



## To Identify the Prevalence and Risk Factors Associated with Self Injurious Behaviour Among Adolescents of Selected Colleges

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### ABSTRACT

**Background:** Adolescence is a transition period where drastic changes take place and many undergo stress and resort to self-injury for relief.

**Objectives:** To identify the prevalence of self injurious behaviour among adolescents and the associated risk factors and find the association of occurrence of self injurious behaviour with selected baseline variables.

**Method:** Data was collected from 500 participants by administering a questionnaire prepared by the researcher.

**Result:** The findings of the study revealed that about, 80.4% of adolescent participants had injured themselves intentionally at least once in their lifetime.

**Conclusion:** SIB is an activity prominently seen among adolescents but which goes unnoticed. Adolescents have to be educated how to avoid such activities.

**KEYWORDS :** Adolescents, Self injurious behaviour, risk factors

### Introduction

Adolescence is a phase of rapid growth and development during which physical, sexual and emotional changes occur.<sup>1</sup> The moulding of the individual characteristics will highly depend on the emotional and moral support from the family and society. The increased rate of disrupted families, influence of media, and lack of moral direction can pave the way for many problems. The adolescent may find themselves without an anchor in many situations. This will in turn affect the development of the child as a whole. Self injurious behaviour (SIB) otherwise known as Non suicidal self injury (NSSI) is a resultant of such situations where the adolescent tries to injure themselves to avoid feelings of anger, depression or even pain. The International Society for the Study of Self-injury defines self injury as the deliberate, self-inflicted destruction of body tissue without suicidal intent and for purposes not socially sanctioned. It is also referred to as Non-suicidal Self injury and Deliberate Self Harm. Research with secondary school and young adult populations have found that 12% to 24% of young people have self injured. Self injurious behaviour may be best understood as a symptom of distress, one which may lead to suicidal behaviour if left unresolved.<sup>2</sup> SIB spans a wide range of activities. These include but are not limited to skin cutting, burning, picking or interfering with wound healing, punching oneself or objects and inserting objects under skin.<sup>3</sup> SIB has been widely reported in western countries. In India, the situation is quite different. Indian studies have been conducted among children admitted in psychiatric settings who have exhibited such behaviour. Two psychologists from Mumbai once said that about two cases of self injury among adolescents are being dealt by them in a week.<sup>4</sup> But to come to a conclusion that it exists in India; one must find if such behaviour exists among the adolescents and the prevalence has to be estimated. Adolescents who engage in such activities never understand the graveness and may repeat it several times. This can even lead to loss of life. According to a WHO-SEARO paper, death due to self injury is one of the 10 leading causes of death among persons of the age 15-29 years.<sup>5</sup> This study thus intends to find out the prevalence and risk factors associated with self injurious behaviour among adolescents.

### Objectives of the study

1. To identify the prevalence of self injurious behaviour among adolescents.
2. To identify the risk factors associated with self injurious behaviour among adolescents.
3. To find the association of occurrence of self injurious behaviour among adolescents with selected baseline variables.

### Materials & methods

A descriptive survey approach was used in this study. The study was conducted after the approval by the Institutional Ethics Committee and permission was taken from the authorities of the selected college at Mangalore.

The purpose of the study was explained to the participants, 500 adolescents, aged between 17-19 years. The data collection instrument was explained to them before administering which consisted of a baseline proforma, checklist on self injurious behaviour, rating scale on risk factors associated with self injurious behaviour. Written consent was taken from each participant.

The data obtained was analyzed using both descriptive and inferential statistics based on the objectives and hypothesis of the study. Descriptive statistics (frequency, percentage) and inferential statistics (Chi square test, Fisher's exact test) were used for the analysis and interpretation of data.

### Results

The results of the data analysis are presented under the following headings Description of baseline characteristics

**Table 1: Frequency and percentage distribution of participants according to their baseline characteristics N=500**

Sl. no.	Variables	Frequency (f)	Percentage (%)
1	<b>Age in years</b>		
	17	481	96.2
	18	15	3.0
2	<b>Gender</b>		
	Male	437	87.4
	Female	63	12.6
3	<b>Type of family</b>		
	Nuclear family	455	91
	Joint family	45	9

4	<b>Siblings</b>		
	None	10	2
	One	150	30
	Two	282	56.4
	Three	39	7.8
5	<b>Religion</b>		
	Hindu	168	33.6
	Christian	279	55.8
	Muslim	52	10.4
	Others	1	0.2
6	<b>Area of residence</b>		
	Rural	239	47.8
7	<b>Place of residence</b>		
	Home	477	95.4
8	<b>Occupation of father</b>		
	Unemployed	18	3.6
	Skilled worker	236	47.2
	Unskilled worker	103	20.6
	Professional	60	12
9	<b>Occupation of mother</b>		
	Unemployed	127	25.4
	Skilled worker	122	24.4
	Unskilled worker	65	13
	Professional	44	8.8
10	<b>Living with</b>		
	Parents	465	93
	Mother alone	4	0.8
	Father alone	2	0.4
	Guardian	7	1.4
11	<b>Parents living together</b>		
	Yes	486	97.2
	No, working in different place	5	1
	No, divorced	1	0.2
	No, deceased	8	1.6

**Table 2: Frequency and percentage distribution of risk factors of self injurious behaviour present in participants**

Sl. No.	Risk factors associated with self injurious behaviour	Frequency (f)	Percentage (%)
1.	Abuse	196	39.2
2.	Conflicts	219	43.8
3.	Negative psychological experiences	319	63.8
4.	Negative emotions of others	296	59.2
5.	Negative emotions of self	302	60.4
6.	Influence of media	341	68.2
7.	Academic pressure	252	50.4
8.	Influence of peers	262	52.4

Association between occurrence of self injurious behaviour & selected baseline characteristics

It was inferred that there was a significant association of occurrence of self injurious behaviour with selected baseline variables like gender, type of family, presence of siblings, religion, area of residence, place of residence, who the adolescents are living with and parents living together.

There was no significant association with selected variables like age, occupation of father and occupation of mother.

### Discussion

The study made use of a descriptive survey approach. The tool used in this study consisted of a baseline proforma, checklist on self injurious behaviour and rating scale on self injurious behaviour developed by the researcher.

Majority of participants, 481 (96.2%) were of seventeen years of age and about 437 (87.40%) were males. Most of the participants, 455 (91%) were from a nuclear family. Many of the participants, 282 (56.40%) had two siblings. Most participants, 279 (55.80%) were Christians and 261 (52.20%) were from urban area. Majority of participants, 477 (95.40%) lived at home and about 465 (93%) were living with both parents. Almost 486 (97.20%) participant's parents were living together.

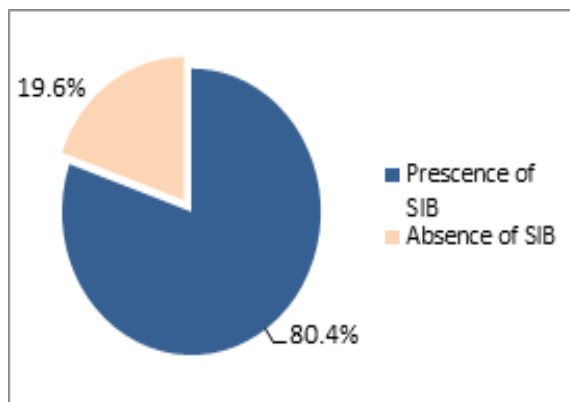
Of the 500 participants, about 402 of participants had given an account of at least one type of self injurious behaviour. The prevalence rate of self injurious behaviour among the adolescent participants was 80.4%. These findings are supported by a study which examined the prevalence and psychosocial correlates of adolescent deliberate self-harm (DSH) and suicidal behaviour in a sample of 3,328 secondary school students in Hong Kong. With reference to the previous year, 32.7% of the students reported at least one form of DSH.<sup>6</sup> A similar survey of youth aged 14–21 in Victoria, British Columbia was done to determine the prevalence of non-suicidal self-harm, its mental-health correlates and help-seeking behaviour. 16.9% youth indicated that they had ever harmed themselves. Self-injuries such as cutting, scratching and self-hitting were the most common forms of non-suicidal self-harm.<sup>7</sup>

Majority of participants, 196 (68.20%) had an influence of media like reading about self injury in books, internet and seeing actors/actresses injuring themselves in movies/television. About, 319 (63.80%) had negative psychological experiences like an absence of someone to take care of them, being alone at home after school hours, having no one to guide /correct them, parents comparing them with siblings or friends. 302 (60.40%) had negative emotions about self like the feeling of loss of a loved one, wanting someone to notice them or their injuries, or feeling good when injuring themselves, or feeling angry at someone or themselves. This study is supported by a study conducted to understand the nature of deliberate self-harm (DSH) and identify the associated factors among 30 children who had a history of deliberate self harm in South India. 76% of children had history of acute stressful life events and 62% of them had chronic ongoing stress. 62 % of children had stress in the family and 41% had stress at school. Stress in the family included death of a parent, conflicts with parents or siblings, mental illness in the family, parental alcoholism and parental disharmony. Stress at school included conflicts with classmates, punishment or negative comments by teachers and learn-

### Prevalence of self injurious behaviour

The data obtained showed that of the 500 participants, about 402 had given an account of at least one type of self injurious behaviour giving a prevalence rate of 80.4%.

**Figure 1: Pie diagram showing the distribution of participants exhibiting self injurious behaviour.**



### Description of risk factors associated with self injurious behaviour

ing problems.<sup>8</sup> A similar study was done to determine the prevalence and types of deliberate self-harm (DSH) and associated factors among 3757, Year 10 and Year 11 students in Queensland. Factors associated with DSH included similar behaviours in friends or family, coping by self-blame, and self-prescribing of medications.<sup>9</sup>

It was inferred that there is a significant association of occurrence of self injurious behaviour with selected baseline variables like gender, type of family, area of residence, place of residence, presence of siblings and parents living together, religion and who the adolescents are living with. There was no association with age, occupation of father and occupation of mother.

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