

## Descriptive Analysis of Self-Harm Behavior among Early Adolescents

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### Abstract:

Early adolescents who are unable to deal with stress well will trigger maladaptive coping mechanisms such as self-harm. Self-harm behavior has become an adolescent trend that can endanger lives. This research aims to explore self-harm behavior among early adolescents at the Agricultural Area in Jember. The method used is quantitative descriptive with a cross-sectional approach. The research sample was obtained using a proportional stratified random sampling technique with a total sample of 376 respondents. Data was collected using the Deliberate Self-Harm Inventory (DSHI) questionnaire and data analysis using univariate analysis. The research results showed that almost all the respondents carried out self-harm in the low category; namely, 319 respondents (84.8%) and the remaining 27 respondents (7.2%) carried out self-harm in the medium category, two respondents (0.5%) did self-harm in the high category, 28 respondents (7.4%) never did self-harm. The low category of self-harm behavior that early adolescents often carry out is deliberately preventing wounds from healing, and the least common is intentionally breaking bones. Early adolescents who engage in low levels of self-harm behavior do not mean that these early adolescents will not attempt suicide. Psychiatric nurses and community nurses are expected to be able to coordinate with schools to develop appropriate nursing interventions for early adolescents who engage in self-harm behavior.

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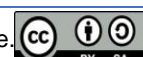
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## INTRODUCTION

Adolescence is a period when individuals experience a transition from childhood to adulthood (Santrock, 2003; Malumbot et al., 2020). According to the WHO (World Health Organization), adolescents are 10 - 19 years old (WHO, 2023). At this time, teenagers begin to face puberty with changes in various aspects, such as emotional, social, moral value, and cognitive (Santrock, 2007; Savitry et al., 2022). According to Sigmund Freud, adolescence is a period of conflict because problems often occur when teenagers cannot adapt to existing changes (Nazriani, 2023). Early adolescents (aged 12–15 years) who are currently studying junior high school are known as a period of storm and stress, where teenagers are in the process of searching for their identity and are vulnerable to problems (Muhammad et al., 2018).

Adolescents' inability to deal with problems will result in stress or pressure on the mind (Malumbot et al., 2020). In dealing with stress or pressure, teenagers can use adaptive coping mechanisms such as hobbies and maladaptive coping mechanisms such as self-injury (Thesalonika & Apsari, 2022). Self-harm behavior is a form of behavior carried out intentionally and consciously by individuals in various ways to reduce emotional pressure or psychological pain that cannot be endured without the intention of committing suicide (WHO, 2019).

Data YouGov Omnibus survey in June 2019 on 1.018 people in Indonesia showed that one-third (36,9%) carried out planned self-harm (Ho, 2019; Putri & Rahmasari, 2021). Based on research by Tian et al. (2021) found that of 3.146 students in China aged 10 - 17 years, 1.480 students (47,7%) had engaged in one self-harm behavior. The research results of Faradiba et al. (2022) showed that 58.6% of teenagers had done heavy self-harm, and 41.4% of adolescents had done low self-harm. From this data, it was found that 93% occurred in adolescent girls. According to research by Mahmudah (2021) on junior high school students, there were 71 (39.4%) students who did moderate self-harm. A research study by Sari (2023) at the Bustanul Ulum Islamic Boarding School, Bulugading, Jember, on 151 teenage respondents found that 116 teenagers (76,8%) did light self-harm, and 24 teenagers (15,9%) did heavy self-harm. Based on this data, it shows that self-harm in teenagers is still relatively high.

There is not much data regarding self-harm behavior in Indonesia because the self-harm phenomenon is like an iceberg phenomenon, so it is difficult to get the actual number of perpetrators. However, this self-harming behavior has become a trend, especially among teenagers. The most common form of self-harm carried out by adolescent girls is cutting the skin, while for adolescent boys, it is in the form of blows (Elvira & Sakti, 2022). The impact of self-harm, if done frequently, is that it will lead to addiction, self-exclusion from society, permanent injury, and even unexpected death (Putri & Rahmasari, 2021). Several factors that influence self-harm behavior include loneliness, emotional maturity, age, disharmonious family, and personality type (Epivania & Soetjningsih, 2023).

Researchers conducted a preliminary study on November 7, 2023, at three state junior high schools in Jember to identify self-harm behavior problems in early adolescents in Ambulu District. A preliminary study was conducted by interviewing guidance and counseling teachers and 20 students. At the interview stage with the supervising teacher, it was stated that students were still reluctant to tell the supervising teacher about their problems, and reports of self-harming behavior were obtained from the perpetrator's friends. Meanwhile, the results of interviews with 20 students showed that 12 students (60%) had committed acts of self-harm in the last year, and eight students (40%) had never committed acts of self-harm. Of the 12 students who had done self-harm, there were nine students (75%) who wanted to hurt themselves again, whether because they felt satisfied afterward or not, and there were three students (25%) who did not want to do this action again. Based on the background above, this research aims to explore self-harm behavior among early adolescents at the Agricultural Area in Jember.

## METHOD

This research uses a quantitative descriptive method with a cross-sectional approach. This research was carried out in three public junior high schools in Jember Regency from September 2023 to May 2024, with a total population of 2,191 students from classes VII, VIII, and IX. The number of research samples was calculated using the Slovin formula by adding a 10% dropout. Finally, a sample of 376 students was obtained who met the research inclusion criteria, including active school status, 12-15 years old, and willing to be respondents. The sampling technique was proportionate stratified random sampling, and random selection of research samples was carried out using the website, namely the Random Number Generator.

Researchers collected data at school by distributing paper questionnaires to respondents. The questionnaire used is the Deliberate Self-Harm Inventory (DSHI) questionnaire, which was modified by Purwanti (2023) to measure self-harm behavior. The DSHI questionnaire has 14 question items with four answer choices: never, once, more than once, and often. The

categorization of self-harm behavior is divided into 4, namely never, low, medium, and high. This research was analyzed using IBM SPSS statistical software version 25. Data analysis used univariate analysis to describe the data from each research variable. The results of univariate analysis are presented in table form containing frequency distributions and percentages. This research has received ethical approval from the Health Research Ethics Committee, Faculty of Nursing, Universitas Jember, with No. 013/UN25.1.14/KEPK/2024.

## RESULT

### Characteristics of Respondents

Table 1. Distribution of Respondents by Age, Gender, Class, Living Together, Parents' Material Status, Parents' Job, and Parents' Income at Agricultural Area in Jember (n=376)

Characteristics	Frequency (f)	Percentage (%)
Age		
12 years old	33	8.8
13 years old	148	39.4
14 years old	117	31.1
15 years old	78	20.7
Total	376	100
Gender		
Man	137	36.4
Women	239	63.6
Total	376	100
Class		
VII	138	36.7
VIII	126	33.5
IX	112	29.8
Total	376	100
Living Together		
Both parents	260	69.1
One of the parents	34	9.0
Grandparents	21	5.6
Parents and grandparents	59	15.7
Relatives	2	0.5
Total	376	100
Parents' Material Status		
Marry	333	88.6
Divorce	43	11.4
Total	376	100
Parents' Job		
Do not work	12	3.2
Civil servants	22	5.9
Self-employed	140	37.2
Private sector employee	34	9.0
Agriculture	163	43.4
Others	5	1.3
Total	376	100
Parents' Income		
No income	0	0
<Rp. 2.550.000	267	71.0
>Rp. 2.550.000	109	29.0
Total	376	100

Source: Researcher's Primary Data, February 2024

Table 1 shows that 13-year-olds have the highest frequency, with 148 respondents (39.4%). Most respondents were female, with 239 respondents (63.6%). Almost half of the respondents, with 138 (36.7%), came from class VII. Most of the respondents, with 260 respondents (69.1%), lived with both parents. Almost all respondents had parents with married status, namely 333 respondents (88.6%). Almost half of the respondents' parents worked in the agricultural sector as farmers, farm laborers, fishermen, livestock breeders, or planters, with 163 people (43.4%). Most respondents have parents with income <IDR 2.550.000, with 267 respondents (71%).

## Self-Harm Behavior in Early Adolescents

Table 2. Distribution of Self-Harm Behavior Categories in Early Adolescents at Agricultural Area in Jember (n = 376)

Variable	Frequency (f)	Percentage (%)
Self-Harm Behavior		
High self-harm	2	0.5
Moderate self-harm	27	7.2
Low self-harm	319	84.8
Never self-harm	28	7.4
Total	376	100

Source: Researcher's Primary Data, February 2024

Table 2 shows that almost all respondents were in the low self-harm category, namely 319 respondents (84.8%). The remaining 2 respondents (0.5%) did self-harm in the high category, 27 respondents (7.2%) did self-harm in the medium category, and 28 respondents (7.4%) never did self-harm.

Table 3. Distribution of Self-Harm Behavior Levels Based on Self-Harm Behavior Indicators in Early Adolescents at Agricultural Area in Jember (n = 376)

Indicator	Never		Once		More than Once		Often	
	f	%	f	%	f	%	f	%
(1) Cutting or cutting the skin								
S11. I intentionally cut or slash my wrist, arm, or other body part to cause injury	309	82.2	42	11.2	20	5.3	5	1.3
(2) Burning skin								
S13. I intentionally set myself on fire using a cigarette or lighter	339	90.2	28	7.4	8	2.1	1	0.3
(3) Biting the skin until it bleeds								
S2. I deliberately bit myself to the point of breaking the skin	307	81.6	42	11.2	20	5.3	7	1.9
(4) Scratching the skin until it bleeds								
S1. I deliberately scratch my skin until it causes scars or bleeding	128	34.0	81	21.5	100	26.6	67	17.8
(5) Exploiting body parts to feel pain								
S4. I deliberately dripped acid on my body	365	94.7	14	3.7	6	1.6	0	0
S6. I intentionally use bleach or disinfectant to scrub my skin	345	91.8	21	5.6	8	2.1	2	0.5
S8. I purposely rubbed the glass on my skin	257	68.4	81	21.5	29	7.7	9	2.4
(6) Engraving marks or symbols on leather								
S9. I intentionally carve words, images, designs, or other markings into my skin	154	41.0	71	18.9	81	21.5	70	18.6
(7) Putting a needle or pin into the skin								

Indicator	Never		Once		More than Once		Often	
	f	%	f	%	f	%	f	%
S10. I deliberately inserted sharp objects such as needles, pins, and staples into my skin	324	86.2	26	6.9	23	6.1	3	0.8
(8) Prevents wound healing								
S7. I deliberately prevent my wounds from healing (for example, picking at wounds)	89	23.7	93	24.7	112	29.8	82	21.8
(9) Hit yourself up								
S3. I intentionally punch or hit myself until I get hurt or bruised	297	79.0	46	12.2	25	6.6	8	2.1
(10) Banging your head or hands on an object								
S5. I intentionally hit my head until it hurts or bruises	325	86.4	37	9.8	11	2.9	3	0.8
S12. I deliberately broke my bones	370	98.4	6	1.6	0	0	0	0
(11) Open question								
S14. Have you ever done anything else to hurt yourself that is not stated in the statement above?	334	88.8	20	5.3	12	3.2	10	2.7

Source: Researcher's Primary Data, February 2024

Table 3 shows that the self-harm behavior that early adolescents often carry out is in the eighth indicator, namely in statement number 7, "deliberately preventing wounds from healing (for example: picking at wounds)" with a result of 82 respondents (21.8%) doing it frequently. Meanwhile, the minor self-harm behavior carried out by early adolescents was in the 10th indicator, namely in statement number 12, "deliberately breaking bones" which showed that six respondents (1.6%) had done it once.

## DISCUSSION

This research was conducted to explore self-harm behavior among early adolescents in the agricultural area in Jember. The results of this research were obtained from the 376 respondents involved; almost all the respondents had carried out low-category self-harm, namely 319 respondents (84,8%). Apart from that, other respondents had also done self-harm in the medium category, as many as 27 respondents (7,2%) and in the high category, namely 2 respondents (0,5%). Twenty-eight respondents fell into the category of never doing self-harm (7,4%). The results of this research are in line with research conducted by Utami et al. (2023), which states that self-harm behavior carried out by middle school teenagers is mainly included in the low category, namely 32 respondents (37,2%) out of 86 respondents. According to Klonsky et al. (2013) who said self-harm behavior in the low category still needs to be watched out for because this can be an early stage for teenagers to attempt suicide caused by continuous mental pressure, thus encouraging early teenagers to have a desire to end their life (Utami et al., 2023).

Early adolescents with low levels of self-harm may have engaged in self-harm only occasionally during the past year. In this study, respondents in the low category often deliberately prevented wounds from healing (for example, picking at wounds), scratching the skin until it caused scars or bleeding, and deliberately carving words, pictures, designs, or other marks on the skin, as well as deliberately rubbing glass on the skin. Researchers assume that the low category of self-harm behavior carried out by early adolescents is used as a response to stress, which may be caused by academic pressure or interpersonal problems that occur in the short term.



Some respondents had done self-harm in the moderate category, namely 27 respondents (7,2%). Early adolescents in the moderate self-harm category may have committed acts of self-harm several times a month over the past year. The forms of self-harm behavior in the moderate category that respondents often carry out are deliberately preventing wounds from healing (for example, picking at wounds), deliberately scratching the skin until scars appear and bleed, and deliberately carving words, pictures, designs, or other marks on the skin. This research is in line with research by Istiana et al. (2023), showing that the self-harm carried out by 59 teenage respondents was in the moderate category. Most answers obtained from respondents were about preventing the wound from healing, namely deliberately not giving medicine to the wound (Istiana et al., 2023). In this case, low and moderate self-harm behavior is not much different. According to researchers' assumptions, moderate self-harm behavior is likely to occur due to deeper psychological problems than low self-harm behavior.

Based on the results of this research, it was also found that 2 respondents (0,5%) carried out self-harm in the high category. Early adolescents with a high self-harm category can commit acts of self-harm regularly, even every day, or several times a week for the past year. Behaviors that are often carried out in this high self-harm category are preventing wounds from healing, scratching the skin until it causes scars or bleeding, and biting oneself to damage the skin. High levels of self-harm behavior can occur due to constant and prolonged stress. The longer a teenager carries out self-harm, the more serious the action is until the desire to commit suicide appears (Arinda & Mansoer, 2020). Researchers assume that self-harm behavior in the high category, for example, banging the head and cutting the skin, could be the first step to attempting suicide because when respondents carry out these behaviors frequently, there is a risk of experiencing severe head injuries and heavy bleeding which can lead to death.

Agricultural and rural areas are units that cannot be separated because agriculture is the main component that supports life in villages in Indonesia. In rural areas, people still depend on each other and value togetherness more highly. Meanwhile, in urban areas, people tend not to depend on others, so they have less individuality and social interaction with those around them because they think it can reduce their working time (Angelyna & Liauw, 2020). Teenagers in rural areas with communities that prioritize togetherness cause teenagers to feel that there is extensive social support around them. This support causes teenagers to feel that the people around them care about their welfare, and it can reduce negative behavior carried out by teenagers (Nurhidayah et al., 2021).

Factors that influence self-harm consist of internal factors, namely age, and external factors, namely parents' marital status and family socioeconomic status. According to Epivania & Soetjningsih (2023), age is an internal factor in self-harm behavior. Self-harm behavior begins to appear at the age of 13 or 14, which is early adolescence (Istiana et al., 2023). At this age, there is an increase in emotional tension. When early adolescents are less prepared to face changes within themselves, this can lead to mental problems (Prasetya & Gunawan, 2018). In line with this, this research shows that the most significant frequency of early adolescents who engage in self-harm in the low category are respondents aged 13 years, namely 124 respondents (33%). Researchers assume that self-harm behavior at that age is still in the range of early adolescence, where emotional changes occur very quickly. Thus, early adolescents are vulnerable to self-injurious behavior as a form of poor coping mechanism due to changes in emotions, significantly negative emotions.

External factors that can influence self-harm behavior are parents' marital status. The results of this study showed that 43 respondents (11,4%) were respondents whose marital status was divorced, of which 36 respondents (83,7%) were categorized as having low self-harm, 5

respondents in the moderate self-harm category (11,6%). The high self-harm category was 1 respondent (2,3%). In this study, there were also 333 respondents (88,6%) whose parents' marital status was married, of which 283 respondents (85%) were categorized as having low self-harm, 22 respondents in the moderate self-harm category (6,6%), and the high self-harm category was 1 respondent (0,3%). From these data, it can be concluded that early adolescents with divorced parents are more likely to engage in moderate self-harm behavior because it can be caused by the lack of role, communication, and direction from the family, which can influence channeling the emotions felt by early adolescents (Ratida et al., 2022).

Parental divorce hurts early adolescent development. Adolescents need support from parents to achieve developmental tasks (Antony et al., 2023). Stuart's stress adaptation model theory states that social support is a source of coping. If early adolescents have full social support from both parents, then when they experience stress, they will tend to use adaptive coping mechanisms (Utami et al., 2023). Researchers assume that early adolescents still rely on closeness to both parents, who can provide full social support.

The following external factor that can influence self-harm behavior is the family's socioeconomic status. In this study, the majority of respondents in the low self-harm category had parents with incomes below the Jember Regency Minimum Wage, namely 229 respondents (85,8%). There was also 1 respondent (0,4%) in the high self-harm category who had a parent's income below the Jember Regency Minimum Wage. Parental income can be related to economic factors. The economy is one of the factors that trigger self-harm behavior in teenagers, which is caused by the inability of families and teenagers to meet their needs in life (Alifiando et al., 2022). Based on the stress adaptation model theory, Stuart states that one source of coping is material assets. If early adolescents have material assets, namely high socioeconomic levels, then these early adolescents will have suitable coping mechanisms in dealing with stressors (Stuart, 2016). Researchers assume that early adolescents from families with low socioeconomic status are likely to experience economic pressure in the family, which can cause conflict and instability in the household, which can lead to self-harm behavior.

In this research, self-harm behavior consists of 11 indicators with 14 statement items in the questionnaire. Of the 14 statement items, the eighth indicator, namely statement number 7, "deliberately prevents wound healing (for example, picking at wounds)" is the one most frequently done by early adolescents, of which 82 respondents (21,8%) often engage in self-harm behavior. Picking at a wound is a mild act of self-harm, but frequent picking at the wound can cause an increased risk of infection because it keeps the wound area open (Aziza et al., 2023). According to Sugianto's (2020) research, results show that teenagers carry 2 self-harming behaviors, namely deliberately scratching the skin until scars appear and bleeding and deliberately preventing the wound from healing by picking at it (Sugianto, 2020). As for the 10th indicator, namely statement number 12, "deliberately breaking bones" is the least frequent behavior carried out by early adolescents, with the results showing that 6 respondents (1,6%) have done it once. According to Holmes (2000), the form of self-harm behavior with the lowest prevalence is breaking bones at 8% (Wibisono & Gunatirin, 2018). Breaking bones is least often done by early adolescents because it is an extreme behavior that, if carried out, will cause a high level of pain, a high level of severity, and cannot be covered up.

On the Deliberate Self-Harm Inventory questionnaire at number 14, there is an open question that can be filled in by the respondent regarding other forms of self-harm behavior that have been carried out and have not been stated on the questionnaire. The results of this study showed that 42 early adolescents (11,2%) had committed other forms of self-harm behavior, namely pinching themselves until they were injured, as many as 2 respondents (4,8%), grabbing

their hair until they got dizzy, as many as 8 respondents (19%), speeding while riding a motorcycle on the road was carried out by 12 respondents (28,6%), hitting or punching objects (tables, walls, glass) as many as 12 respondents (28,6%), picking their lips until bleed as many as 3 respondents (7%), forced themselves to run until it hurt 1 respondent (2,4%), pressed the skin of their hands with long nails until injured 1 respondent (2,4%), deliberately jumped off a chair until they were injured 1 respondent (2,4%), damaged muscle tissue to develop muscles 1 respondent (2,4%), and electrocuted themselves on the socket 1 respondent (2,4%). Researchers assume that early adolescents can use various forms of self-harm to relieve emotional distress that the surrounding environment can influence.

Based on the researcher's direct experience of the research process, there is a limitation in this research, namely that the researcher cannot fully control the respondents when filling out the questionnaire regarding self-harm behavior. Respondents were asked to fill out a questionnaire according to their experience of self-harm in the last year. However, researchers could not confirm whether the respondent really remembered the experience of self-harm and whether self-harm experiences that occurred more than one year were also included by the respondent when selecting answers in the questionnaire.

## CONCLUSION

This research revealed that almost all the respondents' self-harm behavior among early adolescents in the agricultural area in Jember was in the low category, namely 319 respondents (84,8%). The self-harm behavior that is often done intentionally prevents the wound from healing (for example, picking at the wound). The least frequently done is deliberately breaking bones. These findings suggest an active role for health workers in becoming counselors for teenagers in need and conducting health promotions regarding self-harm behavior at school. Apart from that, early teens can also apply stress management techniques such as relaxation exercises, hobbies, and getting enough sleep as a step in preventing self-harm behavior towards themselves.

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## CONFLICT OF INTEREST

This research process has no conflict of interest until the article is reviewed.

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