Volume 19, Issue 2, May 2024, p. 216-221
http://dx.doi.org/10.20473/jn.v19i2.52823

ORIGINAL ARTICLE

OPEN ACCESS

Analysis of factors self-harm behaviour among adolescents undergoing drug rehabilitation in Indonesia

Ice Yulia Wardani[1]*, Riska Amalya Nasution[2], Ria Utami Panjaitan[1], Dwi Suratmini[3], and Elfira Rusiana[4]

[1] Faculty of Nursing, Universitas Indonesia, Depok, Indonesia

[2] Nursing Study Program, Faculty of Medicine and Health Sciences, Universitas Jambi, Jambi, Indonesia

[3] Faculty of Health Sciences, UPN Veteran Jakarta, Jakarta, Indonesia

[4] Universitas Indonesia Hospital, Depok, Indonesia

*Correspondence: Ice Yulia Wardani. Address: Faculty of Nursing, Universitas Indonesia, Depok, Indonesia. Email: iceyulia@ui.ac.id

Responsible Editor: Ferry Efendi

Received: 18 January 2024○ Revised: 19 May 2024 ○ Accepted: 22 May 2024

ABSTRACT

Introduction: Self-harm is one of the mental health problems experienced by adolescents. In Indonesia, the behaviour of self-harm in adolescents has increased. However, no research analyses the factors related to self-harm behaviour in adolescents. The study aimed to analyse the factors associated with self-harm behaviour in adolescents in drug rehabilitation.

Methods: This study used a descriptive-correlative design with a cross-sectional approach. The sample in this study was 241 adolescents who were in drug rehabilitation using the purposive sampling technique. This research was conducted in the Lido Centre for the Rehabilitation of the National Narcotics Agency, the Lampung Centre for Rehabilitation of the National Narcotics Agency, the Cipinang Besar Utara Narcotics Penitentiary, the Special Prison for Children of Jakarta, Lampung Narcotics Penitentiary, and the Al Islamy Foundation. This study used five questionnaires, namely the Internalized Stigma of Mental Illness, Self-Identity Questionnaire, UCLA Loneliness Scale Version 3, and the Deliberate Self-Harm Inventory. This research was conducted in May-October 2020. The data of this study were analysed using a logistic regression test.

Results: The results of the logistic regression analysis showed that, from several factors related to self-harm, namely loneliness, self-identity, and stigma, two factors that are most related to self-harm behaviour are self-identity and stigma, with a p-value of 0.000 ($p<0.05$).

Conclusions: Self-harm behaviour can occur due to factors such as self-identity and stigma. This research can be a basis for providing nursing interventions to adolescents undergoing drug rehabilitation. Appropriate nursing interventions can help adolescents undergoing drug rehabilitation control the self-harm behaviour they want to engage in. Researchers recommend the importance of interventions aimed at strengthening self-identity and reducing stigma in efforts to prevent and treat self-harm behaviour. Additionally, future research is recommended to consider other variables that may also contribute to this behaviour.

Keywords: adolescents, drug rehabilitation, factors analysis, self-harm behaviour

Introduction

One of the mental health problems for adolescents around the world is having self-harm behaviour. The prevalence of self-harm behaviour reaches 4.3% (men) and 3.4% (women) at the age of 13-17 years (WHO, 2017). Studies in 41 countries, including Southeast Asia,

© 2024 Jurnal Ners. This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (https://creativecommons.org/licenses/by/4.0/).

show that 16.9% of people have self-harm behaviour with an average age of 13 years (Gillies et al., 2018). The high prevalence of self-harm requires special attention in health. A study by King et al. (2019) shows that 30% of adolescents with self-harm behaviour are drug abusers. The prevalence of adolescent drug abuse in Indonesia reached 24-28% in 2019 (BNN, 2019). Drug abu*se contributes to the burden of disease and self-harm behaviour in adolescents (*Moran *et al.,* 2015*).*

Self-harm behaviour is deliberate self-harm through injuring or poisoning oneself (King, Cabarkapa and Leow, 2019). This is related to various factors that influence adolescent behaviour. Adolescents have unique characteristics with the task of finding self-identity. Self-identity that is not positive has the risk of causing psychosocial problems such as self-harm (Azizah et al., 2018). Also, the existence of self-stigma increases risky behaviour. Individuals experience self-stigma as a negative feeling due to their condition (Eaton et al., 2020). The inability to accept self-condition can lead to adolescent maladaptive responses. Self-harm behaviour is a response to adolescents' emotional and psychological distress (Brown, Elkins and Parker, 2016). The level of self-resilience affects individual behaviour in the face of any pressure received (Ibrahim, 2017).

Previous research results suggest that self-harm behaviour varies throughout the life cycle. The proportion of adolescents who have self-harm behaviour and who attempt suicide ranges from 30:1 in adolescents to 3:1 in the elderly (Muehlenkamp et al., 2012). Based on these data, it can be seen that adolescents have a large proportion of self-harm. Teens usually do things that can injure themselves because of something complex and varied. The reasons that are often associated with self-harm in adolescents include: (a) adjusting to shifts in one's physical or psychological development; (b) managing pressures from peers or academic demands in daily life; (c) experiencing mental health issues like depression or inquisitiveness; (d) battling familial issues like parental divorce or domestic abuse; or (e) navigating social factors like social media's influence (Chen., 2007' Dimmock et al., 2008).

According to previous research, the trigger event for adolescents who show self-harm behaviour is conflicts with peers and parents. In addition, adolescents are typically perfectionists, feel dissatisfied with physical appearance, and have difficulty controlling and expressing feelings. Adolescents also have distorted self-perceptions and low self-esteem (Oktan, 2017). Usually, individuals perform self-harm behaviour to get relief, describe feelings of unacceptability, or as an effort to make individuals connect with other individuals (Stänicke, Haavind and Gullestad, 2018). Lonely adolescents often experience this condition to meet their social needs.

Self-harm behaviour is often a manifestation of feelings of loneliness, self-identity conflict, and social stigma (Stänicke, Haavind and Gullestad, 2018). According to Cacioppo et al. (2015), loneliness can trigger intense emotional pain, which a person may cope with by self-harm as a form of distraction or relief from the pain. Meanwhile, unstable or negative self-identity can influence individuals' perceptions of themselves and the surrounding environment, thus encouraging destructive behaviour such as self-harm (Serafini and Adams, 2009; Arslan, 2019). Lastly, stigma or shame and fear of being rejected by society can exacerbate negative feelings and increase the emotional burden, which in the end can trigger self-harm behaviour (Ardani and Handayani, 2017; Eaton et al., 2020). Therefore, it is important to understand and address these factors in efforts to prevent and treat self-harm behaviour.

Based on the background, the researcher wanted to conduct a study to identify what factors were associated with self-harm behaviour in adolescents in drug rehabilitation in Indonesia.

Materials and Methods

Research design and samples

This study employed a cross-sectional methodology and a descriptive-correlative design. This study's population consisted of adolescents residing in five rehabilitation facilities: the Cipinang Besar Utara Narcotics Penitentiary (153 respondents), the Lampung Narcotics Penitentiary (7 participants), the Lido Centre for the Rehabilitation of the National Narcotics Agency (BNN) (28 respondents), the Centre for Rehabilitation of the National Narcotics Agency (BNN) Lampung (3 respondents), and Al Islamy Foundation (50 participants). In this study, the determination of the sample was through purposive sampling with the inclusion criteria: 1. Adolescent (10-25 years); 2. Underwent rehabilitation; 3. Do not have verbal communication barriers and physical illnesses that interfere with research participation; 4. Able to read and write. The sample used in this study was 241 respondents.

Variable and Instruments

The independent variables in this study are loneliness, self-identity and stigma, while the dependent variable is self-harm behaviour.

Data collection in this study was carried out using four instruments, namely: the Internalized Stigma of Mental Illness (ISMI) scale, Self-Identity Questionnaire, UCLA Loneliness Scale Version 3, and Deliberate Self-Harm Inventory questionnaire. These instruments were adopted and used to collect data related to the factors of self-harm behaviour among Indonesian adolescents.

The Internalized Stigma of Mental Illness (ISMI) scale is a questionnaire consisting of 29 statement items with subdomains: Alienation, Experience of Discrimination, Social Withdrawal, Stereotype Support, and Stigma Resistance (Boyd, Otilingam and DeForge, 2014). The self-identity questionnaire in this study was adopted from Serafini and Adams (2009), which consisted of 15 questions with an ordinal measurement scale (Likert). In this questionnaire, self-identity is divided into general categories, namely rather passive, active, quite active.

Developed by Russell (1996), the UCLA Loneliness Scale Version 3 is an instrument used to measure the level of loneliness. In this study, the researcher will use the UCLA Loneliness Scale Version 3 questionnaire which has been modified by Setyo, Razak and Zainuddin (2018), due to the equation of the place setting, namely the correctional institution and the research population, namely the inmates. This instrument has three dimensions of loneliness, namely personality, social desirability, and depression, and consists of 18 items with an ordinal measurement scale.

The Deliberate Self-harm Inventory (DSHI) instrument was first developed in the United States by Sansone, Wiederman and Sansone (1998). The Self-harm Inventory (SHI) questionnaire has five dimensions, namely direct self-harm behaviour, indirect self-harm behaviour, risk behaviour, and cognition. This instrument consists of 22 items with an ordinal measurement scale. The number of instruments is short enough so that it is suitable for capturing large populations.

The questionnaire used in this study has been tested for validity and reliability with the following details: Internalized Stigma: Substance Abuse Version (r> 0.361 and Cronbach's alpha 0.910). There are 14 valid questions on the self-identity questionnaire with a calculated r-value greater than the r table. The researcher did not delete the invalid questions because the questionnaire was standardised and avoided the tendency for one of the dimensions of self-identity due to the inequality of the number of question items. The results of the validity test of the self-identity questionnaire were 0.440-0.859. The results of the parenting questionnaire reliability test showed that Cronbach's alpha value was 0.886. The Cronbach's alpha value is above 0.6, so that the self-identity questionnaire is stated to be reliable and well-used.

The UCLA Loneliness Scale Version questionnaire has been tested on 100 assisted residents in the Class IIA Sungguminasa Penitentiary, Gowa. In the discriminatory power trial results, two questions were dropped out of 20 questions because the total correlation coefficient was <0.30, while the valid value coefficient must be in the range from 0.301 to 0.608. Then the validity test was carried out using Aiken's V formula to calculate the content validity coefficient. The v-value for the loneliness scale moved from a value of 0.50 to 0.75, sp that the scale validation results were good. A reliability test was also carried out in a trial with 20 questions with an alpha value of 0.748 and a reliability test with 18 questions resulting in an alpha value of 0.780. It was stated that the questionnaire had a reliability level that was classified as reliable. For the Deliberate Self-Harm Inventory questionnaire, the validity test results on the DSHI questionnaire obtained 7 out of 11 valid questions with a calculated r-value of 0.391-0.599 (r table> 0.361). The DSHI questionnaire reliability test results showed that Cronbach's alpha value was 0.710 (> 0.7). So it is stated that the DSHI questionnaire is reliable and well-used. Researchers did not delete invalid questions in the questionnaire due to the inequality of the number of question items.

Data Collection and Data Analysis

Data were collected from May to October 2020. The samples used met the requirements for being willing to be respondents in this research and were currently undergoing rehabilitation at a drug rehabilitation institution. Adolescents filled out informed consent if they were willing to complete the questionnaire in around 15-20 minutes. In filling out the questionnaire, the researcher was assisted by a research assistant who was a drug rehabilitation staff member and who had previously explained this research. When conducting the research, researchers explained the activities, procedures, objectives, benefits, risks of loss, rights and obligations of participants. Participants' participation was voluntary, proven by signing an Informed Consent. After that, the researcher examined all questionnaires, and if any were found to be incomplete, the respondents were asked to complete them. In conducting the research, if the respondent was unwilling to participate, he could resign at any time, and there was no coercion.

Data analysis was performed using SPSS 21.0. To analyse the data in this study, univariate and multivariate analyses were used. The univariate analysis

Table 1. Distribution of Respondents based on Characteristics of Age and Duration of Rehabilitation in Drug Rehabilitation (n= 241)

Variables	Mean	SD	Min-Max	95% CI
Age	21.16	2.16	15-25	20.88-21.43
Duration of Rehabilitation	38.35	56.95	1-396	31.12-45.57

aims to describe the characteristics of each research variable. The results obtained will be presented in frequency, percentage, average, minimum-maximum value and standard deviation. Multivariate analysis was performed using logistic regression statistical tests (p<0.05) (Hosmer Jr, Lemeshow and Sturdivant, 2013).

Ethical considerations

The researcher conducted an ethical test first in the Faculty of Nursing ethics committee, University of Indonesia, as evidenced by the Ethics Review Pass Certificate Number: SK-90 / N2.F12.DI.2.1 / ETIK 2020.

Results

Participants' characteristics

This study's respondents' characteristics were age, gender, the latest education, rehabilitation agency, and rehabilitation duration. An overview of the distribution of age and duration of rehabilitation is shown in Table 1. An overview of the distribution of the latest education, gender, and institution where rehabilitation is shown in Table 2. The description of the distribution of self-harm, loneliness, self-identity, suicidal ideation, and stigma is shown in Table 3.

Based on Table 1, it is known that the average age of the respondents is 21.16 years, with the youngest being 15 years and the oldest being 25 years old, and a standard deviation of 2.16 years (95% CI: 20.88 - 21.43). The average length of respondents' rehabilitation in this study was 38.35 weeks, with the shortest rehabilitation time of 1 week and the most extended rehabilitation length of 396 weeks, and a standard deviation of 56.94 weeks (95% CI: 31.12 - 45.57).

Based on Table 2, most of the respondents in this study had the senior high school education level (44%) and were male (99.6%). The majority of respondents in this study underwent rehabilitation at a correctional institution (LAPAS) (53.5%).

Table 2. Frequency Distribution of Educational Characteristics, Gender, and Rehabilitation Institutions for Adolescents in Drug Rehabilitation (n=241)

Variable	Total (n)	%
Education		
Primary School	36	14.9
Junior High school	92	38.2
Senior High school	106	44.0
College	7	2.9
Gender		
Male	240	99.6
Women	1	0.4
Rehabilitation Place Agency		
Rehabilitation Centre	88	36.5
Correctional Institution (LAPAS)	153	53.5
Total	241	100.0

Based on Table 3, it is known that as many as 124 adolescents (51.5%) have low self-harm behaviour, 189 adolescents high loneliness (78%), and 91 adolescents (38%) delay self-identity. There is a high self-stigma of as many as 122 adolescents (50.6%).

Analysis of Factors Affecting Self-Harm Behaviour

Based on the results of the analysis that has been carried out, the information presented in Table 4 is obtained.

Based on Table 4, relationships were presented through odds ratio (OR) alongside 95% confidence interval (CI). The Loneliness's OR value is 1.004, which means that for each unit increase in loneliness, the odds of self-harm behaviour are multiplied by 1.004. The self-identify's OR value is 1.033, suggesting that for each unit increase in self-identity, the odds of self-harm behaviour increase by about 3.3%, assuming all other variables are held constant. Then, the stigma's OR value is 0.335, meaning that for each unit increase in stigma, the odds of the self-harm behaviour are multiplied by 0.335, or decrease by about 66.5%. Moreover, Table 4 shows that self-identity and stigma have a statistically significant relationship with self-harm behaviour with a p-value 0.000 (p <0.05). From the logistic regression test results, it was found that the variables in this study influenced the behaviour of self-harm in adolescents by 95%. Thus. It can be concluded that other variables have not been included in this study, which can also influence as much as 5%.

Table 3. Frequency Distribution of Self-Harm Behaviour, Loneliness, Self-Identity, and Adolescent Stigma in Drug Rehabilitation (n=241)

Variables	Total (n)	%
Self-Harm Behaviour		
Clean	66	27.4
Low	124	51.5
Moderate	48	19.9
High	3	1.2
Loneliness		
Moderate	52	22.0
High	189	78.0
Self-Identity		
Diffusion	3	1.0
Closed	24	10.0
Delay	91	38.0
Reached	123	51.0
Stigma		
No High Self Stigma	119	49.4
There is a High Self Stigma	122	50.6
Total	241	100.0

Table 4. Results of Logistic Regression on Variables Related to Self-harm Behaviour in Adolescents in Drug Rehabilitation (n= 241)

Variable	OR (exp.B)	95% CI (exp.B)	p-value
Loneliness	1.004	0.774 – 1.332	0.550
Self-Identity	1.033	0.815 – 1.304	0.000
Stigma	0.335	0.010 – 7.261	0.000

Discussions

Based on the results of the general effect test that has been carried out, it is found that three independent variables were analysed in this study. However, after a partial test, the results showed that, from the three independent variables, information was obtained that two independent variables had a more significant effect on self-harm behaviour, namely self-identity and stigma. This is in line with Ardani and Handayani (2017) who found that drug abuse individuals often get stigma, which develops to form self-stigma. Based on the analysis results carried out, information is obtained that the three independent variables in this study can explain 25.4% of personal harm behaviour; 74.6% of the rest are influenced by other factors that are outside this study. Many factors influence a person to injure themselves (Azizah et al., 2018).

The stigma variable coefficient (Exp B) results tend to increase along with the increase in a person's suicidal behaviour category. This indicates that the higher the stigma experienced by a person, the higher the tendency to injure themselves. Moreover, the coefficient value is positive, which indicates that increased stigma will increase a person's tendency to injure themselves. From the results of the analysis, stigma is one of the factors related to self-harm behaviour. This is in line with the findings by Evans-Polce et al, (2015), which reveal that stigma is closely related to self-harm behaviour and is caused by various things, first, the emergence of shame, anxiety, low self-esteem, stress, and failing treatment-seeking. Second, people choose not to defend themselves against stigma, which can lead to emotional issues including rage, failure-related feelings, or the development of self-confidence to carry on with the maladaptive behaviour.

Based on the results, information was obtained that the coefficient value of the self-identity variable decreased along with the increase in the category of self-harm behaviour. This indicates that the greater a person's ability to identify his or her own identity, the smaller the behaviour to injure themselves. The results of this study are supported by previous research conducted by Arslan (2019). The same thing happened to the coefficient value of the loneliness variable which indicates the same as the self-identity variable (Cacioppo et al., 2015). These two variables have a significant effect on self-harm behaviour.

Self-harm behaviour is often an outward sign of social shame, self-identity struggle and loneliness (Stänicke, Haavind and Gullestad, 2018). Cacioppo et al. (2015) state that loneliness can cause severe emotional distress, which an individual may use as an escape or diversion from their suffering via self-harming. Furthermore, unstable or unfavourable self-identity can affect how people see themselves and their surroundings, which can lead to harmful behaviours like self-harm (Serafini and Adams, 2009; Arslan, 2019). Self-harm behaviour can be sparked by unpleasant emotions and an increased emotional burden brought on by shame or stigma and the fear of social rejection (Ardani and Handayani, 2017; Eaton et al., 2020).

This study has several obstacles that were experienced when conducting research, namely the effect of the Covid-19 pandemic conditions requiring researchers to carry out various procedures for mutual safety and also causing a longer implementation of the research to because, at the beginning of the pandemic period, no one was allowed to visit the drug rehabilitation. However, this study has the advantage that it is the first research of its kind in Indonesia. Furthermore, this study also provides the results of which factors are most associated with self-harm behaviour so that these can be used as a reference in providing nursing interventions to adolescents in drug rehabilitation who have self-harm behaviour. This study can also become basic data used by drug rehabilitation institutions, especially nurses or health workers in the rehabilitation environment, to develop promotional or preventive actions for adolescents. In addition, this research can also serve as basic data for further research and can serve as a reference for research that provides treatment in nursing actions.

Conclusion

Self-harm behaviour in adolescents is something that needs attention and should also receive a nursing intervention. The results of this study indicate that the loneliness variable did not have a statistically significant relationship with self-harm behaviour, while the self-identity and stigma variables had a statistically significant relationship with self-harm behaviour of 95% confidence interval. Based on the results of this study, future research could consider further investigation by adding other variables such as depression, anxiety, peer

pressure, or trauma experiences. Additionally, given the significant influence of these variables on self-harm behaviour, future research could focus on developing and evaluating interventions aimed at reducing loneliness, strengthening self-identity, and reducing stigma. The implication of this study can be used as a reference in developing nursing interventions that are more focused on improving self-identity in adolescents and preventing self-stigma given to adolescents with self-harm behaviour and self-stigma in adolescents. These interventions include behavioural cognitive therapy, cognitive therapy, acceptance, and commitment therapy.

Funding

This research was sponsored by the PUTI Grant proceeding from the Universitas Indonesia and the Faculty of Nursing, Universitas Indonesia.

Conflict of interest

The authors declare they have no conflicts of interest.

Acknowledgments

Thanks to the Centre for the Rehabilitation of the National Narcotics Agency (BNN) Lido, the Centre for Rehabilitation of the National Narcotics Agency (BNN) in Lampung, the Cipinang Besar Utara Narcotics Penitentiary, the Special Prison for Children of DKI Jakarta, the Lampung Narcotics Penitentiary, the Wisma Ataraxis Foundation, and the Foundation Al Islam DI Yogyakarta which has permitted to perform data retrieval.

References

(BNN), N. N. A. of the R. of I. (2019) *The use of narcotics among adolescents is increasing*, *National Narcotics Agency of the Republic of Indonesia (BNN)*.

Ardani, I. and Handayani, S. (2017) 'Hiv/aids related stigma as a barrier for health seeking behavior: a case study of injecting drug users in jakarta', *Buletin Penelitian Kesehatan*, 45(2), pp. 81–88.

Arslan, G. (2019) 'Mediating role of the self–esteem and resilience in the association between social exclusion and life satisfaction among adolescents', *Personality and Individual Differences*, 151, p. 109514.

Azizah, U. *et al.* (2018) 'Faktor-faktor yang berhubungan dengan masalah psikososial remaja di wilayah bantaran Kali Code Kota Yogyakarta', *Berita Kedokteran Masyarakat*, 34(10), pp. 281–290.

d, J. E., Otilingam, P. G. and DeForge, B. R. (2014) 'Brief version of the Internalized Stigma of Mental Illness (ISMI) scale: psychometric properties and relationship to depression, self esteem, recovery orientation, empowerment, and perceived devaluation and discrimination.', *Psychiatric rehabilitation journal*, 37(1), p. 17.

Brown, V., Elkins, K. and Parker, A. (2016) 'Self-harm and young people', *Research Bulletin*, 5(1), p. 42.

Cacioppo, S. *et al.* (2015) 'Loneliness: Clinical import and interventions', *Perspectives on Psychological Science*, 10(2), pp. 238–249.

ChenT.C (2007) 'Development and adaptation of adolescents: Theory and practice.', in *Development and adaptation of adolescents: Theory and practice.* Taiwan: Psychological.

Dimmock, M., Grieves, S. and Place, M. (2008) 'Research Section : Young people who cut themselves–a growing challenge for educational settings', *British journal of special education*, 35(1), pp. 42–48.

Eaton, K. *et al.* (2020) 'Pathways to self-stigma in parents of children with a mental health disorder', *Journal of Child and Family Studies*, 29, pp. 1732–1744.

Evans-Polce, R. J. *et al.* (2015) 'The downside of tobacco control? Smoking and self-stigma: A systematic review', *Social science & medicine*, 145, pp. 26–34.

Gillies, D. *et al.* (2018) 'Prevalence and characteristics of self-harm in adolescents: meta-analyses of community-based studies 1990–2015', *Journal of the American Academy of Child & Adolescent Psychiatry*, 57(10), pp. 733–741.

Hosmer Jr, D. W., Lemeshow, S. and Sturdivant, R. X. (2013) *Applied logistic regression*. New York: John Wiley & Sons.

Ibrahim, N. (2017) 'Gender differences and psychological factors associated with suicidal ideation among youth in Malaysia', *Psychology Research and Behavior Management*, 10, pp. 129–135. doi: 10.2147/PRBM.S125176.

King, J., Cabarkapa, S. and Leow, F. (2019) 'Adolescent self-harm: think before prescribing', *Australian prescriber*, 42(3), p. 90.

Moran, P. *et al.* (2015) 'Substance use in adulthood following adolescent self-harm: a population-based cohort study', *Acta Psychiatrica Scandinavica*, 131(1), pp. 61–68.

Muehlenkamp, J. J. *et al.* (2012) 'International prevalence of adolescent non-suicidal self-injury and deliberate self-harm', *Child and adolescent psychiatry and mental health*, 6(1), pp. 1–9.

Oktan, V. (2017) 'Self-harm behaviour in adolescents: body image and self-esteem', *Journal of psychologists and counsellors in schools*, 27(2), pp. 177–189.

Russell, D. W. (1996). UCLA Loneliness Scale (Version 3): Reliability, validity, and factor structure. Journal of personality assessment, 66(1), 20-40.

Sansone, R. A., Wiederman, M. W. and Sansone, L. A. (1998) 'The self-harm inventory (SHI): Development of a scale for identifying self-destructive behaviors and borderline personality disorder', *Journal of clinical psychology*, 54(7), pp. 973–983.

Serafini, T. E. and Adams, G. R. (2009) 'Functions of identity: Scale construction and validation', *Identity: an international journal of theory and research*, 2(4), pp. 361–389.

Setyo, F. G., Razak, A. And Zainuddin, K. (2018) 'Hubungan Antara Dukungan Sosialdengan Kesepian Pada Narapidana Kasus Narkotika Lapas Kelas Iia Sungguminasa, Gowa'. Universitas Negeri Makassar.

Stänicke, L. I., Haavind, H. and Gullestad, S. E. (2018) 'How do young people understand their own self-harm? A meta-synthesis of adolescents' subjective experience of self-harm', *Adolescent Research Review*, 3(2), pp. 173–191.

WHO (2017) *Mental Health Status of Adolescents in South-East Asia : Evidence for Action*.

How to cite this article: Wardani, I. Y., Nasution, R. A., Panjaitan, R. U., Suratmini, D., and Rusiana, E. (2024) 'Analysis of factors self-harm behaviour among adolescents undergoing drug rehabilitation in Indonesia', *Jurnal Ners*, 19(2), pp. 216-221. doi: http://dx.doi.org/10.20473/jn.v19i2.52823