
Analysis of Self-Harm Behavior in Adolescents Based on Parental Marital Status In Aceh Indonesia

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Abstract:

Self-harm is self-injurious behavior as a way to calm down practically, but not to the point of having suicidal intentions. Self-harm behavior is very worrying among adolescents. Family factors are seen as one of the influences on self-harm behavior, especially parental marital status. So based on this, this study aims to analyze differences in self-harm behavior in adolescents based on parental marital status, both adolescents who come from intact families, divorced families, families where one of them died. This study used a comparative quantitative method with 387 respondents aged 12-18 years in Aceh. Based on data analysis conducted using the Kruskal test with the results of the Asymp. Sig 0.017<0.05. The results showed that there were significant differences in self-harm behavior in adolescents based on parental marital status. Then, based on descriptive analysis of adolescent behavior towards self-harm behavior, it was found that adolescents with intact family status with a percentage of 31.3% committed self-harm, adolescents with one family status died with a percentage of 26% committed self-harm, and adolescents with divorced family status with a percentage of 30.8% committed self-harm. Meanwhile, based on the results of the data analysis, mean of student self harm behavior in family divorced higher than the others. That is means that self harm intencity could develop because family problem or risk such as divorced.

Keywords: *Adolescent, divorced parent, Family, Intact parents, Parental Marital Status, one family Zdie status, Self-harm*

1. Introduction

The family has a role as a basic social institution for family members which has a universal nature, which says that the family is indispensable for shaping individuals (Awaru, 2020). Parents have a very important role in child development because the family is the first place of education for children (Ahmad, 2023).

The family is one of the environments that influence children's development, where when entering adolescence there will be many changes in children including increased efforts to find identity, the emergence of socioemotional problems, such as juvenile delinquency and depression (Santrock, 2012). Living life with a complete and harmonious family is everyone's hope, where spending with parents with a touch of affection from parents who have a vital role greatly affects personal growth (Axelfa et al., 2024).

This is because adolescence is a challenge for individuals and families where adolescents develop themselves, which in addition to depending on the personal characteristics of adolescents also depends on the family in which they develop where environmental and social factors are responsible for mental development in adolescence (Tripković et al., 2017). Recently, self-harm behavior is a serious problem for adolescent health where self-harm can be the highest predictor of suicide attempts in adolescents (Clarke et al., 2019; Hawton et al., 2012; Poudel, 2022; Duarte, 2019).

Self-harm in adolescents is a sign of emotional problems, such as depression, anxiety or stress and to overcome this problem a holistic approach is needed which includes emotional support, therapy, cognitive approaches, and creating a positive environment to provide support this is because where according to the data found that self-harm behavior is the second highest cause of death for adolescents after traffic accidents (Kalangi, 2024). Based on data from WHO (2014) the top 10 causes of death among adolescents self-harm ranks third after road injury and HIV/AIDS with the number of deaths caused by self-harm ranging from 80,000-100,000.

Factors related to the causes of self-harm behavior are the family environment such as parenting patterns that always interfere excessively in children's affairs and have high expectations of children, severe punishment then disharmony in parental relationships such as family violence, divorce of parents or remarriage greatly impacts the mental health of adolescents so that it becomes unhealthy and increases the incidence of self-harm behavior (Anugrah et al., 2023; Torres, 2023; Wang et al., 2022;). The results of this study reveal that adolescents see self-harm as a way to relieve negative emotions or regain their neglected rights such as disputes with parents that cause self-harm (Nouhi et al., 2021).

Self-harm is a behavior used to express oneself and the most common behaviors such as slicing, burning, or overdosing on purpose and one of the factors that influence self-harm behavior is a bad relationship in the family such as parental divorce (Bunclark & Stone, 2017). Based on data from (YanKes KemenKes, 2023) Aceh Province occupies the 2nd position with the highest mental disorders in Indonesia with a percentage of 18.5%. So based on this, researchers are interested in conducting research on differences in self-harm behavior in adolescents in Aceh Province based on parental marital status.

2. Methode

This study uses quantitative research methods with a comparative research design where comparative research compares one variable using two or more samples. This is because this study aims to look at self-harm behavior in adolescents by comparing the influence of parental marital status, both intact, one of them died, and divorced. This research was conducted by distributing research scales directly to respondents to answer. The research scale uses a direct filling method on the paper that the researcher has provided. The respondents of this study were adolescents in Aceh Province with a total of 387 adolescent respondents who came from divorced, one died and intact family status. The measuring scale in this study uses a self-harm scale that the researcher developed himself based on the types of self-harm behavior according to (Bunclark & Stone, 2017). Based on the validity test in this study using the corrected item-total correlation test, it is known that there are 19 self harm scale items that can be used for research with different power indices with a range of 0.324-0.600.

3. Result

This research was conducted on 387, the following is a description of respondents based on gender:

Tabel 1

Overview of Respondents Based on Gender

No.	Gender	Total	Percent
1	Male	145	36,52%
2	women	242	63,48%

Total	387	100%
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Based on the table above, it can be seen that the majority of respondents in this study were female teenagers with a percentage of 63.48%. Then based on age can be seen in the following table:

Tabel 2

Overview of Respondents by Age

No.	Age	Number of subjects	percent
1	Early adolescence	247	64,29%
2	Middle adolescence	140	35,71%
Total		387	100%

Based on the table above, it can be seen that the majority of respondents in this study are middle adolescents with a percentage of 64.29%.

Tabel 3

Overview of Respondents Based on Parents' Marital Status

No.	Marital status of parents	Total	Percent
1	One of them died	50	12,76%
2	Divorced	26	6,63%
3	Whole	311	80,61%
Total		387	100%

Based on the table above, it can be seen that the majority of respondents in the study had intact parental marital status with a percentage of 80.61%. To see the description of self-harm behavior in adolescents in Aceh Province, researchers conducted descriptive analysis with the aim of looking at hypothetical data descriptions and empirical data. Hypothetical data is data whose value may occur while data that may occur is called empirical data following data obtained based on the administration of self-harm scales to adolescents in Aceh Province:

Tabel 4

Description of Hypothetical Mean and Empirical Mean Based on Self-harm Scale

Variables	Hypothetical data				Empirical data			
	Xmax	Xmin	Mean	SD	Xmax	Xmin	Mean	SD
Self-harm	19	0	9,5	3,166	19	0	4,51	3,600

The description of the hypothetical formula is as follows:

1. The minimum score (Xmin) is obtained from multiplying the number of scale items by the lowest value of the weighted answer choices.
2. The maximum score (Xmax) is obtained from multiplying the number of scale items by the highest value of the weighting of the answer choices.
3. Hypothetical mean (μ) with the formula $\mu = \frac{skor + skormin}{2}$
4. Standard deviation (σ) with the formula $\sigma = \frac{skor - skormin}{6}$

Based on the table of hypothetical data analysis results above, it shows that the self-harm scale used in this study has a maximum value of 19, a minimum value of 0, a mean value of 9.5, and a standard deviation value of 3.166. This study uses empirical data as a reference to determine the tendency in the answers of the research subjects to the research variables to determine the limits of the norm value in the subject categorization. In this study, the subject categorization norms used the categorization formula (Azwar, 2012) as follows:

Tabel 5

Self-harm Categorization Norm

Categorization formula	Category
$X > +$ Fluctuations in the mean score	High
$X < -$ Mean score fluctuation	Low

Description:

X =score obtained by the subject on the self-harm scale

M =maen empiric

$$Z = \frac{Z(\text{taraf signifikansi})}{2}$$

$$Z_{\frac{0,05}{2}} = Z_{0,025} \text{ see from the normal deviation table } 0.025 = 1.960$$

$$Se = \text{Standard Error} = \frac{\text{standar deviasi}}{\sqrt{n}} = \frac{3,600}{387} = \frac{3,600}{19,798} = 0.181$$

$$\begin{aligned} \text{Mean score fluctuation} &= \frac{Z\alpha}{2} (Se) \\ &= 1,960 (0,181) = 0,354 \end{aligned}$$

Based on the results obtained from the mean fluctuations above, it can be determined the high and low categories of self-harm behavior in adolescents in Lhokseumawe City. To see the low score by reducing the mean value of the empirical data with the fluctuation value, namely $4.51 - 0.354 = 4.156$. As for the high category, the mean value of the empirical data plus the fluctuation value is $4.51 + 0.354 = 4.864$. Based on this, subjects who scored in the range of 4.156-4.864 were not classified because the original purpose of this study was to categorize subjects into two categorizations of vulnerable and not vulnerable. Based on the predetermined norms, the researchers categorized the scores on the research subjects, the categorization results can be seen in the tables below:

Tabel 6

Overall adolescent self-harm behavior categorization			
Score	Categorization	Freque ncy	percent age
$X > 4,91$	High	134	34,2%
$X < 4,19$	Low	186	47,4%
$4,156 < X < 4,864$	Mean fluctuation	60	18,4%
Total		387	100%

Based on the self-harm categorization table above, it can be seen that the majority of self-harm behavior in adolescents in Lhokseumawe City is in the low category with a percentage of 47.4%. Meanwhile, the high category is at a percentage of 34.2% and in the mean fluctuation category or those not categorized there are 18.4%. So based on this, the majority of adolescents in Aceh Province are at a low level of self-harm behavior.

Tabel 7

Xmax, Xmin, Mean, and SD Data by Age

Age	Xmax	Xmin	Mean	SD
Early adolescence	15	0	4,41	3,44
Middle adolescence	19	0	4,82	3,85

Based on the above categorization, the high and low categorization of self-harm behavior in objects based on age is as follows:

Table 8

Categorization by Age

Age	Categorizati on	Freque ncy	Percentage
Early adolescence	High	87	34,5%
	Low	121	48,0%
	Mean fluctuation	44	17,5%
	Total	252	100%
Middle adolescence	High	46	32,9%
	Low	65	46,4%
	Mean fluctuation	29	20,7%
	Total	140	100%

Based on the categorization table above, subjects who are in the early adolescent age category have a low majority of self-harm behavior with a percentage of 48.0%. Then subjects who are in the middle adolescence age category, the majority are in the low category with a percentage of 46.4%.

Tabel 9

Data on xmax, xmin, mean, and SD based on parents' marital status factor

Marital status of parents	Xmax	Xmin	Mean	SD
Whole	16	0	4,30	3,479
Divorced	14	0	6,26	4,072

One of them died	19	0	4,84	3,840
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Based on the results of the data analysis above, mean of student self harm behavior in family divorced higher than the others. That is means that self harm intency could develop because family problem or risk such as divorced. Categorization is carried out based on high and low respondents based on the factor of parental marital status as follows:

Table 10
Categorization based on parents' marital status factor

Marital status of parents	categorizati on	Freque ncy	Percentag e
Divorced	High	8	30,8%
	Low	11	42,3%
	Mean fluctuation	7	26,9%
	Total	26	100%
One of them died	High	13	26,%
	Low	14	28,0%
	Mean fluctuation	23	46,0%
	Total	50	100%
whole	High	99	31,3%
	Low	160	50,6%
	Mean fluctuation	57	18,0%
	Total	316	100%

Source: SPSS statistic version 26.0

Based on the table above, it is known that adolescents who have divorced parents are in the low category with a percentage of 42.3%. Then for adolescents who have one parent who died are in the low-risk category with a percentage of 28.0%. Meanwhile, adolescents who have both parents intact are at a low percentage with a percentage of 50.6%. So it can be concluded that the majority of respondents are in the low category whether the family status is divorced, one of them died or intact. Then after descriptive analysis, Tests Of Normality were carried out where the following results were obtained:

Tabel 11

Tests Of Normality		
Kolmogorov-Smirnov ^a		
Significant value		
Variables	Test Statistic	Sig.
Divorced	.962	.430
One of them died	.911	.001
Whole	.925	.000

From the table above, it can be seen that the data is not normally distributed, the Sig value is <0.005, so further Kruskal-Wallis analysis is carried out where the following results are obtained:

Tabel 12
Test Statistics^{a,b}

Kruskal-Wallis H	8.100
df	2
Asymp. Sig.	.017

So based on these results it can be concluded that because the Kruskal Wallis test value is 0.017 <0.05, there is a significant difference in self-harm behavior in adolescents whose parents' marital status is divorced, one of them died, and intact.

4. Discussion

Based on the research, it was found that 34.2% of adolescents who committed self-harm where there were 134 who were in the high categorization of self-harm. This means that adolescents in Aceh province have a vulnerability to self-harm behavior. Based on the age of adolescents where it is found that adolescents who are in early adolescence are more susceptible to self-harm behavior than middle adolescents where the percentage is 34.5% where the results of this study differ from research (Hopkins, 2022) self-harm behavior is something that is often found among adolescents to young adults, where based on a survey in June 2019 showed that 36.9% of Indonesians had intentionally hurt themselves, where ages 18-24 were the age with the highest prevalence of self-harm.

Then based on the marital status of the parents, it was found that adolescents who had a family for more had a higher percentage of self-harm behavior with 31.3% while those who were divorced were at a percentage of 30.8% and one of them died 26%. Where (Lubis & Yudhaningrum, 2020) explain that loneliness in the family is also a factor that causes someone to commit self-harm behavior where individuals have unpleasant experiences in their family where this loneliness is included in emotional loneliness in the family. This is the same as Tionardi (2018) that family has an influence on self-harm behavior in adolescents where childhood trauma and adolescence cause this behavior, it could be infidelity, violence, parents who do not appreciate their children's efforts and make children feel alone at home.

Then with further analysis with the kruskal-wallis method conducted by researchers to see further differences in self-harm behavior based on parental marital status where the kruskal wallis test value is $0.017 < 0.05$ which means that there is a significant difference in self-harm behavior in adolescents whose parents' marital status is divorced, one of them died, and intact. Meanwhile, based on the results of the data analysis above, mean of student self harm behavior in family divorced higher than the others. That is means that self harm intencity could develop because family problem or risk such as divorced. Based on this, the marital status of parents determines the tendency of self-harm in adolescents where based on Kalangi (2024) explains that the family environment greatly influences the development of adolescents, traumatic experiences such as physical abuse, neglect, loss of childhood, and poor relationships between parents and children greatly affect adolescent self-harm behavior. Early parenting and attachment to parents will greatly affect adolescents where non-attachment to the family will make children have low self-esteem, poor emotional regulation and tend to feel unsafe in the family environment (Uh et al., 2021). In addition to any inherited risks, various family interaction factors are closely linked to self-harming behaviors in young individuals. Therapy can significantly improve outcomes by promoting family cohesion and adaptability while minimizing conflict and violence. Conversations aimed at increasing perceived parental support and warmth may be especially beneficial (Fortune et all, 2016). Therefor In Indonesia, a study found that among individuals who self-injured due to violence inflicted by fathers, mothers, and other relatives before the age of 18, approximately 6.06% experienced physical violence and 42.9% faced emotional violence (Kurniasari et al., 2013). Poor family functioning shown association to self harm

behavior in youth (Cassels et al, 2018). The presence of a nuclear family within a single residence can precipitate adverse psychological consequences when the family dynamic is characterised by negative interpersonal dynamics and impaired familial functionality. Its because when the whole family or nuclear family are living together that could be make a trauma because of negative relationship and poor family functioning when they are together (Hu et al, 2022).

Research conducted by Nouhi et al (2021) also explains that there are three factors that cause adolescents to commit self-harm, the first is family-related factors, where this includes how verbal communication between children and parents where poor verbal communication, neglect and lack of affection, injustice based on gender, Secondly, environmental factors where this includes peer influence, due to the influence of sad songs, influenced by movies watched, thirdly, individual factors where adolescents want to seek recognition, prove courage, loneliness, anxiety, impulsivity, emotional failure, and want to seek attention.

The research that has been conducted is inseparable from the shortcomings and limitations of both the researcher and things that are beyond the control of the researcher. Among them are in the process of collecting data, the number of subjects based on each demographic is not balanced where the number of adolescents based on the marital status of their parents is not the same.

5. Summary

Based on the marital status of parents where the Kruskal Wallis test value is $0.017 < 0.05$, which means that there is a significant difference in self-harm behavior in adolescents whose parents' marital status is divorced, one of them died, and intact. This shows how the closeness and positive experiences of children with parents will affect their vulnerability to self-harm behavior. Meanwhile, based on the results of the data analysis, mean of student self harm behavior in family divorced higher than the others. That is means that self harm intency could develop because family problem or risk such as divorced.

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