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## PREVALENCE OF SELF-HURT BEHAVIOUR AMONG CHINESE ADOLESCENTS IN MALAYSIA

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**Abstract.** Past research suggested that the number of young people who hurt themselves is growing significantly in the recent years and is becoming a public health problem in the West. Some Asian researchers claimed that self-hurt behaviour was reported not only to be prevalent in the West, but also in the developing world. World Health Organization reported that self-hurt behaviour has been emerging as one of the problems contributing to the rise in morbidity and mortality rates. Surveys also revealed that adolescents and young adults are at higher risk of engaging in self-hurt behaviour. Malaysia, as a developing country, with a population of 30.8 millions up to May 2015, has a relatively young population. However, relatively little self-hurt research has been done in Malaysia. Although there were some counseling records found, there is virtually no study that has been designed to identify young people's self-hurt behaviour. Thus, this research was carried out to find out the prevalence of self-hurt behaviour among the young people in Malaysia. At the same time a qualitative data revealed that adolescents did not seek help for their self-hurt problems. Therefore, the reason for not seeking help was explored.

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### INTRODUCTION

Adolescence is the stage between the phase of growth and that of exploration (Super, 1957). At this stage, despite rapid growth in the physical body, adolescents are emotionally vulnerable. Hall (1904) therefore, used the term "storm and stress" to describe the adolescence stage. In their daily lives, adolescents attempt to tackle problems in an ever-changing and diverse society. It is society's responsibility to ensure that they have good problem-solving skills and succeed to become well-balanced individuals, so that they may learn the proper ways to handle problems during this stage, a time of rapid growth and change.

Today, however, it is common for us to discuss various surgeries in this modern world, but we shrink from discussing emotional or mental pain. Emotional or mental pain could lead to many side effects especially during adolescence. One of them involves adolescents trying to hurt themselves when they cannot handle problems.

According to the Southeast Asian Medical Information Center, the death rates of suicide and self-hurt in 1988 alone in Indonesia, Japan, Singapore, and Thailand were around 7, 38, 28, and 13 per 100,000 population respectively (Southeast Asian Medical Information Center (SAMIC), 1991). In the decade that followed, many studies suggested that the prevalence of self-hurt was higher in adolescents than in adults (Hjelmeland & Grøholt 2005) especially moderate forms of self-hurt which were most common

and responsible for at least 1,000 per 100,000 population per year (Favazza, 1998).

In Malaysia, a trend of self-hurt among secondary school students from a number of schools in Johor Baru was reported in 2008 and most of them used knives to cut their wrists (Anonymous, 2008). In 2010, students were reported cutting their wrists to release tension in a school in Penang (Girls cutting wrists to release tension, 2010).

The subject of self-hurt behaviour is a taboo in Malaysia, and self-hurt behaviour is still not an easy topic to bring up. Adolescent self-hurt is very much under-studied, constitutes a poorly understood phenomenon. To date, the state of well-being of our adolescents is uncertain. Significant gaps exist in empirical research in this area to ascertain the self-hurt prevalence rate among adolescents in Malaysia.

### Objective of the Study

The current study was aimed at investigating the prevalence of self-hurt behaviour that exist among the Chinese adolescents in the state of Penang, Malaysia. More specifically to find out the rates of self-hurt behaviour between male and female; age group 1 (13-14 years old) and age group 2 (15-16 years old) Chinese adolescents.

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## LITERATURE REVIEW

Self-hurt behaviour varies among countries; with the highest rate showed more than half of the adolescents hurt themselves (Madge et al., 2008). A reviewed of literature below showed that in comparison by gender, female showed higher tendency of committing self-hurt behaviour. As for age, adolescents aged 13 to 14 commit the higher rate of self-hurt behaviour as compared to other ages.

### Prevalence Rate of Self-Hurt by Gender

In Turkey, Zoroglu et al. (2003) revealed that the rate of self-hurt was 21.4% out of 839 high school students, with female students rated slightly higher than male students. While in the United States of America, Alfonso (2007) revealed that 28.4% of students had tried self-hurt within a general adolescent population of 1,748 sixth-and eighth-grade students in Florida. In terms of frequency, Alfonso (2007) study did not vary by gender, race, age, or school attended. Another study carried out by Madge et al. (2008) investigating self-hurt within an international community of 30,000 young people of Australia, Belgium, England, Hungary, Ireland, Netherlands, and Norway proved that, overall, over half of the young people hurt themselves during the previous year. Hilt, Cha and Nolen-Hoeksema (2008) who examined self-hurt behaviour in a community sample of young adolescent girls, revealed that 36.2% (n = 34) reported that they had tried to hurt themselves in the past year. As for the comparison study of adolescents' self-hurt behaviour and suicide attempts between the United States of America and Germany, Plener, Libal, Keller, Fegert and Muehlenkamp (2009) reported that the 12-month prevalence for self-hurt was 19.8%

### Prevalence Rate of Self-Hurt by Age

Literature showed that age was one of the factors associated with self-hurt, especially the onset of puberty (Walker, 1980; Cleaver, 2007). Some of the literature claiming that self-hurt behaviour was rare in those under the age of 12 but increased in prevalence

after this age (Cleaver, 2007). Walker (1980) also revealed, in his sample of 50 school-aged children, a marked increase of self-hurt at ages 14 and 15. Favazza and Conterio (1989) reported that in a sample of 254 patients, the first act of self-hurt was skin-cutting at age 14 years. Again, in the same year Favazza, DeRosear and Conterio (1989) using the method of interview also found that a subject first started hurting herself at the age 14.

Muehlenkamp and Gutierrez (2004) investigated the differences between self-injurious behaviour and suicide attempts among 390 students and showed that the age of first self-hurt ranged from 5 to 17 years old, with most reporting that self-hurt began at age 14. Tuisku et al. (2006) in analyzing the prevalence of self-hurt in hospital in Finland in the period 1 February 1998 to 31 December 2001, found that self-hurt was more common among younger than older subjects - 23.6% of the subjects who self-hurt were subjects aged 13 to 15 years old compared with 9% of the subjects aged 16-19 years old.

Hilt et al. (2008) examined self-hurt behaviour in a community sample of 94 young adolescent girls and found that the average age of self-hurt was 10.2 years.

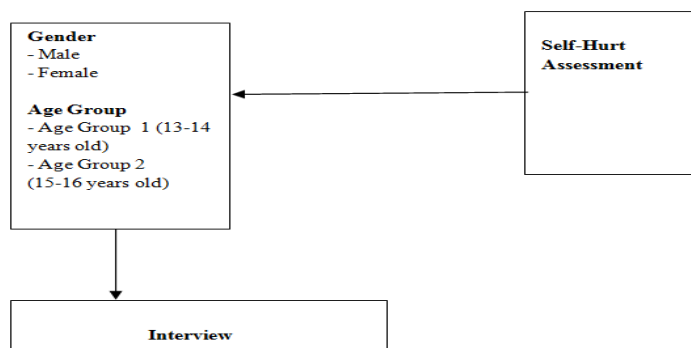
A survey done by Nock and Mendes (2008) comparing 60 adolescent self-injurers with 30 non-injurers for physiological arousal, distress tolerance, and social problem-solving deficits among adolescent self-injurers showed that the average age of onset for self-hurt was 13.5 years.

### Conceptual Framework of the Study

Self-hurt behaviour is defined as an intentional performance of a harmful behaviour either by self or by a permitted associate to alter or harm body tissue without suicidal intent.

Figure 1 showed the conceptual framework of this study. The Self-Hurt Assessment (a modified version from the Functional Assessment of Self-Mutilation by Lloyd-Richardson, Kelly & Hope, 1997) was used to measure adolescent self-hurt behaviour. There were 602 adolescents recruited in this study, divided into male and female, age group 1 and age group 2.

**FIGURE 1**  
**Conceptual Framework of this Study**



## RESEARCH METHODOLOGY

The schools and participants were picked based on a blind draw selection from the total number of schools and students in Penang. There were 12 schools where 602 participants were selected to test on their self-hurt behaviour using the Self-Hurt Assessment. After that an interview was conducted for those who were confirmed self-hurt. There were eight subjects who self-hurt responded voluntarily for an interview in this study.

### Instrument

The Self-Hurt Assessment (Table 1) was used to find out the

prevalence of self-hurt behaviour among adolescents. There were 16 types of self-hurt behaviours that mentioned in the assessment. The adolescents engaged in any type of the self-hurt behaviour needed to check “yes” for the item. On the other hand, a “no” answer to any of the behaviours that was not engaged by the participant. Participants could select all the items that applied to them. The endorsement of at least one item is to be considered people who self-hurt. The prevalence of self-hurt behaviour were then computed for those who checked at least one item in the Self-hurt Assessment.

**TABLE 1**  
**Self-Hurt Assessment**

Item	Statement	Yes	No
1.	Used any sharp object to cut my skin		
2.	Used ruler to cut my hand or any part of my body		
3.	Used any sharp object to carve on my skin		
4.	Gave myself a tattoo		
5.	Scraped my skin		
6.	Used eraser to erase my skin		
7.	Hit myself on purpose		
8.	Pulled my hair out		
9.	Bit myself, for example mouth or lip		
10.	Picked at a wound		
11.	Burned my skin, for example with cigarette, match or other hot object		
12.	Used wire or string to tie my neck or hand or any part of my body		
13.	Picked areas of my body		
14.	Inserted objects under my nails or skin		
15.	Bit my nails		
16.	Scratched myself		

### Data Analysis

The Self-hurt Assessment was distributed to 602 participants aged 13 to 16 years, consisting of 300 males and 302 females (Table 2). From this sample, this study needed to find the number and percentages of adolescents who engaged in self-hurt behaviour to indicate the prevalence of self-hurt behaviour among adolescents. Participants who acknowledged engaging in at least one type of self-hurt behaviour mentioned in Self-hurt Assessment made up the self-hurt group. From the total of 602 participants, Table 2

showed 342 (56.81%) committed self-hurt behaviour, of which 139 (23.09%) were male, and 203 (33.72%) were females.

As for age groups, the total number of Age Group 1 (13-14 years old) was 304 participants, and the total number of Age Group 2 (15-16 years old) was 298 participants. After taking Self-Hurt Assessment, there were 176 (29.24%) of Age Group 1, comprising 69 (11.46%) males and 107 (17.78%) females, committed self-hurt behaviour. In Age Group 2, 166 (27.57%), comprising 70 (11.63%) males and 96 (15.94%) females, committed self-hurt behaviour.

Table 2 showed the sample size and the number and percentage with self-hurt behaviour for each gender and age group.

**TABLE 2**  
**Sample Size and Number and Percentage with Self-Hurt Behavior**

Sample size (N = 602)				Number and percentage with self-hurt behaviour (n = 342)			
Gender	Age Group 1 (13-14 years old)	Age Group 2 (15-16 years old)	Total	Gender	Age Group 1 (13-14 years old)	Age Group 2 (15-16 years old)	Total
Male	152 (25.25%)	148 (24.58%)	300(49.83%)	Male	69 (11.46%)	70 (11.63%)	139 (23.09%)
Female	152 (25.25%)	150 (24.92%)	302(50.17%)	Female	107 (17.78%)	96 (15.94%)	203 (33.72%)
<b>Total</b>	304 (50.50%)	298 (49.50%)	602(100%)	<b>Total</b>	176 (29.24%)	166 (27.57%)	342 (56.81%)

From the total number of male and female adolescents who self-hurt, the male-to-female ratio was approximately 1:1.46 (139:203). The ratio of Age Group 1 participants to Age Group 2 participants was approximately 1.06: 1 (176:166).

In the interview, all the eight subjects mentioned that they did not seek help and thought that they did not need a support system. Therefore the reasons for not needing the support system were explored.

From the subjects' perspective, there were three reasons given for not needing a support system, namely: (1) "self-hurt is not a problem," (2) "self-hurt is no big deal," and (3) "subject will stop self-hurt upon reaching a limit."

#### **Self-Hurt is not a Problem**

One major reason why the subjects felt they did not need a support system was that self-hurt was common among them. Since everybody had the same behaviour, self-hurting was not a problem for them.

#### **Self-Hurt is no Big Deal**

Another major reason subjects did not look for a support system was that they felt self-hurt was not a big deal. Subject A mentioned she did not need a support system because she "wants to see what happens" as her intention to self-hurt was to let her family members "feel regret and guilt." Self-hurt to her was just a small matter.

#### **Subject will Stop Self-Hurt Upon Reaching a Limit**

The last reason why a subject did not look for support system was that he thought he would stop hurting himself once he found out his girlfriend did not love him anymore and no point for him to hurt himself.

#### **DISCUSSION**

This study found that 56.81% of the participants engaged in self-hurt behaviour. Compared with studies found in literature review, this study recorded a higher rate of self-hurt behaviour among adolescents. The higher rate of self-hurt behaviour could be attributed to the differences in methodology and measurement. The study included most of the superficial self-hurt behaviours (Favazza, 1996), such as hair-pulling, and nail-biting, which were not included in the aforementioned studies.

From the number of participants who hurt themselves, this study supported most of the studies in the literature review where females were dominant in both age groups (Table 2). One explanation could be that males are more likely to act out their frustration outwardly; for example, they can fight to release their anger, whereas females are more likely to keep their frustration to themselves. As a result, females are more prone to self-hurt behaviour.

However, the ratio of the overall male to female participants who engaged in self-hurt behaviour was not too high, 139: 203, or approximately 1:1.46 (Table 2). This ratio is very different from those reported by Fox and Hawton (2004) where there were four times more females than males who engaged in self-hurt behaviour. This discrepancy probably was due to two reasons. First, it could be that the self-hurt rate in males had been catching up over the years, as Fox and Hawton did their study in (2004), while this study was conducted almost 10 years after their study. Second, there could be differences in sampling between countries. The study by Fox and Hawton (2004) was done in a western country, whereas this study was carried out in Malaysia where mention of self-hurt behaviour is taboo. The figure of 56.81% (Table 2) indicates that self-hurt behavior was not only present among adolescents, but was also common nowadays (as more

than half of the participants had engaged in self-hurt behaviour). Even though Table 2 showed more female adolescents engaged in self-hurt behaviour than male adolescents, the self-hurt behaviour among male adolescents cannot be ignored as the male-female ratio is narrow (1:1.46). As for age groups, this study showed that Age Group 1 (13-14 years old) engaged more in self-hurt behaviour as compared to Age Group 2 (15-16 years old) participants. The literature review showed that self-hurt behaviour decreases gradually as one grows older. Younger adolescents have a higher risk of self-hurt than older adolescents as their ego strength is weaker (Freud, 1923/1974). This is because as one grows older, the ego weighs all the costs of self-hurt and finally abandons the impulses that it finds inappropriate. This study also postulated that having self-hurt is not a problem as it is a common behaviour among adolescents. Adolescent also mentioned that they will stop hurting themselves once they knew that they cannot manipulate the significant ones anymore, indicating that self-hurt behaviour was used as a manipulation tool.

## CONCLUSION

Results of this study showed that even though we shun talking about self-hurt behaviour, but the behaviour does not extinct among Malaysian adolescents. This study has a prevalence rate of Self-hurt at 56.81%, suggesting that self-hurt is common among them. Qualitative data supports Moyer (2005) who found that adolescents opted for self-hurt behaviour and did not see it as a problem. They even “rationalize” their act as self-hurt behaviour is common among them. Freud (1920) mentioned that under severe stress, the ego sometimes compromises and rationalizes the reality. In advanced societies, it could be a range of factors interact to make adolescents react in different ways when they are severely stressed, thus probably pushing them towards an increased likelihood of self-hurt. This study points to the need for greater public awareness of the impact of adolescent self-hurt behaviour. There is a need for greater concern at all levels in drawing up plans for prevention and intervention programmes for self-hurting adolescents.

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