapse. A lot of hard work and self-commitment are important for one to stay in recovering.

Many factors may contribute to ensuring the maintaining of recovery among addicts. The protective and risk factors played the significant contribution in determining the recovery along with the willingness of the addicts itself to stay recovering or not.

Based on the problems as stated above, the researchers took steps in conducting the study to see and compare the tendency to remain recovery between the voluntary clients and involuntarily clients. At the same time, the researchers will look at the risk factors, seeking for pleasure between these two categorized of clients on how they maintain recovery and the challenges faced. This risk factor will be compared with these two types of treatment recipients.

Literature Review

Studies on Risk Factors and Protective Factors

The study regarding risk and protective factors was conducted in California by Atherton, Conger, Ferrer and Robins (2016), entitled Risk and Protective Factors for Early Substance Use Initiation: A Longitudinal Study of Mexican-Origin Youth. The objective of this study is to examine the onset of drug use among respondents on risk factors and resilience factors from various levels of analysis. These include in terms of individual (desire to use drugs, have access to drugs, self-control, gender), interpersonal (single mother or father, supervision from parents, number of older siblings, peer influence), environment (socio status -economy, ethnic region) and culture (familism and generational status). A total of 674 respondents aged between 10 to 16 years were involved in this study. Researchers used the method of interviewing respondents and questionnaires to obtain research data. The results of this study show that individuals exposed to risk factors of predisposition to drug abuse are those who have a high and strong desire to try drugs, have easy access to drugs, lack self -control as well as individuals with immoral peer influence.

Researchers also noted that individuals from single parent families, individuals living alone at home without adult supervision, lack of parental monitoring as well as having siblings involved in immoral behaviour also classified as those with high risk factors to involve with drug abuse. Besides that, the researchers also emphasized on the most important protective factors to prevent drug abuse are strong family ties and a virtuous value approach in the family. This is further explained, for example, individuals with strong family backgrounds are protected from engaging in drug abuse because there is a lack of access to drugs, low desire to try drugs as well as having a smaller group of negative peers.

Another study was conducted in Malaysia by Rozmi, Nor Azri, Fauziah and Salina (2017) entitled The Influence of Individual, Family and Social Environment Factors on Substance Abuse Behaviour Among Adolescents. This study aimed to identify the relationships and extent to which individual, family as well as social environment factors in schools and communities influence substance abuse behaviour. This study uses a field research method that involves a questionnaire on a total of 480 respondents from a population of adolescents aged between 13 to 17 years. This group of population are those who are at high risk of substance abuse symptoms and most of them are men. Multiple correlation and regression analyze were used to test the relationship and identify predictor variables to substance abuse.

The results of the study found that the social environment variable of risky conditions in schools explained 45.5 percent of the variance in substance abuse behaviour and was the dominant predictor. Subsequent results through multiple linear regression analysis confirmed that the regression model showed that individual, family, and social environment variables were significant in the model and a major contributor to substance abuse among adolescents. This study concludes that the domain of social environmental factors is critical in understanding adolescent involvement in substance abuse and should be given attention in designing and building prevention programs. In fact, the implications of this study suggest that any policy or construction of substance abuse prevention modules among adolescents should focus on risk-reducing aspects in social environmental factors such as school conditions and uncondusive community factors.

Risk Factors

Jenkins (1976) states that the influence of risk factors is one that it is often used to understand susceptibility to infectious and other types of diseases and have been widely used by epidemiologists. Although the analogy between infectious disease and drug use is not very closely related, it does provide important techniques and conceptual tools for understanding the various causes and predictions of drug abuse. Newcomb, Maddahian and Bentler (1986) stated that in this way, drug research is not bound to find the definitive cause of substance use only but can also provide various results to determine the magnitude of the risk of involvement with drugs.

Risk factors can be divided into two, intrapersonal and environmental. Hadijah Baba, Wan Shahrazad Wan Sulaiman, Fauziah Ibrahim, NorulhudaSarnon @ Kusenin (2018) stated lack of motivation, inability to manage interpersonal conflict with family, low self-esteem, inability to manage stress and others are intrapersonal factors. Meanwhile, environmental factors include having friends who have problems with drug abuse and some environmental stimuli that interfere with the recovery process. In this study, risk factors are referred to factors that contribute to a person or group that can lead to an addiction to drug. Among them include environmental factors, place of residence or work, family relationships or spouses and factors of prohibited substances that are around.

Nora (2018) in NIDA Notes explains that in general, the greater the risk factors present in a client, the higher the propensity for the client to engage in drug abuse. While the protective factor on the other hand will reduce the risk of the client to get involved in drug abuse. Risk factors and protection factors include environmental as well as biological aspects. Referring to NIDA Notes, factors in terms of biological aspects that can influence clients in the risk of drug abuse include genetics, developmental stage of growth, gender and ethnicity. Bevilacqua and Goldman (2009) stated that scientists concluded that genetics as well as the influence of environmental factors on genetic expression example epigenetics, contribute an estimated rate of 40 to 60 percent on the risk of drug abuse involvement.

NIDA Notes also states that environmental factors refer to family issues, schooling, namely the influence of peers and the neighbourhood. For example, the environment at home especially during childhood is a very important factor. Biederman, Faraone, Monuteaux and Feighner (2000) also pointed out that parents or older family members who are indirectly involved in drug abuse may further increase the risk of such children's predisposition to drug abuse in the future. Studies show that the earlier a client begins to engage in drug abuse problems, the greater the tendency for the individual to experience a more severe problems (Substance Abuse and Mental Health Services Administration, 2014). This is due to a string of mixing between early social problems and biological risk factors for example, lack of family stability, exposure to physical or sexual abuse, genetic or even mental problems.

Squeglia, Jacobus and Tapert (2009) stated that among other factors considered is the method of drug abuse, which is the way of drug intake either to smoked or injected drugs into the bloodstream will further increase the risk of drug addiction. This is because the drug that is smoked or injected will enter the individual's brain in a few seconds, and then at once will produce a strong feeling of satisfaction.

Voluntary Client and Involuntary Client

NADA states that a voluntary client is an individual who is under Section 8 (3) (a) of the Drug Addicts (Treatment and Rehabilitation) Act 1983. Pursuant to Act 283, Laws of Malaysia (2012), any individual who voluntarily will undergo treatment and rehabilitation at a rehabilitation centre for a period of two years and thereafter undergo supervision by an officer for a period of two years. This client through section 8 (3) (a) of the Drug Addicts (Treatment & Rehabilitation) Act 1983 will undergo rehabilitation services and drug addiction treatment. On the other hand, involuntary clients are define as individuals who feel pressured or required to complete group program in accordance with the law (Toseland & Rivas, 2012).

Methodology

Research Design

Walizer and Wienir (1978) state that, ways of collecting data are often referred to as research designs. While Majid Konting (2000) explains that the research design is a specific technique and method to obtain the information necessary to solve a problem. In particular, the design of a research discusses on how to achieve a research objective. The design is the overall framework of a research project that states what pattern or type of study is to be carried out, the type of information collected, where the information can be obtained and how that information can be obtained. For this study, the researcher made a comparative study between voluntary and non -voluntary clients to see the differences and similarities of the tendency to permanently recover between these two groups.

The table 1.0 below is the framework of the study that explains on how the researcher conducted the study:

Types of Admission to NADA Centre	Treatment Process at NADA Centre	First Data Collection	Client Exempted	Second Data Collection
Voluntary Admission	----->	End of Treatment Period	----->	After 6 Month of Exemption
Involuntary Admission	----->	End of Treatment Period	----->	After 6 Month of Exemption

Table 1.0: Framework of The Research

Sample Population

According to Welizer and Wienir (1978), the study population should consist of all the units observed (measured) in the study process. Meanwhile, the sample is those selected from the intended study population. The sampling of this study is in the form of purposive sampling where according to Chua Yan Piau (2006), it refers to the sampling procedure in which a group of subjects with certain characteristics are selected as study respondents.

The study involved client populations from 24 private treatment centres and at each treatment centre two types of data were collected. Once the centres were identified, study respondents were randomly selected. Two groups of data have been collected from selected respondents, namely qualitative data and quantitative data. Table 2.0 below is the breakdown of the group of study respondents qualitatively and quantitatively.

	VOLUNTARY		INVOLUNTARY	
	Quantitative Data	Qualitative Data	Quantitative Data	Qualitative Data
In Treatment	90	22	298	64
After Treatment	36	9	175	46
Total	126	31	473	110
	157		583	

Table 2.0: The breakdown of the group of study respondents qualitatively and quantitatively.

Data Collection

In order to achieve the objectives and answer the research questions, the researcher collected data using a mix method that involves qualitative and quantitative data as well as data from the SoCS instrument. There are four types of mix method research and as for this study the method of triangulation has been used. The triangulation method was introduced by Denzin (1978). He stated that triangulation is a method that combines several methods to study a similar phenomenon. Denzin (1978) introduced four types of triangulations namely (1) data triangulation, (2) investigator triangulation, (3) theoretical triangulation and (4) method triangulation. In this study, triangulation method was used to answer the questions to this study. Among the types of data that were collected by the researchers were data of interviews, observations, author documents, document archives, articles and photographs. Each data collected will produce different pieces of evidence and produce different views on the studied phenomenon.

Figure 1.0: Data collections

Results

Components of the Factor Seeking for Pleasure

Quantitative results

Data from components of the factor seeking for pleasure were also tested with a t test to see significant differences between volunteer clients and open volunteers. Four null hypotheses were tested.

1) Ho1a: There was no significant difference for pleasure risk factors between involuntary and voluntary clients who were still undergoing treatment at the centre.

Based on Table 3.0, the recorded t value was 1.668 ($p = 0.098 > 0.05$). Thus, the null hypothesis is accepted.

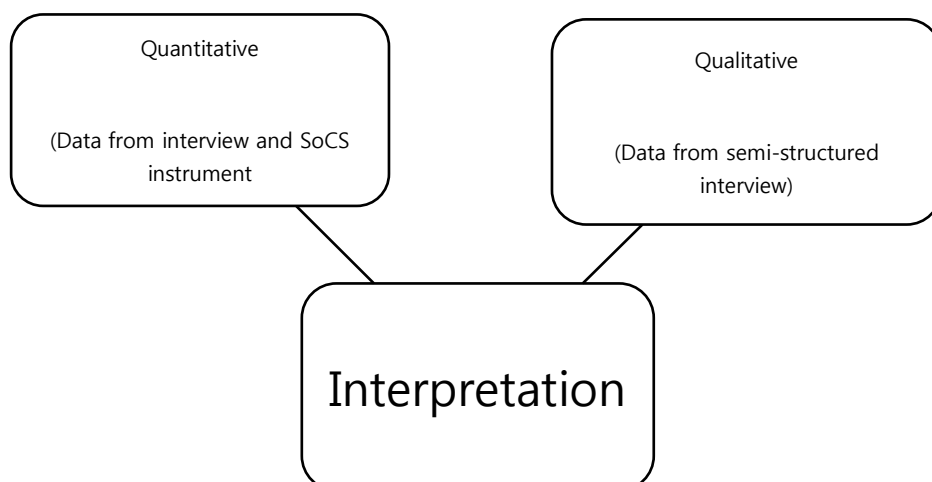


Table 3.0: Comparison of Mean t Values Between Tests of Involuntary Clients and Voluntary Clients in Treatment for Risk Factors of Seeking for Pleasure

Pair 1	Mean	t	Sig. (2-tailed)
Involuntary (In Treatment)	10.824	1.668	0.098
Voluntary (In treatment)	10.191		

This means that there is no significant difference in risk factors for pleasure between involuntary and voluntary clients who are still undergoing treatment at the centre.

2) Ho1b: There was no significant difference for pleasure seeking risk factors between involuntary and voluntary clients after undergoing treatment at the centre.

Based on Table 3.1, the recorded t value was 2.202 ($p = 0.033 < 0.05$). Thus, the null hypothesis is rejected and the H1 hypothesis is accepted.

Table 3.1: Comparison of t Values Between Involuntary Clients and Voluntary Clients After Treatment for Risk Factors of Seeking for Pleasure

Pair 1	Mean	t	Sig. (2-tailed)
Involuntary (After Treatment)	10.966	2.202	0.033
Voluntary (After Treatment)	9.457		

This means that there is a significant difference for pleasure risk factors between involuntary and voluntary clients after undergoing treatment at the centre.

3) Ho1c: There was no significant difference for seeking pleasure risk factors between involuntary clients still undergoing In -Treatment and involuntary after undergoing treatment at the centre.

Based on Table 3.2, the recorded t value was 0.478 ($p = 0.633 > 0.05$). Thus, the null hypothesis is accepted.

Table 3.2: Comparison of t Values Between Tests of Non-Voluntary Clients in Treatment and Non-Voluntary Clients After Treatment for Risk Factors of Desire to Pleasure

Pair 1	Mean	t	Sig. (2-tailed)
Involuntary (In Treatment)	10.825	-0.478	0.633
Involuntary (After Treatment)	10.966		

This means that there is no significant difference for seeking pleasure risk factors between involuntary clients who are still undergoing treatment and involuntary clients after undergoing treatment at the centre.

4) Ho1d: There was no significant difference for pleasure risk factors between voluntary clients who were still undergoing In -Treatment and voluntary clients after undergoing treatment at the centre.

Based on Table 3.3 the recorded t value was 1.011 ($p = 0.317 > 0.05$). Thus, the null hypothesis is accepted.

Table 3.3: Comparison of t Values Between Tests of Voluntary Clients in Treatment and Voluntary Clients After Treatment for Risk Factors of Desire to Pleasure

Pair 1	Mean	t	Sig. (2-tailed)
Voluntary (In Treatment)	10.191	1.011	0.317
Voluntary (After Treatment)	9.457		

This means that there is no significant difference for seeking pleasure risk factors between volunteer clients who are still undergoing treatment and after undergoing treatment at the centre.

Qualitative results

Judging from the data collected through interviews with involuntary clients who were in the centre, the seeking for pleasure factor was also expressed as a motivator for them to return to drugs.

"For me, my first problem is friends. Secondly, ah the place has a lot of entertainment. Ahhh so must be stuck" (SS/01/BS04)

"We want to have fun, if not boring" {SS/01/BS05}

Excerpts as stated above are from the interview with the representative of the involuntary clients in the centre who define the pleasures associated drugs intake. The excerpts are proved on how pleasure is associated with drug intakes and act as motivator that cause an individual to have an interest to start using it again.

Discussion

Seeking for Pleasure

This study found that pleasure becomes a risk that brings clients back to drugs. From the first hypothesis, there was no significant difference for pleasure risk factors between involuntary and voluntary clients who were still undergoing treatment at the Centre. The recorded t value as shown in Table 3.0 was 1.668 ($p = 0.098 > 0.05$). For the second hypothesis, Table 3.1 shown the comparison results of t values between involuntary clients with voluntary clients after treatment for risk factors of seeking for pleasure in which the recorded t value was 2.202 ($p = 0.033 < 0.05$). This means, there was a significant difference between involuntary and voluntary clients after undergoing treatment. The third hypothesis is about the comparison of t values between involuntary clients in treatment and involuntary clients after treatment for risk factors of seeking for pleasure, there was no significant difference was detected. Based on Table 3.2, the recorded t value was 0.478 ($p = 0.633 > 0.05$). lastly, the hypothesis four shown the comparison results of t values between tests of voluntary clients in treatment and voluntary clients after treatment for risk factors of seeking for pleasure. It also reported that there was no significant different detected. The t value was 1.011 ($p = 0.317 > 0.05$).

From overall results as stated above, only second hypothesis was rejected meanwhile the other hypothesis were accepted. This means, only the comparison between involuntary clients and voluntary clients after treatment are found to be statistically difference. Meanwhile, the comparisons between involuntary clients with voluntary clients in treatment, involuntary clients in treatment with involuntary clients after treatment and voluntary clients in treatment with voluntary clients after treatment were reported insignificance difference between means.

Involuntary clients are more likely to feel that the seeking for pleasure is a risk factor for them to return to drugs. This can be proved by the data collected through interviews with involuntary clients who were in the centre, in which it was confirmed that the seeking for pleasure factor was also expressed as a motivator for them to return to drugs. Nowadays, many scholars have drawn attention to how pleasure and excitement, and not just risk perceptions, this thing should be considered when trying to understand young people's drug use (Jarvinen&Ostergaad, 2011). These young users were having positive expectations and experiences in relation to drugs which response on how drugs intake act as a motivator for them to relapse.

The Moral Model of addiction view the seeking of pleasure as parasitic, irresponsible, hedonism (Kennett, Matthews & Snoek, 2013). Foddy and Savulescu (2010) rejects the moralism view but agrees with it that drug use in addicts is voluntary, pleasure-seeking behaviour, and that we can draw no adverse conclusions about the autonomy of addicts from their repetitive drug-seeking behaviour. The need for fun that may describe the immaturity of an individual's self-development as still in childhood or adolescence, even though the development of age has passed into adolescence. There are having an interested in drugs because they are unaware of the risks associated with illegal drug use. Deon Price (2019) stated that most adolescents in this stage lack the capacity to control impulsive behaviour and make sound judgments. Hence, the urge to have fun alone or to succumb to the demands of lust or 'hedonism' causes individuals to be unable to make judgments between good and bad. Only through education that is balanced between moral education, religion or pure values can help in achieving the required maturity.

This situation also requires guidance in terms of psychology and religion to help emotional maturity be more balanced with the chronological development of age. This inconsistency of development leads to a situation where the individual is unable to control himself who is always under the grip of lust or according to the culture of hedonism that always seeks pleasure in life regardless of or evaluating the act. This factor of desire to always seeking for fun, has been identified as an important factor in this study and was confirmed by the respondents themselves which prevents from the respondents to live a normal life without drugs. This is because the psychological effects of pleasure felt while taking drugs are not easily replaced and disposed of.

Conclusion

Pleasure has been used as a tool to motivate living creatures and has been one of the strongest motivators of human behaviour. Pleasant feeling is what that make someone to do and repeat some behaviours. As in substance abuse, the users got the sensation of the pleasure when they are 'high'. Some might experience the pleasure in terms of, feeling calm, feeling brave and confident, or maybe feeling happy. These kinds of pleasures are the reason why some recovering addicts are relapse. They got hitch with the memories of being in the pleasuring mode. To conclude, seeking for pleasure is act as motivator for recovering addicts to relapse and re-involve with drugs be it the involuntary clients or voluntary clients.

References

- American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.) Arlington, VA: Author.
- Atherton, O. E., Conger, R. D., Ferrer, E., & Robins, R. W. (2016). Risk and protective factors for early substance use initiation: A longitudinal study of Mexican- Origin youth. *Journal of Research on Adolescence*, 26(4), 864-879.
- Bevilacqua L. & Goldman D. (2009). Genes and addictions. *Clin Pharmacol Ther.* 2009;85(4):359-361. doi:10.1038/clpt.2009.6
- BeritaHarian Online. (2018). 25,922 penagihberulangtahunlalu. Retrieved from <https://www.bharian.com.my/berita/kes/2018/10/487230/25922-penagih-berulang-tahun-lalu>
- Biederman J, Faraone S. V., Monuteaux M. C. & Feighner J. A. (2000). Patterns of alcohol and drug use in adolescents can be predicted by parental substance use disorders. *Pediatrics*. 2000;106(4):792-797.
- Calafat A, Fernández C, Montse J and Becoña E (2008) Recreational nightlife: Risk and protective factors for drug misuse among young Europeans in recreational environments. *Drugs : Education , Prevention and Policy* 15(2): 18
- Creswell, J. W. (2012). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research* (4th ed.). Upper Saddle River, NJ: Pearson.
- Denzin, N. K. (1978). *Sociological Methods*. New York: McGraw-Hill.
- Deon Price (2019). This Youth Generation: Adult maturity comes after youth deemed adults. Retrieved from <https://www.dailyrepublic.com/all-dr-news/opinion/local-opinion-columnists/this-youth-generation-adult-maturity-comes-after-youth-deemed-adults/>
- Duff, C. (2008). The pleasure in context. *International journal of drug policy*, 19(5), 384-392.
- Foddy B, Savulescu J. A liberal account of addiction. *Philos Psychiatry Psychol* (2010) 17(1):1-22
- Hadijah Baba, Wan Shahrazad Wan Sulaiman, Fauziah Ibrahim, & Norulhuda Sarnon @ Kusenin. (2018). Faktor-Faktor Penyumbang Kecenderungan Situasi Berisiko Tinggi Dalam Kalangan Penagih Dadah Berulang di Malaysia. *Jurnal Psikologi Malaysia* 32 (2) (2018): 1-11 ISSN-2289-817
- Järvinen, M., & Østergaard, J. (2011). Dangers and pleasures: Drug attitudes and experiences among young people. *Acta Sociologica*, 54(4), 333-350. <https://doi.org/10.1177/0001699311422018>
- Jenkins C.D. (1976). Recent evidence supporting psychologic and sosial risk faktors for coronary disease, Part I. *N Engl J Med* 1976; 294:987-994.
- Kennett, J., Matthews, S., & Snoek, A. (2013). Pleasure and addiction. *Frontiers in psychiatry*, 4, 117. <https://doi.org/10.3389/fpsy.2013.00117>
- Measham, F., 2004. The decline of ecstasy, the rise of 'binge' drinking and the persistence of pleasure. *Probation Journal* 5 (4), 309-326.
- NIDA. 2020, July 13. Drug Misuse and Addiction. Retrieved from <https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/drug-misuse-addiction> on 2021, June 3
- National Institute on Drug Abuse. (NIDA; 2018, January 17). *Principles of Drug Addiction Treatment: A Research-Based Guide* (Third Edition). Retrieved from <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition> on 2019, September
- Offical Website of National Anti-Drugs Agency (NADA; 2021). Retrieved from <https://www.adk.gov.my/en/>
- Rozmi Ismail, Nor Azri Ahmad, Fauziah Ibrahim & Salina Nen. (2017). Pengaruh Faktor Individu, Keluarga dan Persekitaran Sosial Terhadap Tingkah Laku Penyalahgunaan Bahandalam Kalangan Remaja. *Akademika* 87(1), April 2017:7-16
- Toseland, R. W., & Rivas, R. F. (2012). *An introduction to group work practice*. Boston: Pearson Allyn & Bacon
- Utusan Borneo Online. (2018). Sistem sokongan bantubekas penagih harus ditingkatkan. Retrieved from <https://www.utusanborneo.com.my/2018/09/06/sistem-sokongan-bantu-bekas-penagih-harus-ditingkatkan>.
- Walizer, M. H. & Wienir, P. L. (1978). *Research Method and Analysis: Searching for Relationship*. New York N. Y, Harper & Row.