

FAMILY SUPPORT RELATED TO SELF-HARM BEHAVIOR OF STUDENTS OF THE BACHELOR OF NURSING STUDY PROGRAM

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ABSTRACT

Self-harm is a psychological disorder that needs serious attention and priority in prevention and treatment of mental health efforts. Self-harm behavior is a high-risk act committed by a group of adolescents than adults. The purpose of this study was to analyze the relationship of family support to self-harm behavior in female students of Bachelor of Nursing Science Study Program. This research design uses a Cross-sectional design, using Purposive Sampling technique. The number of respondents in this study amounted to 46 female students. Data collection through a closed questionnaire distributed using a family support questionnaire and a Self-harm questionnaire. Data analysis using the chi-square correlation test to determine the relationship between the two variables. The results of family support obtained 19 people (41.3%) were in the moderate family support category, and the results of Self-harm were 26 people (56.5%) respondents were in the mild self-harm category. The results of this study obtained a Pearson Chi-Square value with SPSS 27 of 13.985 with a significance value of $p \text{ value } 0.001 < \alpha = 0.05$, it can be stated that there is a relationship between family support and self-harm behavior in female students of Bachelor of Nursing Science Study Program at STIKES Banyuwangi 2024. It can be concluded that the greater the support provided by the family, the less likely someone is to do Self-harm.

Keywords: Adolescent; Self-Harm; Family Support

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INTRODUCTION

Self-harm is a psychological disorder that needs serious attention and priority in prevention and treatment of mental health efforts. Self-harm behavior is a high-risk act committed by a group of adolescents than adults (Faradiba & Abidin, 2022). This behavior becomes a maladaptive coping mechanism through physical pain to overcome stressors or emotional distress (Mutiarra Insani & Ina Savira, 2022). Inability to respond to negative experiences and low tolerance for dealing with problems are also factors in self-harm in both female and male adolescents. Adolescent girls tend to be more likely to engage in Self-harm for intrapersonal reasons more than adolescent boys (Miller et al., 2021). College students are late-stage adolescent girls who are vulnerable to problems ranging from self, social environment, family relationships (Hakim & Sukmawati, 2023). College students with high levels of stress due to academic and emotional can trigger feelings of pressure and distress. College students who feel distress will have an urge to vent or channel their emotions, this is what might make college students a vulnerable group to commit self-harm (Suharsono & Anwar, 2020).

The World Health Organization (WHO) reports that approximately 700,000 deaths occur globally each year, along with around 14.6 million cases of self-harm (Anugrah et al., 2023). In the United States, the 12-month prevalence of non-suicidal self-harm ranges between 6.4% and 14.8% among boys, and between 17.7% and 30.8% among girls across 11 states (Kipoulas et al., 2021). The rate of self-harm among females is 74% higher than among males, accounting for 51% of total cases. In Indonesia, a YouGov Omnibus survey conducted in 2019 revealed that over one-third (36.9%) of Indonesians had engaged in self-harm, with 7% of young adults aged 18–25 reporting regular episodes (Hakim & Sukmawati, 2023). More recent data indicate that approximately 20.21% of Indonesian adolescents have exhibited self-harm behavior, with 93% of these cases involving girls (Kalangi, 2024). A study by Maulidah (2024) in Kediri City, East Java, found that among 148 respondents, 50.7% of adolescents aged 15–21 years and 49.3% of adults aged 22–27 years reported engaging in self-harm behaviors. The scale in Banyuwangi from research conducted by Afitri, (2024) on adolescents of SMK Sri Tanjung Banyuwangi found that most respondents had a mild Self-harm category with a total of 110 respondents having a percentage of (65.1%) and dominant with female gender. Based on preliminary studies conducted by researchers in November 2024 through questionnaires to STIKES Banyuwangi undergraduate nursing science study program Level 2, the results obtained from 10 students, 5 students experienced mild Self-harm and 5 other students did not experience Self-harm.

There are factors that can influence the occurrence of Self-harm, namely biochemical influences, psychological factors, social factors and family factors (Malumbot et al., 2022). Family factors or the family environment have many important roles, students with high family support have a greater chance of not experiencing maladaptive behavior such as Self-harm than young women with low or disharmonious family support, because family support is a positive support for students in dealing with the stressors they experience (Ardi et al., 2021). Students with distress will have the urge to vent or channel their emotions. Emotional venting can be channeled in different ways positively and negatively. Venting can be done positively such as doing favorite activities such as hobbies, and trying to calm down, while negative emotional venting is in the form of excessive consumption of alcoholic beverages, taking drugs, or Self-harm. Self-harm behavior can result in nerve or muscle damage, disability or loss of body function, as well as permanent damage to the body, if not handled properly it can worsen a person's condition and emotional state, even increasing the risk of suicide (Suharsono & Anwar, 2020).

The key to mental health begins at home. Family support plays a crucial role in fostering a sense of security and awareness about the well-being of loved ones. The family environment holds multiple important roles; individuals who receive high levels of family support are more likely to avoid maladaptive behaviors such as self-harm. A strong relationship between parents and their children can enhance their ability to cope with negative influences. Moreover, the presence of close family members who provide assistance, attention, and acceptance contributes significantly to improved overall well-being.

Many changes in the condition of college students are not realized by parents. College students are not expected to experience serious problems that can lead to Self-harm and even depression. The key to mental health starts at home. Family support is very important for the feeling of knowing information about loved ones. The family environment has many important roles with high family support has a greater chance of not experiencing maladaptive behavior such as Self-harm. The existence of the closest people who can be relied upon to provide assistance, encouragement, acceptance and attention, so as to improve the well-being of the individual concerned, as well as the relationship between parents and a child who can increase their ability to survive harmful influences (Bintang & Mandagi, 2021). The purpose of this study is to analyze the relationship between family support and self-harm behavior among second-year female students of the Bachelor of Nursing Program at STIKES Banyuwangi in 2024.

METHODS

Study Design

This study uses a descriptive quantitative research method with a cross-sectional design

Setting

The study was conducted at STIKES Banyuwangi between December 2024 and February 2025. Data collection was carried out through an offline procedure by directly distributing structured questionnaires to the respondents

Research Subject

The population in this study consisted of all second-year female students of the Bachelor of Nursing Program at STIKES Banyuwangi in 2024, totaling 52 individuals and The sample for this study consisted of 46 female students from the Nursing study program at STIKES Banyuwangi with purposive sampling, Inclusion Criteria Second-year nursing students enrolled at Banyuwangi School of Health Sciences in the academic year 2024. Students who were willing to participate voluntarily and signed the informed consent form. Students who were present during the data collection period. Students with complete questionnaire responses. Exclusion Criteria Students who declined to participate in the study. Students who were absent during the data collection period. Students with incomplete or invalid questionnaire responses. Students with a diagnosed severe mental disorder that required ongoing psychiatric treatment, as this could bias the study results.

Instruments

The instruments used in this study were the Self-Harm Inventory (SHI) and the Family Support Scale (FSS). The Self-Harm Inventory (SHI), developed by Sansone and Sansone (1998), is a self-report questionnaire consisting of 22 items designed to assess an individual's history of self-harming behaviors. Each item is answered with a "yes" or "no" response, indicating whether the respondent has ever engaged in specific self-injurious behaviors. The SHI has demonstrated good internal consistency, with a Cronbach's alpha of 0.89, and adequate test-retest reliability (Sansone & Sansone, 1998). It is widely used in both clinical and community settings to identify the presence and extent of self-harm tendencies.

The Family Support Scale (FSS), developed by Dunst, Jenkins, and Trivette (1984), measures the perceived level of social and emotional support provided by family members. It consists of 18 items rated on a 5-point Likert scale ranging from 1 ("not at all helpful") to 5 ("extremely helpful"). The FSS has shown good psychometric properties, with a Cronbach's alpha of 0.91, indicating high reliability and internal consistency (Dunst et al., 1984). Respondents are asked to indicate the degree of support they perceive from various family members or sources in their daily life.

Data Analysis

The data collected were coded, tabulated, and analyzed using the Chi-Square (χ^2) test to describe the frequency distribution and percentage of respondents. The Chi-Square test was employed to determine the association between categorical variables, specifically to assess the relationship between self-harm behavior and the level of family support. This non-parametric statistical test is appropriate when analyzing nominal or ordinal data and is widely used in behavioral and health sciences to evaluate whether there is a significant relationship between two categorical variables (McHugh, 2013).

The decision to use the Chi-Square test was based on the nature of the research variables, which were measured using categorical scales (e.g., presence or absence of self-harm behavior, levels of family support). This analytical model allows researchers to determine whether observed differences in frequency distributions are statistically significant, providing meaningful insights into the relationship patterns within the studied population (Pallant,

2020). The analysis was performed using a statistical software program, and the significance level was set at $p < 0.05$.

Ethical Consideration

The study was approved by the Ethics Committee of the Banyuwangi School of Health Sciences (STIKES Banyuwangi) with the ethical clearance number 178/01/KEPK-STIKESBWI/III/2024-2025.

RESULTS

Table 1. Distribution of Respondents by Family Support at STIKES Banyuwangi 2025

No	Family Support	Total (n)	Presented (%)
1.	Middle	19	41,3
2.	High	27	58,7
	Total	46	100%

Based on the results, most respondents had a high level of family support as many as 27 people (58.7%), half of which 19 people (41.3%) were in the moderate family support category.

Table 2. Distribution of Respondents by Self-Harm Behavior at STIKES Banyuwangi 2025

No	Self-harm	Total (n)	Presented(%)
1.	Negative	17	37,0
2.	Low	26	56,5
3.	High	3	6,5
	Total	46	100%

Based on the results, it is known that most respondents are in the mild self-harm category, as many as 26 people (56.5%). Almost half, 17 people (37.0%) did not show self-harm behavior, and a small portion of only 3 people (6.5%) were in the severe self-harm category.

Table 3. Analysis of the Relationship Between Family Support and Self-Harm Behavior Among Second-Year Undergraduate Nursing Students at STIKES Banyuwangi 2025

Family Support	Self-harm						Total	
	Negative		Low		High		F	%
	F	%	F	%	F	%	F	%
middle	1	5,3%	16	84,2%	2	10,5%	19	100%
High	16	59,3%	10	37,0%	1	3,7%	27	100%
Total	17	37,0%	26	56,5%	3	6,5%	46	100%

Data distribution, with moderate levels of family support engaged in mild Self-harm behavior (84.2%), and 5.3% of did not show such behavior. In contrast, with high family support, 59.3% did not engage in Self-harm, and only 3.7% engaged in severe Self-harm.

Table 4. Chi-Square Test of the Relationship Between Family Support and Self-Harm Behavior

Test	(Value)	df	Significant Asimtotik
Pearson Chi-Square	13,985 ^a	2	< ,001
Likelihood Ratio	16,299	2	< ,001
Linear-by-Linear Association	11,794	1	< ,001
Jumlah Kasus Valid	46		

The results of the Chi-Square test analysis showed a significant relationship between the level of family support and Self-harm behavior, the Chi-Square test showed a significant relationship between family support and Self-harm behavior, obtained a Pearson Chi-Square value of 13.985 with a significance value of $p \text{ value } 0.001 < \alpha = 0.05$, it was stated that the relationship between the two variables was significant.

DISCUSSION

Based on the results of family support, most respondents had a high level of family support, as many as 27 people (58.7%). Family support is the most important element in helping individuals solve problems, protect themselves, and provide the protection, attention, and assistance needed to facilitate activities and stay away from the bad effects of stress (Albertin Waruwu, 2021). Parental support, as the closest support felt by adolescents, helps adolescents develop adaptive behavior. A harmonious and healthy family can fulfill biological and psychological needs (Diorarta & Mustikasari, 2020). According to Diorarta (2020), in his research, the age limit of adolescence itself consists of three phases, namely early adolescence (11-14 years), middle adolescence (15-17 years), and late adolescence (18-20 years). At each stage, there are various kinds of changes that differ from one stage to another. Adolescence is an important period for developing and maintaining social and emotional habits. This is important for the mental well-being of the individual, where family support is needed during this developmental period.

In addition, poor social environmental factors may have an impact on a person's mental health. The problems of mental and emotional health can result from social and environmental factors such as economic hardship. Socioeconomic conditions often result in differences and inequalities in the way individuals value things, where a person's attitude towards something is determined by their socioeconomic status. Strong economic conditions can also result in good social status (Haniyah et al., 2022). Based on the opinion of Najmudin et al. (2023), stated that parents play a very important role in their child's life. In the current era of globalization, more and more adolescents have to separate from their parents because they have to meet their learning needs in areas far from where they live, especially for adolescents who continue their education in college. This condition often causes a break in direct interaction between parents and children and has an impact on the psychological development of children. In addition, the lack of social interaction and emotional support from parents can increase the risk of mental health disorders in children (Andini Mukti et al., 2020; Annuar & Sa'adah, 2023).

Based on the results of the study, almost half of the respondents reported a high level of family support, with 45.65% of female students (21 out of 46) reporting high family support, with a frequency of family time of 1 time per week. Family support plays an important role in the formation of adolescent character. This shows that the family's role remains highly relevant to the process of growth and development, especially in late adolescence. Adolescence is often a stressful time, both academically and socially, so the presence of family as a support system becomes indispensable. In female students who have to live away from their parents, it can cause reduced interaction, inconsistent communication, and limited time; if not filled with quality communication, it can risk triggering stress, even maladaptive behavior such as self-harm. Hence, the importance of family remaining emotionally present, even if not physically. Difficult economic situations or social environments can also be additional stressors. However, a solid family will be able to create a sense of security and reassurance that no matter what happens, there is a place to come home to and lean on. Even through a short conversation on the phone or a message, that sense of being cared for and supported can be maintained. Looking at this reality, it can be concluded that family support is not just an additional need but a primary need that every family should consciously strive for.

Based on table 4.7, most respondents were in the mild self-harm category, as many as 26 people (56.5%), and a small proportion of only 3 people (6.5%) were in the severe self-harm category. Self-harm behavior is the act of hurting oneself using all means, with or without suicidal ideation (Sibarani et al., 2021). His behavior becomes a maladaptive coping mechanism through physical pain to overcome stressors or emotional distress (Mutiar Insani & Ina Savira, 2022). Inability to respond to negative experiences and low tolerance for problems are also factors in self-harm in both female and male adolescents. Female adolescents tend to engage in self-harm for intrapersonal reasons more than male adolescents (Miller et al., 2021). According to the World Health Organization (WHO) in 2019, the age limit of an adolescent is 12-24 years old. There is research on adolescence by Stanley Hall (1904), namely "storm-and-stress," which means that adolescence is a turbulent period characterized by conflict and mood swings. Self-harm behavior usually occurs in vulnerable adolescents aged 14-21 years, where there are many changes in both physical growth and social psychological development. Difficulty in responding to negative experiences and low tolerance for problems, external and internal factors, and parental communication patterns (Saputra et al., 2022). According to Ningrum (2023), one of the external factors of mental problems, especially in adolescents whose parents work, is setting strict schedules and rules for their children while at home. In addition, parents' work can affect the onset of feelings of fatigue and be a large burden to meet the economic needs of the family. Because low economies tend to experience higher internal conflict and often have an impact on maladaptive behavior (Greselly, 2025).

Each child has a different position in the family, whether as the firstborn, middle child, or youngest child. They get different parenting according to their position in the family, which will affect the formation of their character (Untariana & Sugito, 2022). Other studies have also shown that the birth order of children in a family also has an impact on personality and behavior (Wahyu et al., 2025). The firstborn child has several characteristics. The child generally interacts with older people and bears responsibility, along with parents' high expectations of him/her. So they tend to be easily influenced to follow the will and pressure of their parents (Untariana & Sugito, 2022). In the era of globalization and increased educational mobility, many teenagers choose to continue their studies outside of their home city or region. Homesickness has a significant impact on their mental health (Aulya et al., 2022). This is in line with the research of Afrilia et al. (2024), which states that excessive stress due to homesickness can cause serious mental fatigue.

Based on the results of the study, it can be seen that half (52.17%), namely 24 out of 46 female students experienced self-harm in the mild category by living in a boarding house. Even so, this behavior still needs to be a serious concern because the behavior has not been channeled adaptively. Many female students live college life away from home where they have to face various conflicts such as academic and emotional due to distance from family. In this condition, the emotional support obtained is limited and less than optimal, so that self-harm becomes a form of release. In terms of family support, almost most respondents felt moderate or less than optimal support. This can be caused by several factors, such as parents' work conditions (laborers or field workers) that require less communication, or emotional relationships that are not very close. In fact, family support is very important to maintain children's mental health, especially for those who live far from home. In addition, the child's position in the family also has an influence. Firstborn children, for example, are often burdened with great responsibility and high expectations from their parents. This, if not balanced with enough support, can make them feel depressed and eventually choose unhealthy ways such as Self-harm to cope with stress. Based on various factors, it can be concluded that self-harm is not only caused by external pressures, such as academics or the environment, but also by a lack of support from those closest to them, especially family. Therefore, even though children live far away, the role of family is still very important, at least by maintaining communication and providing sufficient emotional support.

Based on Table 4.5, the results of the Chi-Square test analysis using SPSS 27 show a significant relationship between family support and self-harm behavior, obtained a Pearson Chi-Square value of 13.985 with a significance value of $p < 0.001$. Because the p value is less than the significance limit of 0.05. it can be stated that the relationship between the two variables is statistically significant. Lack of family support is a factor that can lead to the emergence of self-harm behavior, this can occur due to the lack of family roles in expressing emotions and the lack of communication between families (Aulyya & Ahyani, 2025). The lack of attention given by parents can encourage someone to hurt themselves, it often happens out of control. The condition of positive or negative behavior of adolescents has a relationship with family circumstances. So it can be concluded that the lower the family support, the higher the self-harm behavior (Melasti et al., 2022). This is also in line with the research of Malumbot et al., (2022) that Family support can be an influential and main factor because it is in the closest environment for individuals. One of the factors for Self-harm is caused by a lack of role models from family members to be able to express emotions in individuals and a lack of communication between family members. In addition, the results of research from Amiroh et al., (2024) reinforce this finding that the family plays a key role as the main source of support. This suggests that the family is the first source of social support received by adolescents, creating long-lasting relationships and providing ongoing support.

The results of this study can be concluded that female students who have high family support will decrease the tendency to do Self-harm. Where the family has an important role as the main foundation in individual mental health. When not getting enough attention or support from the family someone is looking for an outlet, one of which is by hurting themselves. Lack of communication in the family can make it difficult for someone to express their emotions, and this can trigger a greater risk of self-harm behavior. Family should be the safest and most comfortable place to tell stories, share feelings, and get support. Therefore, the researcher concluded that the role of the family is very important. Parents and family members complement each other, not only physically, but also emotionally. Spending time together, listening to complaints, and showing affection can be simple but meaningful steps to prevent self-harm.

IMPLICATION AND LIMITATIONS

Implication

The findings of this study indicate that family support plays a significant role in reducing self-harm behavior among female nursing students. Therefore, strengthening family communication and emotional connectedness should become an important strategy in mental health promotion and self-harm prevention programs among adolescents and college students. Educational institutions, especially nursing schools, are encouraged to develop counseling services, psychoeducation programs, and mental health screenings that involve family participation to improve students' coping abilities and emotional resilience. In addition, families are expected to maintain consistent communication, provide emotional attention, and create a supportive environment for students, particularly those living away from home. The results of this study may also serve as a reference for future researchers and healthcare professionals in designing interventions aimed at preventing maladaptive behaviors and improving adolescent mental health outcomes.

Limitations

This study has several limitations that should be considered when interpreting the findings. First, the study used a cross-sectional design, which only describes the relationship between variables at one point in time and cannot determine causal relationships between family support and self-harm behavior. Second, the sample size was relatively small and limited to female second-year nursing students at one institution, which may reduce the generalizability of the findings to broader populations. Third, the data were collected using self-report questionnaires, which may be influenced by response bias, recall bias, or social desirability bias. In addition, this study only focused on family support as the independent variable, while

other factors related to self-harm behavior, such as peer support, academic stress, personality traits, socioeconomic conditions, and mental health status, were not explored comprehensively. Future studies are recommended to use longitudinal designs, involve larger and more diverse populations, and examine additional psychosocial factors that may influence self-harm behavior among adolescents and college students.

CONCLUSION

The results of this study can be concluded that female students who have high family support will decrease the tendency to do Self-harm. Where the family has an important role as the main foundation in individual mental health. When not getting enough attention or support from the family someone is looking for an outlet, one of which is by hurting themselves. Lack of communication in the family can make it difficult for someone to express their emotions, and this can trigger a greater risk of self-harm behavior.

SUGGESTIONS

The results of this study are expected to contribute valuable insights to educational institutions, future researchers, and respondents by enriching the existing literature on the relationship between family support and self-harm behavior. The findings may serve as a foundation for further research exploring the multidimensional factors influencing self-harm and guiding the development of effective prevention and intervention strategies. Additionally, this study aims to enhance awareness and understanding among individuals regarding the importance of family support, encouraging help-seeking behavior, open family communication, and the adoption of healthier coping mechanisms.

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DECLARATION OF INTEREST

The authors declare that there is no conflict of interest regarding the publication of this study. The research was conducted independently without any financial or personal relationships that could inappropriately influence the outcomes.

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AUTHOR CONTRIBUTION

The author made substantial contributions to all phases of the research process, including study conception, design, data acquisition, data analysis, and interpretation of results. The author also took full responsibility for drafting and revising the manuscript to ensure its intellectual coherence and scientific soundness. Although this study involved discussions with the research team and assistants for methodological validation and data verification, all final decisions regarding research design, analysis, and interpretation were made independently by the author. These collaborative exchanges enriched the study by providing diverse perspectives that strengthened the validity, reliability, and depth of the research outcomes.

REFERENCES

- Afrilia, D., Fuad, M., & Siregar, Z. (2024). Pengaruh homesickness terhadap kesehatan mental mahasiswa rantau. *Jurnal Studi Islam Indonesia (JSII)*, 2(1), 161–175. <https://doi.org/10.61166/jsii.v2i1.234>
- Amiroh, S. N., Alyan, W. L., & Rozak, R. W. A. (2024). Analisis dukungan sosial terhadap ide bunuh diri pada remaja. *Sikontan Journal: Jurnal Ilmu Psikologi dan Kesehatan*, 2(3), 34–40. <https://doi.org/10.59526/sikontan.v2i3.1047>
- Annuar, K., & Sa'adah, N. (2023). Pentingnya komunikasi keluarga terhadap perkembangan remaja dan faktor yang menyebabkan kurang efektifnya komunikasi dalam keluarga. *Cons-ledu*, 3(1), 20–26. <https://doi.org/10.51192/cons.v3i1.182>
- Ardi, W. R., Dwidiyanti, M., Sarjana, W., & Wiguna, R. I. (2021). Pengalaman mahasiswa dalam mengatasi depresi. *Journal of Holistic Nursing Science*, 8(1), 46–53. <https://doi.org/10.31603/nursing.v8i1.3443>
- Aulya, A., Lubis, H., & Rasyid, M. (2022). Pengaruh kerinduan akan rumah dan kelekatan teman sebaya terhadap stres akademik. *Psikoborneo: Jurnal Ilmiah Psikologi*, 10(2), 307–316. <https://doi.org/10.30872/psikoborneo.v10i2.7558>
- Aulyya, S. F., & Ahyani, L. N. (2025). Kontribusi stres akademik dan dukungan sosial keluarga dalam memprediksi perilaku self-harm pada remaja. *Jurnal Psikologi Pendidikan dan Konseling*, 2(1), 24–35. <https://doi.org/10.52033/jppk.v2i1.412>
- Bintang, A. Z., & Mandagi, A. M. (2021). Kejadian depresi pada remaja menurut dukungan sosial di Kabupaten Jember. *Journal of Community Mental Health and Public Policy*, 3(2), 92–101. <https://doi.org/10.51602/cmhp.v3i2.55>
- Diorarta, R., & Mustikasari, M. (2020). Tugas perkembangan remaja dengan dukungan keluarga: Studi kasus. *Carolus Journal of Nursing*, 2(2), 111–120. <https://doi.org/10.37480/cjon.v2i2.35>
- Faradiba, A. T., & Abidin, Z. (2022). Pengalaman remaja perempuan melakukan deliberate self-harm: Sebuah kajian fenomenologis. *Bulletin of Counseling and Psychotherapy*, 4(2), 342–348. <https://doi.org/10.51214/bocp.v4i2.280>
- Greselly, D. (2025). Perilaku self-harm pada mahasiswa keperawatan dan pendidikan profesi ners di universitas swasta Yogyakarta. *Jurnal Ilmiah Kesehatan Masyarakat*, 13(1), 49–62. <https://doi.org/10.33086/jikm.v13i1.5643>
- Hakim, F. A., & Sukmawati, I. (2023). Gambaran perilaku self-harm pada mahasiswa dan implikasinya dalam bimbingan dan konseling. *Jurnal Pendidikan Tambusai*, 7(2), 14599–14605. <https://doi.org/10.31004/jptam.v7i2.9282>
- Haniyah, F. N., Novita, A., & Ruliani, S. N. (2022). Hubungan antara pola asuh orang tua, teman sebaya, lingkungan tempat tinggal, dan sosial ekonomi dengan kesehatan mental remaja. *Open Access Jakarta Journal of Health Sciences*, 1(7), 242–250. <https://doi.org/10.53801/oajjhs.v1i7.51>
- Kalangi, P., et al. (2024). Self-harming pada remaja. *Jurnal Pendidikan Agama Kristen*, 5(1), 40–49. <https://doi.org/10.47065/jpak.v5i1.392>
- Kipoulas, E., Berzengi, A., & Kyriakopoulos, M. (2021). Prevalence and clinical correlates of self-harm and suicidality during admission of children in a mental health inpatient unit. *European Psychiatry*, 64(1), e108. <https://doi.org/10.1192/j.eurpsy.2020.108>
- Malumbot, C. M., Naharia, M., & Kaunang, S. E. J. (2022). Studi tentang faktor-faktor penyebab perilaku self-injury dan dampak psikologis pada remaja. *Psikopedia*, 1(1), 15–22. <https://doi.org/10.53682/pj.v1i1.1612>
- Maulidah, S. I. (2024). Psychological capital sebagai prediktor kecenderungan non-suicidal self-injury (NSSI) pada generasi Z. *Jurnal Psikologi dan Kesehatan Mental*, 19(2), 158–168. <https://doi.org/10.20473/jpkm.v19i2.4821>
- Melasti, K. Y., Ramli, M., & Utami, N. W. (2022). Self-injury pada kalangan remaja sekolah menengah pertama dan upaya penanganan dalam layanan bimbingan dan konseling. *Jurnal Pembelajaran, Bimbingan, dan Pengelolaan Pendidikan*, 2(7), 686–695. <https://doi.org/10.17977/um065v2i72022p686-695>

- Miller, M., Redley, M., & Wilkinson, P. O. (2021). A qualitative study of understanding reasons for self-harm in adolescent girls. *International Journal of Environmental Research and Public Health*, 18(7), 3361. <https://doi.org/10.3390/ijerph18073361>
- Ningrum, R. I. (2023). Hubungan pola asuh orang tua dengan gangguan kesehatan mental pada remaja. *Media Husada Journal of Nursing Science*, 4(3), 197–203. <https://doi.org/10.33475/mhjns.v4i3.160>
- Sibarani, D. M., Niman, S., & Widiantoro, F. (2021). Self-harm dan depresi pada dewasa muda. *Jurnal Keperawatan Jiwa (JKJ): Persatuan Perawat Nasional Indonesia*, 9(4), 795–802. <https://doi.org/10.26714/jkj.9.4.2021.795-802>
- Suharsono, Y., & Anwar, Z. (2020). Analisis stres dan penyesuaian diri pada mahasiswa. *Cognicia*, 8(1), 41–53. <https://doi.org/10.22219/cognicia.v8i1.11527>

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