



Original Research

## FAMILY FUNCTION AND SELF-HARM BEHAVIOR IN EARLY ADOLESCENTS: A CROSS-SECTIONAL STUDY

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### ABSTRACT

**Introduction:** Self-harm behavior is a form of maladaptive coping mechanism that is very harmful because it can cause injury and even threaten the individual's life. Several factors cause self-harm behavior in early adolescence, one of the factors is family dysfunction. This study aimed to determine the relationship between family functioning and self-harm behavior in early adolescents at the Agricultural Area of Jember.

**Method:** This study used a correlational design with a cross-sectional approach. The research sample was obtained through a proportional stratified random technique with a total of 376 respondents. The independent variable in this study is family function and the dependent variable is self-harm behavior in early adolescents. Data was collected using the Family APGAR and Deliberate Self-harm Inventory (DSHI) questionnaires.

**Results:** The result showed that family function is in the high category, 224 respondents (59,6%), and self-harm behavior is low self-harm, 319 respondents (84,8%). There is a relationship between family function and self-harm behavior in early adolescents in the agricultural area of Jember ( $p = 0,001$  and  $r = -0,131$ ) very weak and negative correlation. Poor communication between family members can lead to inner conflict and negative emotions that put individuals at risk of self-harm. The data was analyzed by Kendall's Tau C correlation test.

**Conclusions:** Early adolescents with low family functioning are more at risk of self-harm. This study can be used as a guideline for schools, psychiatric nurses and community nurses to develop appropriate nursing interventions for early adolescents who engage in self-harm behavior.

**Keywords:** early adolescents; family functioning; self-harm behavior

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## 1. INTRODUCTION

Adolescence is the transition from childhood to adulthood. Adolescence is a period of turmoil and stress (Potter & Perry, 2010). The inability of adolescents to cope with their problems causes stress, resulting in negative emotions such as disappointment, sadness, anger, and feelings of hopelessness and depression. Overcome emotions

can be channeled in positive ways such as by exercising, watching movies, reading books and other active activities (Melasti et al., 2022). Unlike some individuals who channel their emotions in negative ways, such as drug consumption, alcohol, and self-harm (Muthia & Hidayati, 2016). When adolescents are in a stressful environment for a long time and face problems that exceed their abilities, they tend to

experience negative emotions, which causes impulsive and reckless behavior that can encourage adolescents to commit self-harm (Xiao et al., 2022).

Prevalence of self-harm in Canada out of 809 adolescents (12-18 years), 43 (5%) committed self-harm (Turner et al., 2022). Research conducted in China from 3146 participants with an age range of 10-17 years, 1480 (47.07%) stated that they had hurt themselves intentionally at least once in their lives (Tian et al., 2021). In addition, another study also in China on junior high school students stated that the prevalence of self-harm was more prevalent in rural areas at 38.3% when compared to urban areas at 28.3%. This can occur because, rural areas tend to experience economic difficulties, social discrimination, and pressure from families in studies (Jiang et al., 2022). In Indonesia itself, based on YouGov Omnibus survey data (2019), out of 1,018 Indonesians, more than a third (36.9%) have self-harmed (Aini & Puspitasari, 2022). Research results from Utami et al (2023) conducted on 86 adolescents (15-18 years) found 7 adolescents (8.13%) with high self-harm, 30 adolescents (43.9%) with moderate self-harm, 32 adolescents (37.2%) with low self-harm and 17 adolescents (19.76%) did not do self-harm. The results of research conducted on adolescents (12-22 years) at one of the boarding schools in Jember Regency out of 151 adolescents, 116 adolescents (76.8%) committed mild self-harm, 24 adolescents (15.9%) committed severe self-harm and 11 adolescents (7.3%) did not commit self-harm (Sari, 2023).

Children entering adolescence tend to experience emotional instability, so adolescents need more attention, support, and direction from the family. Therefore, within the family, there are family functions that must be carried out properly (Freidman, 2014). Healthy family functions can affect the growth and development potential of each family member, meanwhile, someone with low family functions will be at risk of mental health disorders, problematic behavior, and low social adjustment (Maulina & Amalia, 2019). Families that do not have harmony and warmth in can cause stress, so negative emotions arise in adolescents (Masrurroh & Ramdani, 2020). When negative emotions appear, adolescents tend to use maladaptive coping to overcome their problems (Khalifah, 2019). The use of maladaptive coping mechanisms in adolescents is due to the high ego and personal interests that make adolescents easily influenced by certain situations (Febrianti & Husniawati, 2021). Self-harm is one of the maladaptive coping mechanisms of feeling physical

pain to overcome stressors or emotional distress (Woodley et al., 2021).

The preliminary conducted by researchers at three state junior high schools in Ambulu District Jember was conducted by interviewing counseling teachers and 20 students. The results of interviews with 20 students showed that 12 students (60%) committed self-harm by slashing their wrists, biting themselves, rubbing glass on the skin, carving and piercing the skin with needles, injuring themselves with knives, deliberately speeding on motorbikes, banging into walls and scratching the skin until it was injured. Of the 12 students, 9 students (75%) said they wanted to repeat self-harm because they felt satisfied after committing self-harm. Furthermore, the researcher interviewed 20 students regarding their relationship with their families. A total of 9 students (45%) said they were dissatisfied with family relationships due to lack of family support when facing problems, communication in the family that did not go well, lack of expression of affection and togetherness, and lack of financial support.

Based on the background above, the purpose of this study is to determine the relationship between family function and self-harm behavior in early adolescents at junior high school in Jember.

## 2. MATERIALS AND METHODS

### 2.1 Design

This study uses a quantitative design with a cross-sectional correlation analytic observational approach.

### 2.2 Population and Sampling

The population in this study were adolescents aged 12-15 years in three state junior high schools in Jember Regency with a total population of 2191 students. This research was conducted in an agricultural area in the district of Jember. The research sample was obtained through a proportional stratified random technique with a total of 376 respondents and a random selection of research samples was carried out using the website, namely the Random Number Generator.

### 2.3 Variable

The dependent variable in this study is family function and the independent variable is self-harm behavior in early adolescence.

2.4 Instrument

The measurement of family function was carried out using the Family APGAR questionnaire developed by Smilkstein (1978) and has been translated by family psychology experts in Dewi & Puspitosari (2010) research, consisting of 5 statements with answers from 1 to 10. Each question is scored: often/always = 2, sometimes = 1, rarely/no = 0. The accumulation of answers with a score of 7–10 means that the family is highly functional; a score of 4-6 indicates moderately dysfunctional families; and a score of 0–3 indicates a severely dysfunctional family. The validity test results showed that the Family APGAR questionnaire proved to be valid, as seen from the value of  $r_{count} > r_{table}$  with the acquisition of 0.158. In addition, this instrument is also reliable, with a Cronbach alpha value of 0.791 (Mufidah, 2022).

Self-harm was measured using the Deliberate Self-harm Inventory (DSHI) questionnaire developed by Gratz (2001), which was modified by Purwnti (2023) to measure self-harm behavior. DSHI consists of 17 statement items. This questionnaire uses a Likert scale with 4 intervals, namely: 1) ever, 2) more than once, 3) often, and 4) never. The validity test of the 17 statements showed that 14 statements were valid, while 3 statements (numbers 4, 16, and 17) were considered invalid. Testing the self-harm scale yielded a Cronbach alpha coefficient of 0.858. This finding indicates that the DSHI can be declared a valid and reliable instrument (Purwanti, 2023).

2.5 Procedure

Data were collected directly by distributing questionnaires in three junior high schools in Jember. Students who agreed to participate in this research were asked to fill out an informed consent form. Data collection was carried out for 3 days on January 29, 2024, February 2, 2024, and February 8, 2024.

2.6 Analysis

The study used univariate analysis for demographic characteristics data and bivariate analysis between family function and self-harm behavior the correlation test Kendall's Tau C correlation test with  $p < 0.05$ . The analysis was conducted with SPSS 22 for Windows.

2.7 Ethical Clearance

Researchers conducted an ethical feasibility test at the Faculty of Nursing, University of Jember with number 010/UN25.1.14/KEPK/2024.

3. RESULTS

Based on the characteristics of respondents in Table 1, the results of the age distribution obtained a median value of 14 with the youngest age of 12 years and the oldest age of 15 years. The gender research respondents were mostly female as many as 239 respondents (63.6%). Respondents were almost half of class VII, namely 138 respondents (36.7%). Most of the respondents, 260 respondents (69.1%), lived with both parents. Almost half of the respondents' parents, 163 people (43.4%), work in the agricultural sector such as farmers, fishermen, ranchers, and planters. Most of the parents' income was < Rp. 2,550,000, as many as 267 parents (71%).

Based on Table 2, the results showed that 224 respondents (59.6%) were highly functional, 109 respondents (29%) were moderately dysfunctional and 43 respondents (11.4%) were severely dysfunctional.

Table 3 shows that most respondents were satisfied with the growth function, namely 235 respondents (62.5%). Meanwhile, 85 respondents (22.6%) were not satisfied with the partnership function

Table 1. Distribution of Respondents in the Agricultural Area of Jember (n = 376)

Characteristics	f (%)	Median (Min-Max)
Age		14 (12-15)
Gender		
Man	137 (36,4)	
Women	239 (63,6)	
<b>Total</b>	<b>376 (100)</b>	
Class		
VII	138 (36,7)	
VIII	126 (33,5)	
IX	112 (29,8)	
<b>Total</b>	<b>376 (100)</b>	

Characteristics	f (%)	Median (Min-Max)
Living Together		
Both parents	260 (69,1)	
One of the parents	34 (9,0)	
Grandparents	22 (5,9)	
Parents and grandparents	58 (15,4)	
Relatives	2 (0,5)	
<b>Total</b>	<b>376 (100)</b>	
Parents' Job		
Do not work	12 (3,2)	
Civil servants	22 (5,9)	
Self-employed	140 (37,2)	
Private sector employed	34 (9,0)	
Agriculture	163 (43,4)	
Others	5 (1,3)	
<b>Total</b>	<b>376 (100)</b>	
Parents' Income (UMR Kabupaten Jember 2023)		
< Rp. 2.550.000	267 (71,0)	
≥ Rp. 2.550.000	109 (29,0)	
<b>Total</b>	<b>376 (100)</b>	

Source: Researcher's Primary Data, February 2024

Table 2. Distribution of Family Function Categories in Early Adolescents in the Agricultural Area of Jember (n = 376)

Categories Variable	Frequency (f)	Percentage (%)
Family Function		
highly functional	224	59,6
moderately dysfunctional	109	29,0
severely dysfunctional	43	11,4
<b>Total</b>	<b>376</b>	<b>100</b>

Source: Researcher's Primary Data, February 2024

Table 4 shows that almost all respondents were in the low self-harm category, namely 319 respondents (84.8%), 27 respondents (7.2%) did self-harm in the medium category, 2 respondents (0.5%) did self-harm in the high category and 28 respondents (7.4%) never did self-harm.

Table 3. Distribution of Family Function Indicators in Early Adolescents in the Agricultural Area of Jember (n = 376)

Indicators	Hardly ever		Some of the time		Almost always	
	f	%	f	%	f	%
<b>(1) Adaptation</b>						
P1. I am satisfied that I can go back to my family if I face problems	50	13,3	146	38,8	180	47,9
<b>(2) Partnership</b>						
P2. I am satisfied with the way my family talks about and discloses my problems.	85	22,6	163	43,4	128	34
<b>(3) Growth</b>						
P3. I am satisfied that my family accepts and supports my desire for a new activity or direction.	20	5,3	121	32,2	235	62,5
<b>(4) Affection</b>						
P.4 I am satisfied with the ways my family expresses affection and responds to my emotions, such as anger, sadness, or love.	57	15,2	131	34,8	188	50
<b>(5) Resolve</b>						
P.5 I am satisfied with the way my family provides and shares time together	34	9	130	34,6	212	56,4

Source: Researcher's Primary Data, February 2024

Table 4. Distribution of Self-Harm Behavior Categories in Early Adolescents in the Agricultural Area of Jember (n = 376)

Categories Variable	Frequency (f)	Percentage (%)
Self-harm Behaviour		
a. High self-harm	2	0,5
b. Moderate self-harm	27	7,2
c. Low self-harm	319	84,8
d. Never self-harm	28	7,4
<b>Total</b>	<b>376</b>	<b>100</b>

Source: Researcher’s Primary Data, February 2024

Table 5. Result of Bivariate Correlation Analysis of Family Function and Self-harm Behavior in Early Adolescents in the Agricultural Area of Jember (n = 376)

Variable Family function	Self-harm Behaviour										p-value	r
	High self-harm		Moderate self-harm		Low self-harm		Never self-harm		Total			
	f	%	f	%	f	%	f	%	F	%		
<b>Highly functional</b>	0	0	5	1,3	201	53,5	18	4,8	224	59,6	0,001	-0,131
<b>Moderately dysfunctional</b>	0	0	6	1,6	97	25,8	6	1,6	109	29,0		
<b>Severely dysfunctional</b>	2	0,5	16	4,3	21	5,6	4	1,1	43	11,4		
<b>Total</b>	2	0,5	27	7,2	319	84,8	28	7,4	376	100		

Source: Researcher’s Primary Data, February 2024

Based on the data in Table 5, it can be obtained that the largest frequency is early adolescents with highly functional family functions and experiencing low self-harm, namely 201 respondents (53.5%). Meanwhile, the smallest frequency is early adolescents with severely dysfunctional family functions and experiencing high self-harm, namely 2 respondents (0.5%). The results of the bivariate analysis between family function and self-harm behavior in early adolescents in the Jember agricultural area using the Kendall tau correlation test obtained the results of p-value = 0.001 ( $p < 0.05$ ) so that the alternative hypothesis ( $H_a$ ) is accepted. It can be concluded that there is a significant relationship between family function and self-harm behavior in early adolescents in the Jember agricultural area. The two variables have a correlation coefficient value of -0.131 which means it has a very weak correlation (Sugiyono, 2017) and the negative correlation direction means that the higher the family function, the lower the self-harm behavior in adolescents.

#### 4. DISCUSSION

Based on the results of this study, most respondents have highly functional family function categories, namely 224 respondents (59.6%) and 43 respondents (11.4%) have family functions in the

severely dysfunctional categories. In the research of Widyaningsih et al (2022), the family APGAR score showed that the majority of junior high school adolescents were in highly functional families, namely 115 respondents (60.2%). Family function can describe the assessment of individual satisfaction with their family so that it can be a reference for the quality of life of each family member (Suminar & Wahyudi, 2022). Based on the results of this study, it was found that early adolescents were satisfied with the growth function, namely 235 respondents (62.5%) because the family accepted and supported my desire to carry out new activities or directions. Adolescents who get optimal family support can increase adaptive behavior so that they avoid bad relationships (Fitria & Maulidia, 2018).

The results of this study also showed that early adolescents were dissatisfied with the partnership function, namely 85 respondents (22.6%) because the family rarely or rarely talked about something or expressed problems. Poor communication skills can have an impact on relationships between family members which can lead to interpersonal disputes due to misunderstandings, causing dysfunctional family functions. In addition, poor communication can affect adolescents' behavior and the development of socialization skills with the surrounding environment (Wardani & Setyawan, 2020).

Household activities in Indonesia are mostly in rural areas, which intersect with the agricultural sector (Amaliya et al., 2022). Based on research by Mulyani & Yulianto (2023), ideal family functions occur better in rural areas, namely 71.4%, compared to 28.6% in urban areas. This happens because the function of affection in rural areas is more well-implemented. The source of happiness for rural adolescents comes from family and achievement, while for urban adolescents, the source of happiness comes from friendship and hobbies. Limited family income in rural areas forms a simple lifestyle. Family activities in rural areas tend to be at home with other family members, while recreational activities are a balance. However, this forms harmony between parents and children (Mulyani & Yulianto, 2023).

The results of this research are that almost all respondents experienced low self-harm, namely 319 respondents (84.8%) and 2 respondents (0.5%) experienced high self-harm. In line with research conducted by Islamarida et al (2023), it shows that the majority of adolescents experience low self-harm behavior, namely 907 respondents (66.6%). The results of this research showed that adolescents 13 years of age were more dominant in self-harm behavior in the low category, namely 148 respondents (39.4%). In early adolescence, individuals will tend to experience emotional changes that go up and down. Emotions in early adolescents tend to be explosive and unable to be controlled. Poor emotional control and difficulty in expression make adolescents tend to have negative thoughts that can cause them to commit self-harm (Haura Atha Zhafira & Qodariah, 2024).

This research was conducted in the agricultural area of Jember, which has a good topography that can support the agricultural sector (BPK Jember, 2024). Communities in rural areas have characteristics that still help each other and interact with each other. Meanwhile, people in urban areas tend to be more individualistic because they are busy with work (Angelyna & Liauw, 2020). Likewise, adolescents in rural areas uphold togetherness, mutual respect, and sympathy from the community so that adolescents get good social support from the surrounding environment (Adela Qiyas Aulawi et al., 2024). Adolescents who get social support will be better able to understand who they are and be able to pay attention and love themselves so that they can reduce the risk of negative behavior such as self-harm (Faridah Hanan et al., 2024).

Self-harm behavior can be influenced by who the adolescent lives with. The family has an important role in shaping adolescent behavior. Adolescents who live with both parents tend to interact and

communicate directly with their parents more easily (Widyaningsih et al., 2022). Meanwhile, adolescents who do not live with their parents tend to receive less direct attention from their parents (Melasti et al., 2022). The lack of interaction with both parents causes children to feel worthless and not considered in the family (Utami et al., 2023). Unfamiliar relationships between parents and children make it difficult for children to share stories and be open to parents and others. Lack of attention from parents is a contributing factor to self-harm behavior because according to someone who self-harm, it is easier to feel physical pain than emotional pain (Melasti et al., 2022).

This study found that there is a correlation between a family function with self-harm behavior in early adolescents in the agricultural area of Jember ( $p$ -value = 0,001). Both variables have a correlation coefficient value of -0.131, which means that there is a very weak correlation and a negative correlation direction. This can be interpreted that the higher the family function, the lower the self-harm behavior in early adolescents. However, the results of this study have a very weak correlation, which means that the family function variable does not specifically influence early adolescents to commit self-harm behavior. This can occur because other factors that can influence self-harm are emotion regulation, the influence of social media exposure, and low self-esteem. The results of research by Haura Atha Zhafira & Qodariah (2024) show that there is a relationship between emotion regulation and self-injuries with a correlation coefficient of 0.558 which means it has a moderately strong correlation. Likewise, the results of the research by Widyawati & Kurniawan (2021), show that social media exposure can influence self-harm behavior with a correlation coefficient value of 0.458, which means it has a moderately strong correlation. The results of the study by Putri & Nusantoro (2020) also have a moderately strong correlation of 0.417 between low self-esteem and self-harm behavior.

In this study, it is found that self-harm behavior in early adolescents is related to family function. In line with research by Wang et al (2021) on the relationship between family function and depressive symptoms in junior high school students in China conducted over three years, it shows that there is a dynamic relationship between family function and depressive symptoms in adolescents. Another study conducted by Reyes-Rojas et al (2023), states that there is a significant relationship between family function and depressive symptoms in middle school students. However, this study contradicts the research of Elita et al (2024), which states that there

is no significant relationship between family function and adolescent mental status.

A good relationship between the individual and the family is one of the coping resources for adolescents to cope with the stress they experience. Coping resources are strategies that assist individuals in determining actions that can be taken and identifying risky actions to take. Individuals with good coping resources such as having a good family relationship will have a good coping response as well. Individuals who experience problems with their families and cannot overcome their problems will cause stress which can affect the development of their mental health. Excessive stress can make individuals cope with maladaptive responses (Stuart, 2016). Based on this study, almost all adolescents showed a tendency to use maladaptive responses to overcome their problems. Adolescents tend to solve problems without thinking about them, make decisions impulsively, and often confine themselves when facing difficulties. Adolescents who have maladaptive responses can be a factor that affects mental health and the ability to face challenges in life (Gusmunardi et al., 2023).

The results of the cross-tabulation show that early adolescents with highly functional families experience low self-harm behavior, namely 201 respondents (53.5%). Meanwhile, adolescents with severely dysfunctional family functions experienced high self-harm behavior, namely 2 respondents (0.5%). This means that adolescents with highly functional families have low self-harm behavior. While adolescents with severe dysfunctional family functions experience high self-harm. Poor family function can occur when the partnership function in the family is not functioning properly. Partnership function describes individual satisfaction with communication and deliberation with the family for decision-making. Poor communication in the family causes individuals to feel a lot of inner conflict which can cause negative emotions and channel them by committing self-harm (Malumbot et al., 2022).

Conflict within the family, a poor family environment, and poor family adaptability are characteristics of a dysfunctional family. Early adolescents raised in disharmonious families that lack parental love and attention may experience impaired emotional control. Therefore, parents can improve communication with children and provide attention by expressing affection to children.

The limitations of this research are related to data collection tools for self-harm behavior variables in early adolescents. This study used the Deliberate Self-harm Inventory (DSHI) questionnaire to measure self-harm behavior in the past year. It is feared that

respondents do not remember or tend to forget the experience of self-harm committed either within the past year or not.

## 5. CONCLUSION

Based on the results of bivariate analysis, there is a relationship between family function and self-harm behavior in early adolescents in the Jember agricultural area. Nurses can increase students' knowledge about self-harm behavior, especially in early adolescence, by providing education about adaptive coping to minimize the incidence of self-harm. Schools are also supposed to implement The School Clinic programs or Unit Kesehatan Sekolah (UKS) in schools to deal with the problem of psychological disorders in early adolescence. Parents can improve communication with children and provide attention by expressing affection and responding well to children's emotions. Future researchers are expected to research the factors that cause self-harm behavior in adolescents and the appropriate coping strategies for adolescents to choose in preventing self-harm behavior.

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