



## A Correlational Study on Self-Esteem and Self-Harm Behavior Among Undregraduates in Kwara State, Nigeria

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### ABSTRACT

Self harm as become a para-suicidal act among undergraduates in Nigeria Universities. Despite the enormous efforts of the government and the other educational stakeholders to eradicate this scourge, this challenge skyrockets day in and out. In order to proffer solution to this problem in a subjective manner, this study aimed at viewing self-esteem as a predictor of self-harm behaviour among undergraduates in Kwara State. Descriptive survey of correlational type was adopted for this research. Multistage random sampling technique was used to select 382 undergraduates from public and private universities in Kwara State. Two research instruments were used for data collection. They are Rosenberg Self-Esteem Scale (RSES) and Non-Suicidal Self-Injury Assessment Tool (NSSI-AT). Descriptive statistics of frequency counts mean and percentages were used to answer the research questions while inferential statistics of Pearson Product Moment Correlation was used to test the generated research hypotheses at 0.05 level of significance. Results showed that there was significant relationship between self-esteem and self-harm behaviour among undergraduates in Kwara State (calculated r-value of 0.657 > critical value of .000). There was relative contributions of the dependent variables on self harm behaviour. Based on the findings, it was recommended that Government as well as other educational stakeholders should work harmoniously and supportive in boosting undergraduates self-esteem.

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## 1. INTRODUCTION

Recently, the increase in the spread of self-harm behaviour among undergraduates in Nigeria Universities is generating a serious concern among counselling psychologists, lecturers, mental health practitioners, university students, researchers and other stakeholders who are involved in educational development of this level. The tentacle of self-harm behavior has grown widely among the undergraduates in almost every part of the world, Nigeria inclusive, which has been escalating the risk of suicidal thoughts and ideation. Self-harm is one type of risky behavior that typically begins during adolescence and is associated with problems of self (intrapersonal) and others (interpersonal) relationship with family members and peers. Self-harm is viewed as the deliberate injury to one's own body intended to cause mental or psychological harm to one (Janssen et al, 2022). It is a self-directed destruction of inflicting pains and injuries to cause psychological harm to oneself which goes beyond the norms adopted in a given culture.

Over decades, self-harm has been the increasingly frequent factor that makes the youth getting involved in mutilating themselves because of various life challenges which low self-esteem is among the causes (Janssen et al, 2022). However, instead of this enigmatic behavior to solve these life challenges, it is rather affecting the undergraduates emotionally, socially, morally, intellectually and health wise while the hope of overcoming the challenges is at stake and sometimes such victim opts for homicide, no wonder Iwunze et al. (2018) regard self-harm as the strongest well-known risk factor for imminent suicide. Self-harm behavior may be emotional or physical, while physical self-harm is commonly practiced among the undergraduates which is not restricted to only a gender as both males and females engage in self-harming such as hitting, piercing nose and navel to feel pain, banging one's head against wall, pulling hair, eye-brows or lashes, deliberate choking or obstructing the access of air, self-poisoning, drug overdoses or failure to comply with medical recommendations, causing falls from stairs or jumping from height resulting to injury and vehicular crashes.

For the prevalence of self-harm behaviour, a New Zealand study conducted by Garisch & Wilson (2015) on rates of self-harm behaviour found life time rates of 48.7%. Buresova et al. (2015) confirmed that there has been a visible increase in the prevalence of self-harm as different studies were reported with the most common figures range between 20-40%. Swahn et al., cited in Buresova et al reported 20.3% prevalence in a sample of 4,100 students of primary and secondary schools in the urban areas of the U.S, Plener found 25.6% prevalence in German adolescents. Singh (2022) report that 17% of adolescents of 14 to 21years engage in self-harm behaviour specifically self-cutting, hitting and scratching (83%) in one of the Canadian studies they carried out.

In 2022, the World Health Organization (WHO) estimated that 703,000 people died by suicide worldwide and reported that self-harm was the fourth leading cause of death among adolescents and young adults aged 15–29 years. However, despite the increased focus on this phenomenon worldwide, there is neither reliable data nor an estimate of the percentage of self-harm behaviour found in Kwara state or Nigeria as a whole. Thus, this study aimed to examine the prevalence of self-harm in relation to the highly significant domain of self-esteem as an indisputable impact on the healthy development among undergraduates in Kwara State.

### 1.1. Concept of Self-Esteem

Self-esteem has been identified as a major factor leading to an individual social dysfunctional thought. This is because an individual who self-harm has often lost the will power to overcome distress which later leads to death of their inner strength and ability to function effectively and efficiently in the society. Self-esteem is a significant factor when it

comes to psychological well-being of an individual because during adolescence, low self-esteem predicts a range of emotional and behavioural problems (Barbot et al., 2019).

Self-esteem is usually affecting the emotional, physical and psychological abilities of a person. Self-esteem plays a vital role in individual's sphere of life that is a reason for having low self-esteem can be critical problems in carrying out daily activities properly. More so, emotional mood swing, dissociating with others, engaging in maladaptive coping skill (self-harming) and suicidal ideation often set in as a result of negative self-esteem. It is shaped by thoughts, relationships and experiences including those related to culture, religion, and societal status. It encourages people to reach their greatest potential by acting as a motivator. The nexus of harming oneself has being fuel by one of the psychological variable regarded as self-esteem.

Self-esteem is defined as an overall good sense of self-value of one's thought, interest, feelings and goals. It is act of evaluating self positively or negatively which results in defining self as worthy or non-worthy. Self-esteem encompasses sense of identity, self-confidence, feelings of competence, and feelings of belonging, valuing one's thoughts, opinions and interests. It is majorly based on the impacts of judgment and treatment accord to oneself (Orth et al. 2021). A person's life experiences play a significant role in how their self-esteem grows. It motivates individuals to achieve goal settings, boosts one's ability to support relationships, develop healthy and suffice in all sphere of life.

Self-esteem is frequently the product of one's life experiences particularly the things that happened to individual at tender age although it can be raised at any age of human development. However, people with low self-esteem are frequently considerably harsher on themselves. They have a tougher time recovering from difficulties and failures. This might cause individuals to steer clear of challenging circumstances and overcoming difficulties. Cherry (2023) categorises self-esteem into high self-esteem and low self-esteem.

High self-esteem is the positive characteristic patterns of thinking, feeling, and behaving that determine a person's adjustment to his environment. It has to do with positive mental well-being including higher levels of happiness, self-enhancement tendencies and life satisfaction. High self-esteem is known to correlate with a better ability to cope with stress and a higher likeliness of taking on difficult tasks (Mckean et al., 2022). Individuals with a healthy level of self-esteem do not waste time worrying excessively about what happened in the past, nor about what could happen in the future rather, they live in the present intensely, learn from the past and plan for the future. Also, they admit and accept different internal feelings and drives, either positive or negative, revealing those drives to others only when they necessary and consider themselves equal in dignity to others but not in inferiority or superiority complex while accepting differences in certain talents, personal prestige or financial standing.

Low self-esteem is the negative characteristic patterns of thinking, feeling, and behaving that determine a person's adjustment to his environment. It deals with negative sensation of self-value and biased judgment passed over oneself and lack confidence in some abilities. People with low self-esteem value the opinions of others above theirs and feel inferior to others. They tend to focus on their perceived weaknesses than their strength. Sometimes, it is difficult for them to accept compliments and often afraid of failure. The characteristics of low self-esteem are dissatisfaction, self-criticism, chronic indecision, invidiousness, neurotic guilt or exaggerating the magnitude of past mistakes among others (Orth et al., 2021).

It has been reported that low self-esteem is one of the potential risk factors for suicide attempts in youth. It affects both mental and physical processes, producing negative thoughts

and pave way for exhibiting maladaptive behaviour. Soyigit (2017) founds that adolescents who possess lower levels of self-esteem are higher in levels of self-criticism, self-denigration and exhibit less consistent behaviour than adolescents who possess higher level of self-esteem. In addition, Individuals with chronic low self-esteem are at a higher risk for experiencing psychotic disorders and this behaviour is closely linked to forming psychotic symptoms as well.

Some of the causes of low self-esteem are brooding full of sad memories and thoughts, low levels of resilience, maladaptive coping skills, physical health and appearance, obsessively thinking or rumination, self-criticism among others (Cherry, 2023). One of the ways of preventing low self-esteem is by gaining confidence in oneself, acquiring and practicing new skills as coping styles of reducing anxiousness. Linking self-esteem with the development and maintenance of the self-concept with the efforts to achieve the ideal self, it can be deduced that self-esteem is somewhat measurable and assessable giving it a scientific baseline.

## 1.2. Concept of Self-Harm Behaviour

The compound word “Self-harming” otherwise known as self-wounding, self-damaging, self-mutilating and non-suicidal self-injury (NSSI) among others is the direct and deliberate destruction of one’s own body tissue in the absence of lethal intent for the reasons not socially sanctioned. Additionally, Myklestad & Straiton (2021) extensively defined self-harm behaviour as an intentional self-injury or self-poisoning without planning of committing suicide irrespective of the apparent of the act. Self-harm is a comprehensive interplay between biological, psychological, psychiatric, social, and cultural factors.

World Health Organization groups self-harm as one of the leading causes of injury and death worldwide and engaging in self-harm significantly increases suicide risk. It is approximately 90% of people who self-harm starts between 12 and 14 years of age which is the onset of adolescence. The pioneers of self-harm behaviour exhibited it as a strategy for self-blaming, self-defeating, self-help and self-regulation in order to manage powerful feelings of stigmatisation.

Historically, Menninger in Klonsky et al. (2017) firstly described self-harm behaviour as “Man against Himself” where it is referred to as an intentional damage to one’s own body without a desire to die; however, death may accidentally occur. Oedipus Rex was the first person cited by Sophocles around 500 B. C. to exhibit self-harm. He gouged his eyes after he discovered that he slept with his biological mother. Vincent Van Gogh also mutilated his own lower part of his ear with razor for clan’s violation. The pioneers of self-harm behaviour exhibited it as a strategy for self-blaming, self-defeating, self-help and self-regulation in order to manage powerful feelings of stigmatisation.

Every individual has the tendency of self-harming in as much as one has obstacles which cause personal (intrapersonal) distress or interpersonal conflicts that are overwhelming him or her without consulting counselling psychologist cited NICE “Self-harm is an expression of personal distress, not an illness, and there are various reasons for a person to harm him or herself”. As a result of this, self-harming may be opting for as a means of adapting to distress such as unhealthy self-esteem, negative emotionality, anger, anxiety, depression which are mediating factors that are tend to occur before self-harm behavior. Epidemically, Self-harm is a partial suicide with multifaceted problems associated with not less than sixteen other personality disorders such as bulimia disorder, depressive disorder and mood swing disorder among others which simply indicate that any individual with any of these disorders is liable to exhibit self-harm.

Etiologically, self-harm can be classified into physical and emotional self-harm. Physical self-harms are the self-destructive behaviour with apparent injuries on one's body's tissue. These include cutting, hitting, burning among others (Agras et al., 2020). Emotional self-harms are the psychological inflicted pains by the depressed victims. It results when a person's needs are not addressed during their early years. After years of being neglected or told they are not good enough, the idea gets so established in their minds that they start to believe it. Because they are anxious to be loved and accepted so badly, they may look for toxic co-dependent relationships, indulge in disordered eating to mask their emotions, or compromise their own happiness for the sake of others. It is associated to past events that happened in childhood such as parental neglect, parental harsh punishment, negative criticism, bullying among others.

Self-harm is commonly practiced among undergraduates regardless of gender stereotype. Self-cutting which involves blood act is the most common method among female undergraduates whereas head banging, hitting and burning are the most common act among male undergraduates. According to Kim et al. (2022), findings report that Korean secondary school students are engaging in different forms of self-harm behaviour: 23.7% hitting their heads against the wall, desks etc., 67% cutting wrist, 78.35% self-scratching and wounds untreated (15.4%). Added to this, Washburn et al (2015) observe a higher percentage in female undergraduates than male counterparts as 85.5% and 24.3% respectively. Other self-harm acts include drug overdoses, self-poisoning, jumping from high tower and vehicle crashes which may lead to suicide in the absence of timely intervention.

### 1.3. Self-harm and Self-esteem

Self-esteem simply means having an overall good sense of self-value of one's thought, interest, feelings, opinions and goals. The primary source of self-esteem is the feeling of acceptance (Stallard et al., 2013). Self-esteem is an attractive psychological construct because it predicts certain outcomes, such as cordial and non-cordial relationships, risk behaviour like self-harm, criminal behaviour. Low self-esteem expresses a way of acting (behavioral), a way of feeling (affective) and the way of thinking (cognitive). Oktan (2017) regards self-esteem as one of the most important variables connected with self-harm behaviour. A low self-esteem usually has the potential to be a risk factor affecting both mental and physical processes producing maladaptive behaviour. The prevalence of low self-esteem is rampant during the childhood stage because low self-esteem is an emotional distress and at the same time related to the development of self-harm and suicidal ideation in young adulthood (Oduaran & Agberotimi, 2021).

Causes of self-harm are physical or emotional abuse, economic or financial constraint, overwhelmed home or family responsibilities, difficult feelings like depression, anger or numbness, illness or health problems, having been bereaved by suicide and being a LGBTQIA+ or a member of LGBT community. LGBTQIA+ is the acronyms of lesbian, gay, bisexual, transgender, queer or questioning, intersex, or asexual. Thus, some of the factors that causes self-harm behaviour among the LGBTQIA+ members are: homophobia, biphobia or transphobia, stigma and discrimination, exclusion and rejection in the society. Inability to express one's feeling or state of mind, to escape from punishment perhaps to experience euphoria (pleasant feelings after mutilating oneself), to feel pleasure and to feel anything at all are among the reasons why undergraduates indulge in self-harm behaviour.

There are many reasons for self-harm behaviour some of which are: extreme feelings of anger, sadness or frustration, a response to intrusive thoughts, low self-esteem as a result of overwhelmed school and family responsibilities (Drzal-Fialkiewicz et al., 2017). Another reason



for self-harm is parent-child relationship problem, family arguments, abuse (physical, sexual, emotional), domestic violence and feeling of hopelessness and communication skill deficiency. Other self-harmers report overwhelming emotional pain, worthless or empty inside and feeling over stimulated, misunderstood or fearful of close relationships. While the reasons for self-harm may not make sense to some people, 20% of those who self-harm was reported not knowing why they engage in it but exhibit it spontaneously to feel better for a moment.

#### 1.4. Consequences of Self-harm Behavior

Many undergraduates who engage self-harm perceive this behaviour as a psychological release and a way to unravel their deep underlying negative emotions and thoughts. However, the repercussion of this behaviour is disheartened. Wilkinson (2018) states that although self-harm brings short-term mental relief but when the mental relief dissipates, individual self-harmers often overtaken by scars and infection, feelings of guilt and shame as a participant in Limsuwan et al., (2023) lamented, he said "There are scars, permanently with me. When I started doing it, it seemed to be addicted. Keep doing it, then, others knew and my mom saw the scene. She was sad because I put her into shame".

Further, consequences of self-harm behaviour include: intense or unstable relationships featured by fear of abandonment, an overly or unstable self-image, disproportionately anger towards actions, frequent mood swing, overreaction to slight interpersonal challenges and future suicidal attempt. Other consequences of self-harm behaviour are self-loathing and helplessness, chronic mental illness, repetitive self-harming, suicidal attempt and accidental death as Nock et al. in Tyler (2023) discovered that 70% of adolescents who engage in self-harm have attempted suicide and 55% have attempted suicide more than once,

Meanwhile, more than 90% of adolescents who have attempted suicide also report intentionally harming themselves. Okoedion et al (2019) contend that people who had self-harmed in the past are more likely to attempt suicide or commit suicide in the future. Whereas, Brennan et al. (2022) came to conclusion that self-harm to be a critical issue affecting up to 25% of adolescents and can relatively result to adverse outcomes such as repetition of self-harm, suicide and mortality, mental health morbidity, poorer education and employment outcomes, and overall decreased quality of life, as well as being costly to treat. It is worth nothing that some people who self-harm once may never or rarely exhibit it again, notwithstanding, for some individuals, self-harm can become chronic and severe behaviour in alleviating distress as Joiner's (2005) interpersonal-psychological theory of suicide posits that to take one's life requires both the desire to die and the capability to take one's life. According to Swannel et al (2014), self-harm is seen as a coping strategy that can help alleviate psychological pain or to regain emotional balance, feeling calm and relieved. Self-harm can temporarily cause short-term relief for the self-harmers, it can lead to longer-term scarring and infection, guilt and shame. It can also be associated with future attempted suicide and chronic mental illness.

#### 1.5. Theoretical Framework

Self-esteem is considered to be a fundamental human need in many early theories. In his hierarchy of human needs, American psychologist Abraham Maslow regards self-esteem as the second to the topmost need. He distinguishes between two different types of "esteem": the need for respect from others in the form of recognition, approval, success, and praise, and the need for respect from oneself in the form of self-love, self-confidence, skill, or ability. It is held that outward respect (Respect from others) often thought to be more brittle and prone to loss than one's own internal self-esteem (Orth et al 2021). Maslow contends that

without satisfying the need for self-esteem, people will be compelled to pursue it, preventing them from developing and achieving.

### 1.6. Purpose of Study

- a. To know the rank of self-esteem among the reasons for self-harm behaviour among undergraduates in Kwara State.
- b. To examine the relationship between self-esteem and self-harm behaviour among undergraduates in Kwara State.

### 1.7. Research Questions

- a. What are the reasons for self-harm behaviour among undergraduates in Kwara State?
- b. Are there any relationship between self-esteem and self-harm behaviour among undergraduates in Kwara State?

### 1.8. Research Hypotheses

Ho1. There is no correlate relationship between self-esteem and self-harm behaviour in ranking among undergraduates in Kwara State.

Ho2. There is no significant relationship between self-esteem and self-harm behaviour among undergraduates in Kwara State.

Ho3. There is no composite contribution of self-esteem and parent-child relationship to the prediction of self-harm behaviour among undergraduates in Kwara State.

## 2. METHODS

Descriptive design of correlational type was adopted for this study. This design described an attempt to collect data from respondents and subjected the data to correlational statistics. In this study, information on self-esteem and self-harm were collected from the undergraduates both public and private universities. The collected data were subjected to frequent counts and PPMC. The population of this study comprised all the undergraduates in the two universities (University of Ilorin, Ilorin and Al- Hikmah University, Ilorin). The convenient sampling technique was used to select 382 respondents from campuses of the universities. The research instrument used to collect the data were Rosenberg Self-Esteem Scale (RSES) and Non-Suicidal Self-Injury Assessment Tool (NSSI-AT). Both instruments have high reliability coefficients. Out of 382 questionnaires, only 371 questionnaires were valid while 11 were defaulted and were disposed of.

## 3. RESULTS AND DISCUSSION

### 3.1. Research Question

What are the reasons for self-harm behaviour among undergraduates in Kwara State?

Table 1. Mean ranking for self-harm behaviour experienced by the respondents able 1shows the ranking of the reasons for self-harm behaviour among undergraduates in Kwara State. The table indicated that self-esteem took the precedence over other reasons with the mean value of 3.34 followed by attention deficit (3.32) and hopelessness (3.29). Thus, low self-esteem is the highest reason for self-harm behaviour among undergraduates in Kwara State; hence, the hypothesis Ho1 is rejected. This indicates that there is a correlate relationship between self-esteem and self-harm behaviour among undergraduates in Kwara State.

Ho2. There is no significant relationship between self-esteem and self-harm behaviour among undergraduates in Kwara State.

**Table 1. PPMC showing the relationship between self-esteem and self-harm behaviour among undergraduates in Kwara State**

	Mean	Std. Deviation	N	DF	R	P	REMARK
Selfesteem	31.1213	6.20757	371				
Selfharm behaviour	32.4879	5.41337	371	370	0.657	.000	**

\*\* . Correlation is significant at the 0.01 level (2-tailed).

**Table 1** shows the results obtained from testing hypothesis two. From the table, it is shown that R. calculated value = 0. 657 at the degree of freedom (DF) of 370 and statistical significance = . 000. Since the significant level is less than 0.05, the null hypothesis is rejected. Thus, there is a significant relationship between self-esteem and self-harm behaviour among undergraduates in Kwara State.

Ho3. There is no composite contribution of self-esteem and parent-child relationship to the prediction of self-harm behaviour among undergraduates in Kwara State.

Simple regression showing composite contribution of self-esteem and parent-child relationship to the prediction of self-harm behaviour among undergraduates in Kwara State

**Table 2. Simple Regression Analysis**

R- 657			Standardized			
R <sup>2</sup> - 432			Unstandardized Coefficients			
Adj R <sup>2</sup> - 430						
F- 280.40						
P-value - .000			Std. Error	Beta	T	Sig.
1	(Constant)	14.654	1.086		13.495	.000
	Self esteem	.573	.034	.657	16.745	.000
a. Dependent Variable: self-harm behaviour						

**Research Hypothesis Three:** *There is not significant and the composite contribution of Independent variables (emotional intelligence and parenting style) to the prediction of substance abuse among the University undergraduates in public University in Kwara State.*



**Table 3** Simple regression

R- .707			Standardized		
R <sup>2</sup> - .500	Unstandardized Coefficients		Coefficients		
Adj R <sup>2</sup> - .499					
F- 368.14					
P-value - .000	B	Std. Error	Beta	T	Sig.
	(Constant)	12.117		11.198	.000
	Childparentre.650	.034	.707	19.187	.000
	lationship				
a. Dependent Variable: Self-harm behaviour.					

## FINDINGS AND DISCUSSIONS

Hypothesis one revealed that there was a correlate relationship between self-esteem and self-harm behaviour among undergraduates in Kwara State. This implies that the fundamental human need of undergraduates who exhibited self-harming is totally distorted drastically and tamed for Self-esteem has been identified as a major factor leading to an individual social dysfunctional thought. This is because an individual who self-harm has often lost the will power to overcome distress which later leads to death of their inner strength and ability to function effectively and efficiently in the society (Orth et al 2021).

Hypothesis two also revealed that there was significant relationship between self-esteem and self-harm behaviour among undergraduates in Kwara State. The finding indicates that negative self-esteem has a significant contribution to self-harm behaviour among undergraduates in Kwara State. The result of this study is in tandem with the finding of a research conducted by (SEARCH) on (self-esteem and self-harm). Its research finding indicated that there is significant relationship btw SE and Shb. Consequently, its null hypothesis was rejected where p- value (.003 this is an example) is less than 0.05 level of significance.

Hypothesis three indicated that there was a significant composite contribution between the independent variable (Self-esteem and child parent relationship) and Self-harm behaviour among undergraduates of Kwara State. This is negate the findings of Swannel et al (2014) who submitted that self-harm is seen as a coping strategy that can help alleviate psychological pain or to regain emotional balance, feeling calm and relieved and Wilkinson et al (2022) who assert that while self-harm can temporarily cause short-term relief for the self-harmers, it can lead to longer-term scarring and infection, guilt and shame. It can also be associated with future attempted suicide and chronic mental illness.

#### 4. CONCLUSION

From the findings of this study, it is obvious that self-esteem plays a major role in fundamental human need which can predict risk behaviour such as self-harm behaviour among others. Thus, improving self-esteem is not only the responsibility of an individual especially the undergraduates but all educational stakeholders such as the school counsellors, lecturers.

Based on the finding of this study, the following recommendations are put forward.

- a. Counsellors and other helping professionals should occasionally organise self-esteem skills/training that could improve the emotional intelligence of undergraduates, because, emotional intelligence is an important psychological construct that could assist undergraduates in boosting self-esteem.
- b. Excursion exercise to come up once in a while to Rehabilitation centers or psychiatric hospitals aiming at curbing undergraduates' abuse of body images should be organised by the Universities Management.
- c. Parents should exhibit appropriate parenting style at the right time and reinforcing their wards for motivational purpose.
- d. Parents should monitor their wards right from kindergarten level to higher institution with the sole aim of warding off the influences of bad peer group and there should be time duration for online or social media interaction.
- e. Parents should ensure that there is parental care for their children and frequently search their schoolbags, rooms and other personal belongings with the aim of keeping them away from any shape objects that can be used for self-mutilation.
- f. Parents should develop the habit of paying impromptu visitation to their children's schools to know about their moral and academic performances.

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