



THE EFFECT OF THE IMPLEMENTATION OF FAMILY FUNCTIONS WITH SELF-HARM BEHAVIOR IN ADOLESCENTS IN THE DIGITAL AGE

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ABSTRACT

The prevalence of self-harm behavior among adolescents has increased significantly. Research conducted by Muehlenkamp et al. (2012) shows that about 17-18% of adolescents worldwide report having committed self-harm at least once in their lives. Family has a huge influence on the psychological and emotional development of adolescents. The purpose of this study is to find out how the implementation of family functions affects self-harm behavior in adolescents. This study uses a quantitative method with a cross-sectional design. The researcher will examine how to carry out family functions and also how self-harm behavior is carried out by adolescents, then look at the relationship between these two things. Research Subject: Adolescents aged 12-18 years as many as 183 students with total sampling technique. Data were collected using the Family Assessment Device (FAD) instrument to assess family function and the Deliberate Self-Harm Inventory (DSHI) to measure the frequency and intensity of self-harm in adolescents. Data will be analyzed using the Chi square correlational statistical technique to see the relationship between family function and self-harm behavior. The results showed that family function in the good category was 61.7% while family function in the bad category was 38.3%. Self-harm behavior in adolescents 23.5%. Based on the Chi Square test, a p value of 0.048 was obtained, meaning that there is a significant relationship between the implementation of family functions and self-harm behavior in adolescents.

Keywords: adolescents; family function; self harm

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INTRODUCTION

Adolescence is a transition phase to adulthood characterized by physical, psychological, and social changes, which often pose challenges and pressures (Rochmi, 2015). One form of response that often arises due to this inability is self-harm behavior. According to the World Health Organization (WHO), self-harm is defined as the act of self-harm consciously and intentionally, without the intention of ending one's life, but rather as a form of venting emotional or psychological pressure (WHO, 2020). The prevalence of self-harm behavior among adolescents has increased significantly. Research conducted by Muehlenkamp et al. (2012) shows that about 17-18% of adolescents worldwide report having committed self-harm at least once in their lives. In Indonesia, although specific data on the prevalence of self-harm behavior in adolescents is still limited, this phenomenon is gaining attention due to the high number of mental health cases in adolescents involving self-harm behavior. In North Bengkulu, 52 students were reported to have self-harmed, while in Bali there were 45 students who experienced the same thing, with some doing it repeatedly (Ulya, 2023). The impact of self-harm includes: Psychological: increased risk of depression, anxiety, decreased self-esteem, negative view of self, and suicidal risk. Physical: wounds that can cause infection, bleeding, permanent damage to body tissues. Social: shyness, discrimination from the environment, and difficulty building relationships with others (Kalangi, 2024).

One of the factors that plays an important role in the emergence of self-harm behavior is family function. According to Friedman, Bowden, & Jones (2003), the family function is divided into 5: Affective function, socialization function, reproductive function, economic function, health care function (Susanto, 2014). Family has a huge influence on the psychological and emotional development of adolescents. According to Minuchin (1974), family functions include communication patterns, structure, and quality of relationships between family members. Dysfunctional families, such as those with closed communication patterns, lack of emotional support, or prolonged conflicts, can cause teens to feel isolated, misunderstood, and not getting the support they need. This condition often encourages adolescents to seek other outlets, such as self-harm, as a form of control over their emotions (Messer & Fremouw, 2008). Conversely, a well-functioning family, with strong emotional support, open communication, and warm parenting, can be a protective factor for teens. This kind of family is able to provide a sense of security and comfort, which can ultimately help teens manage stress and emotional stress more healthily. Research by Arbuthnott & Lewis (2015) reveals that adequate family support can lower adolescents' risk of self-harm. The purpose of this study is to find out how the implementation of family functions affects self-harm behavior in adolescents

METHOD

This study uses a quantitative method with a cross-sectional design. The researcher will examine how to carry out family functions and also how self-harm behavior is carried out by adolescents, then look at the relationship between these two things. Research Subject: Adolescents aged 12-18 years were taken from 183 students of SMK Askhabul Kahfi with a total sampling technique. Data were collected using the Family Assessment Device (FAD) instrument to assess family function, adaptation was carried out using forward-backward translation procedures and expert review; CFA testing showed a reasonably good model fit (RMSEA = 0.076; NFI = 0.91; GFI = 0.93; CFI = 0.94), and the internal reliability was Cronbach's $\alpha = 0.845$ with 226 respondents, and the Deliberate Self-Harm Inventory (DSHI) to measure the frequency and intensity of self-harm in adolescents, Construct validity (Aiken 0.83–0.97), item correlation >0.25, factor analysis KMO = 0.686, Cronbach's $\alpha = 0.831$. Data Analysis: Data will be analyzed using the Chi square correlational statistical technique to see the relationship between family function and self-harm behavior. The stages in this study include 1) Determination of study objectives 2). Readiness for ethical feasibility test 3). Measuring Family Function 4). Measuring Self Harm Behavior 5) Analysis of the influence of the implementation of family functions with self-harm behavior in the borderline category as much as 43.2%, the abnormal category as much as 33.3% and the normal category as much as

RESULT

This research has been carried out at SMK Askhabul Kahfi on December 24-27, 2024 with 183 respondents. The characteristics of the Respondents can be seen from the following table:

Table 1.
Distribution of Respondent Characteristics by Gender

Yes	Characteristics	f	%
1.	Gender		
	Male	102	55,7
	Woman	81	44,3
	Total	183	100

In Table 1, it can be seen that the most respondents are male 102 respondents (55.7%), female gender 81 respondents (44.3%)

Table 2.
Distribution of Respondents by Coping and History of Past Trauma

Data	f	%
Coping		
Stories to friends	11	6
Self-contained	87	47,5
Stories to parents	65	35,5
Other	20	10,9
History of Past Trauma		
Ya	32	17,5
No	150	82
Other	1	5

Based on Table 2, it can be seen that 17.5% of adolescents who have had trauma in the past are 82%, while those who do not have are 82%. If there is a problem, 6% of adolescents tell their friends, 47.5% are kept to themselves, and 35.5% tell their parents.

Table 3.
Frequency Distribution of Respondents Based on the Implementation of Family Functions

No	Category	f	%
	Good	113	61,7
	Not Good	70	38,3

Based on Table 3. It can be seen that the implementation of Family Functions in the good category is 61.7% while the poor is 38.3%.

Table 4.
Frequency Distribution of Respondents Based on Self Harm Behavior

Category	f	%
Abnormal	61	33,3
Borderline	79	43,2
Normal	43	23,5

Based on Table 4. Adolescents with abnormal behavior can be seen as much as 33.3%, borderline 43.2%.

Table 5.
The Relationship between Family Function and Self Harm Behavior in Adolescents

Category Family Functions	Self Harm				p value
	Abnormal(%)	Borderline(%)	Normal(%)	Total (%)	
Good	31(27,4)	50(44,2)	32(28,3)	113(100)	0,048
Not Good	30(42,8)	29(41,4)	11(15,7)	70(100)	

Based on Table 5. It can be seen that in adolescents with good family function, the most self-harm behavior in the Borderline category is 44.2%, while in adolescents with the category of poor family functioning, the most self-harm behavior in the abnormal category is 42.8%. This shows that adolescents in poor family functions tend to engage in self-harm behavior in the abnormal category. Based on the Chi Square test, a p value of 0.048 was obtained, meaning that there is a significant relationship between the implementation of family functions and self-harm behavior in adolescents.

DISCUSSION

Overview of Family Function Implementation

The implementation of Family Functions from the results of the study showed that most of them were in the good category of 113 respondents (61.7%), while the poor category was 70 respondents (38.3%). The implementation of family functions describes the conditions in which each family member is able to carry out his or her roles and responsibilities in harmony. According to Herawati et al. (2020), explaining the specifics of this family

function include a) problem-solving ability, b) effective communication, c) clarity of roles, d) appropriate emotional responses, e) emotional involvement, f) behavior control. This aspect can be assessed through how often and effectively communication occurs in the family, the ability to solve problems, and the existence of support, cooperation, and mutual care between family members.

Based on this study, it was found that men tend to rate family functioning higher on the aspect of problem solving, while women emphasize more on roles and responsibilities in the family. When viewed from the order of birth, the first child sees the functioning of the family as a behavioral controller, the child associates it with emotional aspects and emotional involvement, while the youngest child assesses the family as a place to solve problems as well as a role model. In terms of status in the family, the mother considers the functioning of the family to focus on problem solving, while the father emphasizes the aspects of problem-solving and communication. According to Untariana & Sugito (2022) A healthy family environment contributes greatly to adolescent development. In a well-functioning family, adolescents will get the emotional and psychological support they need. For example, when facing problems, all family members participate in finding solutions through open, honest, and mutually listening communication. Each member has clear roles and responsibilities and is adjusted to their age and ability, so as to create a fair and balanced division of duties.

According to Vandeleur et al. (2019), the ability to build social relationships and maintain relationships between family members has an important role in carrying out family functions optimally. The relationship is not only measured by how often or long they spend together physically, but also by how quality of the interaction occurs. In today's era, almost everyone has a smartphone that facilitates communication and strengthens family relationships even if they don't meet in person. The study also showed that individuals aged 12–15 years tend to have a positive view of family functioning, while the 16–18 year old age group has more negative views. This explanation is reinforced by the findings of Nayana (2013), who states that adolescence is an important phase in growth and development, and is vulnerable to various conflicts. Therefore, adolescents desperately need attention and support from family to help them through difficult times. In addition, the presence of parents and other family members is also important for adolescents in achieving life satisfaction.

A healthy family also allows members to express emotions freely and receive emotional support in return. In addition, the application of logical rules and a flexible and fault-tolerant attitude are important characteristics of healthy behavior control. Seen from another point of view, overly demanding and ambitious parenting from parents can cause fear of failure and helplessness in children, on the contrary, a democratic approach promotes a balance between individual and social interests, as well as forming a healthy mental state. Interpersonal relationships in the family are also a basic need for adolescents, which can help reduce loneliness. Untreated loneliness can be a serious psychological distress and lead to depression. Therefore, the family has a crucial role as the main support system for adolescents, being a place to share stories and be emotionally protected from loneliness.

The role of the family needs to be used as a foundation and guideline for each family in an effort to create a prosperous and quality family life, it is important for all family members to carry out family functions optimally so that success and happiness together can be achieved. If the family function is carried out properly, its members will be able to solve problems, support each other, communicate effectively, and face various challenges that arise (Maulina & Amalia, 2019). The success of parents in carrying out family functions also has an impact on other family members, such as children. A number of studies show that the implementation

of family functions will affect the behavior of children and adolescents (Pitaloka Priasmoro et al., 2016).

Overview of Self Harm Behavior in Adolescents

The results of the study on *self-harm* behavior in adolescents showed that most of the *self-harm* behaviors of adolescents were borderline as many as 79 respondents (43.2%). Of the 79 respondents, most of them were women. Women are required to perform well, starting from their physical and psychological, besides that women tend to be more difficult to accept and face a problem, and are more prone to *overthinking*. This is because women generally prioritize feelings over logic. As a result, when experiencing emotional distress or negative feelings, women are more prone to exhibit self-harm or *self-harm* behavior. According to Fadhila (2020), this behavior is more often found in adolescent girls compared to adolescent boys.

In line with the research conducted by Ratnasari and Suleeman (2017), it also supports this statement, that women tend to experience more negative emotions than men, especially those triggered by interpersonal relationship dynamics. In addition, these emotional responses can be influenced by various factors such as parenting, social environment, and educational background. In line with Umairah's research (2022), it is also stated that women tend to have more difficulty accepting and adjusting to the problems they face, compared to men who are generally more adaptable and accepting of the reality of life. So they tend to need attention and support from others to help solve problems.

In this study, most adolescents are in the late teenage range. In this late adolescence stage, adolescents experience various changes both physically, in attitude, and behavior. Late adolescence requires a person to begin to recognize his or her potential and abilities, as well as to be able to demonstrate a mindset, attitude, and action that reflects maturity. According to Zakaria & Theresa (2020), adolescents often have difficulty managing their emotions, and this condition can have an impact on mental health, one of the manifestations of which is *self-harm* behavior. This behavior is quite common in the adolescent age group. As individuals who are in the late stages of adolescence toward adulthood, it is important for them to begin to have emotional maturity.

This is supported by research by Febbiyani and Adelya (2017) which states that emotional maturity is reflected in the ability of adolescents not to overexpress their emotions in front of others, but to be able to express their feelings appropriately, according to the situation and conditions. Therefore, the achievement of emotional maturity is important so that adolescents are able to face and solve the problems they face in a healthy and adaptive way. Self-harm behavior, known as *self-harm*, is an action that a person takes as a form of outlet against heavy emotional distress or as a way to divert psychological pain. This form of behavior can be in the form of scratching, cutting, burning skin, excessive tattooing, hair pulling, and extreme body piercing (Stuart, 2016). According to Raihani *et al* (2022), according to the results of a survey from YouGov Omnibus Indonesia in June 2019, more than a third of the Indonesian population, which is around 36.9% of the age group of 18–24 years, have committed self-harm, with two out of five respondents being young people. The Ministry of Health of the Republic of Indonesia (2019) also reported that *self-harm* behavior occurs most often in adolescents aged 20 years and above. Adolescents who commit *self-harm* generally feel unable to cope with the situation they are facing, so hallucinations or impulses from the mind to self-harm arise (Katona & Cornelius, 2012). Conditions that can trigger this include loneliness, pressure on oneself to face the future, and conflict with parents. According to Mitha (2022), in her research it was also found that individuals who commit *self-harm* often feel worthless, lose support from the closest people (*support system*), feel alone, have no

value, feel not understood by anyone, and the habit of blaming themselves for events that have occurred can cause the level of acceptance of life to be very low.

Research by Zakaria *et al* (2020) revealed that the *act of self-harm* was carried out by a 16-year-old vocational school student in Jakarta and a 23-year-old master's program student at a public university in Jakarta. Both experienced bullying and terror from others. Another factor is the tendency to keep problems to themselves without sharing them with others. This makes it difficult for them to find a solution, which ultimately triggers excessive stress. Meanwhile, according to Wibisono *et al* (2018) explained that self-harm behavior in two adolescents aged 17 to 20 years was triggered by a combination of internal and external factors. Internal factors include anxiety, feelings of worthlessness, and excessive guilt. On the other hand, external factors include uncondusive family situations, such as infidelity and physical violence committed by mothers against children.

The Relationship between Family Function Implementation and Self-Harm Behavior in Adolescents

This study revealed that there is a negative relationship between family functioning and self-injury behavior. This means that the better the family function, the less likely it is for adolescents to commit self-harm. Conversely, if family function decreases, then the tendency to self-harm increases. Self-harm is the behavior of intentionally hurting the body as a mechanism to relieve psychological pressure felt. Generally, these behaviors appear in response to emotional pain, stress, or an inability to express feelings in words. This is especially true for adolescents who do not feel the presence and support of their parents, so they have to bear their own emotional burden and try to adjust to stressful conditions. One of the factors that plays a role in the emergence of self-injury behavior in adolescents is family. Lack of support or family role is the main cause of feelings of worthlessness and depressive symptoms, which can ultimately encourage adolescents to commit *non-suicidal self-harm* acts. The aspect of the family that most often affects this behavior has to do with the functioning of the family itself. Family functioning includes interaction patterns between family members that are able to provide a sense of comfort and support physical, mental, and social well-being (Zakaria & Theresa, 2020). In optimally functioning families, adolescents tend to feel protected, safe, have space to express themselves, and feel positive emotional involvement. This condition can prevent the appearance of self-harm behavior. Conversely, when family roles are weakened—for example, lack of parental involvement in dealing with problems or a cold, unresponsive attitude to emotional needs—adolescents may feel lonely, misunderstood, and have no place to share. In this condition, they risk venting emotional pressure both to others and to themselves. According to Cahyanti (2020), it is emphasized that family plays a crucial role in shaping the psychological condition of adolescents. As the first environment where children socialize and learn through interaction with parents, siblings, and other family members. Family has a great influence on children's mental development.

Research conducted by Julianto (2024) on the relationship between family and non-suicidal self-injury (NSSI) behavior in adolescents in Sumberrejo Trucuk village, Bojonegoro. The study involved 45 adolescents aged 12 to 17 years and found a significant association between family support and NSSI behavior. The results showed that good family support can affect the frequency and intensity of NSSI behavior among adolescents in the village. Positive support from the family serves as a protective factor that can reduce the likelihood of adolescents engaging in NSSI behavior. Overall, the relationship between the performance of family functions and self-harm behavior in adolescents is very close. A well-functioning family can provide strong emotional protection for teens, while a dysfunctional family can worsen teens' emotional state and increase their likelihood of engaging in self-harming behavior. Therefore, it is important for families to maintain open communication, pay enough attention, and be

involved in the emotional life of children in order to prevent self-harm behavior in adolescents.

CONCLUSION

Based on the results of this study, it is known that the implementation of family functions has an influence on self-harm behavior in adolescents, so optimizing the implementation of family functions is very necessary to minimize the occurrence of negative behavior in adolescents.

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