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SELF HARM BEHAVIOR IN 4th GRADE STUDENTS

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ABSTRACT

Self-harm behavior is a form of behavior which someone love to hurt themselves to express the feeling or emotion caused by the mental illness which is felt by the subject. The emotion is hard to be spoken because the problems are too complex, complicated, or full of painful memories or uncontrollable situations. The problems made the subject hurt themselves only to the extent of self-injury and not to the point of committing suicide, however this behavior endangers the doer. The purpose of this study is to discover self-harm behavior which is done by 4th year students of STIKes Dharma Husada Bandung class of 2016. This study employs descriptive method to get the representation of self-harm behavior on 4th year students of STIKes Dharma Husada Bandung class of 2016. The data collection technique used in this study is total sampling with 118 respondents, in which the primary data is collected by means of questionnaire. The analysis literature review shows the result from 118 respondents that 49,2% of the respondents do self-harm behavior with 13,6% caused by sadness, and 10,2% caused by stress. The final result of this study could become the material to evaluate the awareness of 4th year students.

Keywords: behavior; cause; feeling before self harm behavior

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INTRODUCTION

Mental disorder is divided into several problems with variety of indication. In general, mental disorder is indicated by several abnormal combinations among thought, emotion, behavior, and relation with society. There are two terms for people who have mental illness. First is called ODMK (people with psychiatric problem), which is a term for people who have problem of physical, psychiatric, social, growth, and a badly problematic quality of life. This type of mental disorder is at a high risk of getting psychiatric problem. Second is called ODGJ (people with mental disorders), which is term for people whose thought, behavior, and emotion are distracted which are manifested onto several indications and behavior changes that could also impact the patient's live as a human (UU. RI No.18, 2014). Category of mental disorder assessed on the research of basic health data consist of emotional mental disorder (depression and anxiety) and serious mental disorder (psychosis) (Riskesdas, 2018). Other forms of mental disorder are postpartum depression and suicide. Emotional mental disorder or psychological distress is a condition which is indicated by a person's change in behavior.

Based on prevalence of RISKESDAS (2018) about Emotional Mental Disorder in Jawa Barat Province (West Java Province) showed that about 11.70% or 11,968 people who fall under the category of teenager and young adult aged around 15-24 have this mental

disorder. However, based on the education, about 6, 04% or 3.942 of the people who graduated as diploma from university (D1/D2/D3/PT) have this emotional mental disorder.

Distress happened because people are unable to solve their problem. Distress could also stimulate negative emotions within the patient, such as sadness, hopelessness, frustration, disappointment, resentment, and the like. There are several ways to express negative emotion that people do. They can be divided into two categories—positive way and negative way. The example of the positive way could be socializing, hanging out, exercising, going to the cinema, reading books, and others. On the other hand, the example of the negative way are consuming drugs, drinking, self-injury, or committing suicide (Kurniasari et al, 2013:10). Self-injury is also called deliberate self harm, self injurious behavior, self burning self wounding, parasuicide, episodic and repetitive self injury, self hurt behavior, autodestructive behavior or self-destructive behavior, wrist cutting and self harm behavior (Zetterqvist, 2015).

Self-harm is a form of self-injurious behavior caused by the psychiatric disorder in order to express the negative emotion felt by the subject. The emotion is hard to be spoken because the problems are too complex, complicated, or full of painful memories or uncontrollable situations. This behavior only inflicts injury to the subject themself and not to the extent of suicide, but it still endangers the subject (Klonsky dkk, 2011; Jenny, 2016; Estefan & Wijaya, 2014; Kurniawaty, 2012; Muthia & Hidayati, 2015). Someone who is prone to self-harm is indicated by their difficulty in controlling their impulse at some area. This could be seen in their eat disorder, rejection hypersensitivity, serious anxiety, depression or serious stress, inability to control themselves to survive, rigid mindset, or bad mood (Lestari, 2018).

According Ee & May (2011) forms of self-harm behavior which are done the are scratching or pinching using finger nail until bleeding occurs, hitting or banging themselves, pulling their own hair forcefully in order to injure themselves, and intentionally preventing the wound to heal. This behavior of self-injury or self-harm is caused by several things. In general this happened because the subject feels hopeless, unbearably angry, unbearably shamed or guilty, or disappointed and less confident (Dwi at all, 2014).

According to Knigge (cited on Maidah, 2013). Prevalent forms of self-harm that are commonly done by the subjects are self-cutting (72%), self-burning (35%), hitting 30%, hair-pulling 10%, preventing wound to heal 22% and fracturing 8%. Other methods, which are the combinations between two methods, have a rating of 78%. After subject is done cutting their wrist, the blood that came out of the wound is then used by the subject to write some phrases on the wall, for example "I hate my life". The phrases or sentence written by the subject show that the subject cannot accept the condition of their life. Subject admitted they never feel any pain when cutting their wrist, they only feel relived after seeing blood run out through their wrist.

Self-harm behavior generally happened to teenager or young adult, including university students aged 18 to 25. Moreover, university students are a group in society who get their education status because of their relation with the place. Therefore, the students

need to give their best performance in their university during educational program (Yusuf, 2012). In general, according to Ramdhan and Hwaton (cited on Maidah, 2013) the research shows that about 13%-25% of teenager and young adult surveyed in their university or their school tend to do self-harm. Prevalence of SIB shown among teenager is 17.2%. Whereas among young adults, it is 13.45%. (Swannel et al, cited on Hauber et al, 2019). The research about self-harm behavior on university student shows about 6% of the population actively and chronically do self-harm (Whictlock, 2009:2), meanwhile Gratz and Klonsky (cited on Lyoyd Richardson et al, 2007) explained prevalence of self-harm among young adult university students is about 4%.

Students of STIKes Dharma Husada Bandung aged around 22 years old, which is in the young adult stage, according to the theory of Turner, Helms, and Jean Peaget (1896-1980), are in the stage of emotional development. Therein, someone will have a condition where their emotion is hard to control and unstable causing them to worry easily, rebel easily and be offended easily. This happened because the university students are believed to be able to create great strategy to solve problem and also be able to evaluate relevant arguments in terms of solve the problems. Several demands them to adapt and solve problems which are different from their expectation, then they express their disappointment to hurt themselves (e.g. angry, wanting to hit themselves, and suicidal). The impact of the stress affects their psychology. They feel afraid and unable to face every demand and solve the problems (Maidah, 2013). Based on those statement, the students of STIKes Dharma Husada Bandung are at a high risk of doing self-harm (Maidah, 2013).

According the result of the researcher's interview on Thursday, February 20th 2020 with the 4th year students of STIKes Dharma Husada Bandung, three of them admitted that they have been in an unstable position emotion-wise. One of the factors impacting their emotion is the circle of life of university student, wherein they need to have a good time-management, finish tasks before due date, complete several practice subjects which need to done in short time, and ,as 4th year students, finish their research paper. The students are demanded to be able to adapt to the environment. That combined with other demands make them stressed throughout their life at school. 2 of the 3 students whom the researcher interviewed said they often express their emotions by hurting themselves, e.g. hitting or banging their head, biting their nails, crying, unleashing their anger, and riding vehicle at full speed. Those behaviors are not done to end their lives; rather, it was done to express their negative feeling.

Based on the phenomena and data above, some teenager or young adult admit they have felt stress and they often hurt themselves consciously in order to express the stress or other negative feeling, but not to kill themselves. The desire to hurt themselves might be related to difficulty in controlling their emotions, making them believe that hurting themselves could change the condition or the emotion but not everyone who do self-harm are unconscious, some just want to do it.

According to Wilson (2012), some researches proved that the desire to do self-harm is related to the high possibility of the doer to keep doing the behavior. Desire to commit suicide is also suggested to be more likely to occur to the doer of self-harm behavior.

Based on this phenomenon, the writer argues that this literature review is important to see from various journal about self-harm behavior among students

METHOD

This study is a descriptive study. The study uses total sampling method with 4th year students of STIKes Dharma Husada Bandung 2016 as the respondents to represent the phenomena that happened in May 2020. The respondents of this research are in average 22 years old who are at risk of exhibiting self-harm behavior. The instrument used in this research is the Indonesian version of SHI (Self Harm Inventory) in order to identify self-harm behavior. The instrument contains 22 ordinal explanation, however 6 of them are different from Indonesian culture and the focus of this research. Thus, the researcher modified several questionnaires to change the points which are not in accordance with the culture and the focus of this research. To validate the data and trust of the respondents, this research employs the content of the test composed by experts in mental nursing. The respondents answers the questionnaires by themselves with a "Yes" or "No" answer. "Yes" contains 1 point and "No" contains 0 point. This instrument resulted in a range of point between 0 to 20. There were also two explanatory questions that require the respondents to answer briefly. This SHI instrument underwent several processes, which were—pre-translation, synthetic translations, reverse translations, scoring by committee, pre-testing, and discussion of the final result regarding the translations by the expert and committee. Members of the committee are two psychiatrics and a psychologist. The discussion was done in order to make the SHI instrument ready to be tested to the respondents.

Because of the pandemic of Covid-19, the method of data collection in this research did not involve paper (paperless). This research was conducted online with Google Form as the media of data collecting technique. Data were collected in three days proportional to the quantity of classes of the 4th year students of STIKes Dharma Husada Bandung. The purpose of this is to know the total students who have answered the questionnaires as the comparison between the data and quantity of the students in the class at the time during which the data were collected. On the first day, the researchers collected data from *S1 Kesehatan Masyarakat Reguler A* class (Public Health class A). On the second day, they collected data from *S1 Keperawatan Reguler A* (Nursing class A). And on the last day the researchers collected data from *S1 Keperawatan Reguler B* (Nursing class B). The process of data collection are as follows: 1. the researcher enter the group chat of the class which has been informed a day beforehand, 2. the researcher informs the purpose and the detailof answering the questionnaires in the form of a Google Form link, 3. The researcher informs the respondents to answer all the questions.

RESULTS

The result of the data analysis shown in table 3.1 suggests that, from 118 respondents, 49.2% respondents tested positive of exhibiting self-harm behavior, 13.6% of whom do so due to sadness, and 10.2% do it because of stress.

Table 1. Self Harm Behavior (n=118)

Characteristics	f	%
Negative	60	50.8
Positive	58	49.2

DISCUSSION

In this research about self-harm behavior on 4th year students of STIKes Dharma Husada Bandung class of 2016, the respondents who tested positive of self-harm behavior amount to 49.2% of the total respondents, while 50.8% respondents tested negative of self-harm behavior. This research is in line with Ramdhan and Hwaton research (cited in Maidah, 2013). Ramdhan and Hwaton stated that 13% - 25% teenager and young adult who were surveyed in their school admitted that they perform self-harm. Prevalence of self-harm amounts to 17.2 % among teenagers and 13.45% among young adults (Swannel, et all cited in Hauber et all, 2019). The research of self-harm behavior onuniversity students shows that about 6% from population actively and chronically do this behavior. (Whictlock, 2009; 2) Moreover, Gratz and Klonsky (cited in Lyoyd Richardson et all, 2007) explained that the prevalence of self-harm in young adults, especially university students, is about 4% of the total sample.

Based on the result of this research, the causes of self-harm behavior among the 4th year students of STIKes Dharma Husada Bandung class of 2016 are stress (10.2%), tasks and assignments (5.1%), and other problems, such as family problem, bullying, anger, and the like (33.9%). The respondents of this research are dominated by women which comprises 79.7% of the total respondents with the remaining 20.3% being men. This research is related to Nasrani Lusiana and Susy Purnamawati's (2015) research which stated that women have the higher stress level (50.3%) than men (4.9%). The level of stress in women is influenced by the brain of the women that have negative sensitivitytowards conflict and stress. For women, conflict triggers negative hormone that produces stress, nervousness, and fear.

However, the result of this research of self-harm behavior among students of STIKes Dharma Husada Bandung showed that emotions commonly preceding self-harm behavior are sadness (13.6%), dejection (7.6%), and other emotions e.g. anxiety, stress, fear, etc. This research is in line with Fiona Tresno's research in 2017 about the dynamic emotion towards self-harm behavior. The result of that research stated that people exhibiting self-harm behavior are disposed to bury their emotions and problems or they have unbearable negative emotions preceding their self-harm. The society also influenced the subject after do the behavior then them hard to recognize their emotions. Subjects also felt relieved, calm, and free after harming themselves. On the other hand, the subjects also regret doing so.

CONCLUSION

The result of data analysis show that from 118 respondents, 49.2% respondents exhibits self-harm behavior, with 13,6% respondents do self-harm in response to sadness, and 10,2% do so due to stress. The final result of this research could become an evaluation material in increasing the mental awareness to 4th year students of STIKes Dharma Husada Bandung.

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