THE RELATIONSHIP BETWEEN FAMILY SUPPORT AND SELF-HARMING BEHAVIOR AMONG STUDENTS

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ABSTRACT

Background: Mental health problems among university students are increasing and may lead to maladaptive coping behaviors, including self-harm. Self-harm is defined as intentional self-injury without suicidal intent, commonly used as a means of regulating emotional distress. Family support is considered a key protective factor that can enhance emotional stability and reduce the risk of self-harm behavior.

Objective: This study aims to determine the relationship between family support and self-harming behavior in undergraduate nursing students at Muhammadiyah University of Surakarta

Method: This research was quantitative with a correlational method. The sample used was 114 students, using a simple random sampling method. Data were collected using a demographic questionnaire, the Family Support Scale (FSS) consisting of 20 items, and the Deliberate Self-Harm Inventory (DSHI) consisting of 16 items.

Results: A negative correlation is a relationship between two variables that move in opposite directions, where an increase in one variable is followed by a decrease in the other. In this study, a negative correlation indicates that the higher the family support received by students, the lower the tendency for self-harming behavior, and vice versa. The correlation coefficient value obtained from the Spearman test, $r = -0.480$, indicates a negative relationship with moderate strength.

Conclusion: This can be interpreted as meaning that there is a relationship between family support and self-harming behavior in undergraduate nursing students at Muhammadiyah University of Surakarta.

Keywords: Family Support, Mental Health, Nursing, Self-harm, Student

BACKGROUND

Adolescent mental health is a crucial indicator in assessing the quality of a nation. Adolescents who grow up in a supportive environment are considered valuable assets to the nation. Adolescence is a challenging and changing phase of identity discovery, making them vulnerable to mental health disorders (Lestari & Fuada, 2021). College students, as part of the adolescent group, are also not immune to mental health issues, such as mental stress, social pressure, and an unsupportive environment that can affect their psychology. These conditions can lead to anxiety, stress, fear, and even self-harm (Suwijik & A'yun, 2022).

Mental health disorders in Indonesia have a prevalence of around 9.8% of people aged 15-24 years (Suwijik & A'yun, 2022) In Central Java, the rate of mental disorders ranges from 9% to 9.8%, indicating a significant mental burden in the region. Meanwhile, in Solo City, mental disorders were reported at 1,431 people (Sihotang, 2020). The high prevalence of mental health disorders in adolescents indicates the need for special attention and treatment to prevent mental health problems from increasing and to support the creation of a young generation that is psychologically and socially healthy (Lestari & Fuada, 2021).

Wrong One mental health disorder is self-harm behavior, which is an act of intentionally injuring oneself to relieve stress or emotions (Aulia et al., 2023). This behavior is often done as an escape from inner pain and disappointment. Although this behavior is not intended to end one's life, self-harm requires special attention for its treatment (Kalangi P et al., 2024). Forms of self-harm behavior are not only scratching one's own skin, but there are other types such as burning the body, making wounds, hitting oneself, pulling out hair, and swallowing dangerous substances (Apsari, 2021).

Family support is an effective way to address self-harm behavior in college students. With family support, students will feel more appreciated, accepted, and loved by their families, which will positively impact their mental health (Makarim, 2021). One of the family's functions is nurturing, which involves meeting the care and maintenance needs of family members to maintain their health. This care encompasses physical, spiritual, social, and emotional health, ensuring that each family member can grow and develop optimally (Widodo et al., 2024). Parental involvement in maintaining adolescent mental health includes building strong emotional bonds and creating an open environment for communication, so that children do not hold back or bottle up their problems (Saba, 2024). Families also need to be companions and friends to their children, not just givers of advice and unrealistic solutions. Therefore, parents are the primary factor influencing every aspect of a child's life (Ningrum, 2023).

Yuliana's (2020) research explains that the family environment plays a role in determining a child's upbringing and development. This is crucial in shaping a child's character and preventing mental health issues during adolescence. Therefore, parents must be responsible for their child's parenting, providing everything they need, not just advice but also acting as a friend with whom their child can share their stories and express their concerns, thus maintaining their mental health.

Another study by Lestari explains that adolescents who come from families with good family function tend to have a lower risk of self-harm compared to those who come from families with poor family function. Interventions to reduce self-harm behavior in adolescents must consider family aspects for example, programs to strengthen family function, involve

parents, build healthy family communication, equip parents to recognize risk signs and provide emotional support.

This research is important because self-harm is a form of mental health disorder that is increasingly prevalent among adolescents and college students. This phenomenon indicates a crisis in individuals' ability to manage emotions and psychological stress, which, if left untreated, can progress to more severe mental disorders and even increase the risk of suicide.

This study aims to determine the relationship between family support and self-harming behavior in undergraduate nursing students at Muhammadiyah University of Surakarta.

OBJECTIVE

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METHODS

Study Design

This research is quantitative using the correlation method. Correlation research aims to examine the relationship between variables in the same direction (positive correlation) or in different directions (negative correlation).(Ishak, 2023).This study uses a cross-sectional design, namely data collection is only carried out once at the same time.

Setting

This research was conducted in August – November 2025. The population used was nursing students of Muhammadiyah University of Surakarta Class of 2022.

Research Subjects

The population used in this study were nursing students of Muhammadiyah University of Surakarta, Class of 2022. The sampling technique used was simple random sampling. The number of respondents was determined using the Slovin formula with a 10% margin of error, resulting in a total of 114 respondents. Inclusion criteria in this study included nursing students who were actively studying in their 7th semester, students who had thoughts of self-harm, and students who were willing to be respondents. Meanwhile, exclusion criteria included students undergoing psychiatric therapy.

Instrument

Data collection was conducted using a questionnaire comprising respondents' demographic data, a 20-item Family Support Scale (FSS) questionnaire to measure family support, and a 16-item Deliberate Self-Harm Inventory (DSHI) questionnaire to assess self-harm behavior.

Data analysis

Data analysis was carried out using univariate and bivariate analysis with the Spearman rank test.

Validity and Reliability/ Trustworthiness

The results of the PSS-Fa (Perceived Social Support Family Scale) questionnaire validity test were carried out on 20 statement items which had a calculated r value > r table (0.361) and the reliability test showed a Cronbach alpha of 0.752.(Mardiyah et al., 2019).The Deliberate Self-Harm Inventory (DSHI) questionnaire with a total of 16 questions, using a construct validity test, the results of the CFA test with a one-factor model did not produce a fit model with Chi Square = 229.59, df = 104, P-value = 0.00000, RMSEA = 0.078. After modifications to the model, a fit model was obtained with Chi-Square 120.82, df = 97, P-value = 0.05110, RMSEA = 0.035 (Sugianto, 2020).

Ethical Considerations

This research has received ethical approval from the research ethics committee of the Faculty of Medicine, Muhammadiyah University of Surakarta with ethics number N0. 5928/B.1/KEPK-FKUMS/X/2025

RESULTS

Table 1. Respondent Characteristics (n= 114)

Indicator	Frequency	Presentation
1. Gender		
Man	29	25.4%
Woman	85	74.6%
Total	**114**	**100%**
2. Age		
20	27	23.7%
21	61	53.5%
22	26	22.8%
Total	**114**	**100%**
3. Closest Family		
Father	9	7.9%
Mother	80	70.2%
Older brother	23	20.2%
Younger brother	2	1.8%
Total	**114**	**100%**

The subjects who were respondents in this study were 29 men with a percentage of (25.4%) and 85 women with a percentage of (74.6%).

Based on the age category table for students in this study, it is known that of the 114 respondents sampled, there were 27 people aged 20 years (23.7%). There were 61 people aged 21 years (53.5%). Then there were 26 people aged 22 years (22.8%). From this data, it can be

seen that the frequency distribution of the majority of respondents was aged 21 years, with a total of 61 people.

Based on the family distribution table of 114 respondents, it is known that 9 people (7.9%) are close to their fathers. 80 people (70.2%) are close to their mothers. 23 people (20.2%) are close to their older siblings. Then, 2 people (1.8%) are close to their younger siblings. The data above shows that the majority of respondents are close to their mothers, which is 80 people.

Table 2 Distribution of Family Support and Self Harm Behavior

No	Variables	Category	Frequency	Presentation
1	Family support	Not enough	20	17.5%
		Enough	30	26.3%
		Good	64	56.1%
2	Self-Harm	No self harm	70	61.4%
		Mild Self Harm	31	27.2%
		Psychopathological tendencies	13	11.4%

The table shows the frequency distribution of family support among 114 students from the 2022 intake, with 64 respondents categorized as "good," with a percentage of 56.1%. The table also presents three categories: "insufficient," "sufficient," and "good." The "insufficient" category indicates that respondents have low levels of family support. The "sufficient" category indicates that respondents receive adequate levels of family support. Meanwhile, the "good" category indicates that respondents receive optimal family support. Thirty respondents (26.3%) reported having sufficient support. Twenty respondents (17.5%) reported having insufficient support. These data indicate that the majority of respondents have good family support.

The table above shows the frequency distribution of self-harm among 114 students from the 2022 intake. In this category, 70 (61.4%) did not engage in self-harm. Furthermore, 31 (27.2%) engaged in mild self-harm. Thirteen (11.4%) had psychopathological tendencies. These data indicate that the majority of respondents did not engage in self-harm

Table 3. Relationship between Family Support and Self-Harm Behavior Among Students

Family Support	Self-Harm						Total %	P-value	r
	No Self Harm %		*Self-Harm*Light %		Psychopathological tendencies %				
Good	57	50.0%	7	6.1%	0	0%	64 56.1%		
Enough	7	6.1%	22	19.3%	1	0.9%	30 26.3%	0.001	-0.480
not enough	6	5.3%	2	1.8%	12	10.5%	20 17.6%		
Total	70	61.4%	31	27.2%	13	11.4%	114 100%		

Based on the results of the normality test on the numerical data, it was not normally distributed. The value of family support in students was obtained (p = 0.001) and the value of Self-Harm in students was obtained (p = 0.001). Therefore, to analyze it, a Spearman Rank correlation test was carried out which is useful to determine whether there is a relationship between family support and Self-Harm in students. The results of the Spearman Rank test using a significance of 5% obtained a p value <0.001 which indicates (p <0.05), which can be interpreted as there is a relationship between family support and Self-Harm behavior in students. The correlation value r was obtained (-0.480) which indicates a moderate negative correlation between family support and Self-Harm behavior.

DISCUSSION

Family Support

Family support is a form of interpersonal relationship involving attention, affection, and assistance that can provide emotional comfort and a sense of appreciation for family members in need. This support includes encouragement to adapt, building self-confidence, and reducing psychological distress.

The family support table shows that the majority of respondents have good family support, with a total of 64 (56.1%) out of 114 respondents. This result is in line with Haryanto's (2025) research entitled "The Relationship Between Family Support and the Intensity of Suicidal Behavior in Students." This study used a quantitative approach with a survey method with 60 students as respondents, which obtained results of 85.2% of respondents having full support from their families. This study explains that individuals who need support from their families have poor relationships with others. Therefore, family support is very much needed by students when they are in the phase of forming a new personality and who need prayers from their families so that they can carry out their duties and obligations as students.(Haryanto, 2025).

A study conducted by Wardana (2022) titled "The Relationship between Family Support and the Relapse Rate of Clients at Risk of Violent Behavior." This correlational study involved 40 respondents, with 17 respondents reporting high levels of social support (42.5%). This study explains that family social support provides reinforcement for better health functioning (Wardana et al., 2020).

Self-harm behavior

Self-harm is the act of intentionally injuring oneself without any intention of ending one's life, which is usually done as a way to deal with emotional distress, psychological pain, or stress that cannot be expressed verbally.

The Self-Harm table shows that the majority of 70 (61.4%) respondents did not engage in self-harm behavior. This finding aligns with Nurliana Saraswati's (2024) research entitled "The Relationship Between Depression Levels and Self-Harm Behavior in Adolescents." The study found that 71 (50.0%) of the 142 respondents did not engage in self-harm behavior. These results indicate that not all adolescents experiencing problems express their emotions through self-harm behavior. Family or social support is thought to improve adolescents' ability to manage their emotions.(Saraswati et al., 2024)

The relationship between family support and self-harm behavior among students

Based on the results of the bivariate analysis of the relationship between family support and self-harm behavior among students using the Spearman rank test, it shows a p value <0.001 with a correlation value of (-0.480). The direction of support is negative, meaning that the higher the family social support, the lower the self-harm behavior. Social support is a pleasure felt by individuals for the appreciation of someone's care and help. Family social support can play a role in maintaining adolescent emotional stability so that it will minimize the occurrence of maladaptive coping mechanisms caused by adolescents' failure to adapt to a problem.

This research is in line with the research conducted by Lonika 2025 entitled "The Relationship between Social Support and Non-Suicidal Self-Injury Behavior in Adolescents in Jakarta" this research shows that the higher the level of social support a person gets, the lower the possibility of non-suicidal self-injury behavior. The results of the hypothesis test obtained a correlation coefficient value of -0.342 with a significance of 0.001 which means that there is a relationship between social support and non-suicidal self-injury behavior (NSSI) in adolescents in Jakarta (Lonika et al., 2025).

Another study by Adam entitled "The Relationship Between Family Functioning with Self-Injury Behavior towards Young Adults" showed that the correlation coefficient showed r = -0.96 with a p value of 0.000 (Sig. <0.05) so it can be concluded that the hypothesis proposed by the researcher is accepted, namely there is a significant negative relationship between family functioning and self-injury in adolescents. These results indicate that the higher the family functioning, the lower the self-injury in adolescents. Conversely, if family functioning is low, self-injury is higher. (Adam & Nastiti, 2023).

Based on the discussion above, it can be concluded that there is a relationship between family support and self-harm behavior among students. This is proven by the results of the Spearman rank statistical test which shows a p-value <0.0001. The level of negative correlation coefficient with the results of r (-0.480) which means that there is a moderate correlation between family support and self-harm behavior among students. This means that the higher the family support, the lower the self-harm behavior among students.

CONCLUSION

Family support for self-harm behavior in nursing students, the majority of students have sufficient family support, this family support is very necessary and very meaningful for the physical and psychological health of students, considering that students have a lot of pressure in terms of assignments from campus, peer pressure, and loneliness. This directly affects how students cope in living their lives. The majority of students do not engage in self-harm behavior, this strengthens the evidence that students can minimize behavior that hurts themselves so it can be concluded that they have good coping mechanisms. The results of the study showed a relationship between family support and self-harm behavior among students with a correlation coefficient value of p <0.0001 and a correlation of r = -0.480. This shows that the higher the family support, the lower the self-harm behavior among students.

This research is expected to encourage student respondents to refrain from self-harm when facing family problems and to seek support from friends and others. It is also hoped that this research will provide scientific and practical contributions to the fields of nursing, psychology, and education, particularly in efforts to prevent self-harm behavior by enhancing the role and support of families. The research findings can also serve as a basis for health professionals, counselors, and educational institutions to develop family intervention programs to strengthen the mental resilience of adolescents and students.

The findings of this study indicate that family support plays a significant role in reducing self-harm behavior among undergraduate nursing students. The moderate negative correlation found suggests that family support functions as an important protective factor in maintaining students' mental health. These results strengthen existing theories in mental health nursing and psychology that emphasize the role of the family as a primary support system in helping individuals manage emotional distress and adopt adaptive coping mechanisms.

Practically, this study implies that mental health promotion and self-harm prevention programs for students should involve family-based approaches. Nurses, counselors, and educational institutions are encouraged to incorporate family support assessments and interventions into student mental health services. Strengthening family communication and emotional support may help reduce the risk of self-harm behavior and improve students' psychological well-being.

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CONFLICTS OF INTEREST

There's no problem with the research

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