

DECISION-MAKING IN ADOLESCENTS AT RISK FOR NON-SUICIDAL SELF-INJURY (NSSI) BEHAVIOR

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ABSTRACT

Non-Suicide Self Injury (NSSI) or self-harm is being widely discussed and conducted by adolescents in Indonesia. This study was conducted on adolescents in Karawang using 3 measuring instruments, GDMS, DERS-18 and Father Involvement Scale. The purpose is to determine the dynamics of decision making in adolescents who have a tendency to commit NSSI. The population in this study was 116 adolescents age range 12-21 years who live in Karawang. The analysis used JASP by looking at path analysis both directly and indirectly. Decision making is divided into 5 types. The results is a direct influence of spontaneous decision making on NSSI. Showing that individuals who have a tendency to make decisions quickly and without thinking carefully are at higher risk of committing NSSI. Furthermore, emotional regulation plays an important role in mediating the influence of other decision making on NSSI. And also mediates the influence of father involvement on NSSI.

Keywords: *emotion regulation, decision making, father involvement, NSSI*

PENGAMBILAN KEPUTUSAN PADA REMAJA YANG BERISIKO MELAKUKAN PERILAKU MENYAKITI DIRI TANPA NIAT BUNUH DIRI (NSSI)

ABSTRAK

Perilaku NSSI (*Non-Suicidal Self Injury*) atau menyakiti diri sendiri sedang marak dibicarakan dan dialami oleh remaja di Indonesia. Penelitian ini dilakukan pada remaja di Karawang menggunakan 3 alat ukur yaitu GDMS, DERS-18 dan Father Involvement Scale. Tujuan dari penelitian ini adalah untuk mengetahui dinamika pengambilan keputusan pada remaja yang memiliki kecenderungan melakukan tindakan NSSI. Populasi pada penelitian ini adalah 116 remaja dengan rentang usia 12 – 21 tahun yang berdomisili di Karawang. Analisis yang digunakan menggunakan *software* JASP 0.19.1 dengan melihat analisis jalur langsung dan tidak langsung. Pengambilan keputusan dibagi menjadi 5 jenis. Hasil penelitian yaitu adanya pengaruh langsung pengambilan keputusan spontan terhadap NSSI. Menunjukkan bahwa individu yang memiliki kecenderungan mengambil keputusan dengan cepat dan tanpa berpikir matang, beresiko lebih tinggi untuk melakukan tindakan NSSI. Selanjutnya regulasi emosi menjadi peran penting untuk memediasi pengaruh pengambilan keputusan ketergantungan, intuitif dan menghindari terhadap NSSI. Serta berhasil sebagai mediator pengaruh keterlibatan ayah terhadap NSSI.

Kata Kunci: *keterlibatan ayah, NSSI, pengambilan keputusan, regulasi emosi*

Intoduction

Nowadays, news or stories related to deviant behaviors exhibited by children, especially teenagers in Indonesia, are often found in print media, electronic media, and the surrounding environment. Forms of deviant behavior that often occur include bullying cases, violence committed by teenagers or teenagers as victims, suicidal behavior, self-harm, substance abuse, involvement in premarital sexual behavior and pornography, as well as becoming perpetrators of theft and even murder. If we look at adolescent development, according to Santrock (2013), the age considered as adolescence ranges from 12 years to 21 years. Where at the beginning of adolescence is a transition period from childhood to adolescence and at the end of adolescence is a transition from adolescence to adulthood. During this transition period, many changes occur, starting from physical and hormonal changes affecting other important aspects in adolescent's life. Additionally, when looking at psychosocial development, adolescents fall into the category of identity search. So they are very easily influenced by things outside of themselves. So, there is a trial-and-error process that teenagers go through. If they get bad influenced from the surrounding, then it become easily for them to follow through or vice versa

Quoted from the website berkas.dpr.go.id, it is stated that according to the Directorate of Ministry for Legal, Human Rights, Immigration and Correction, there has been an increase number in cases of children in conflict with the law from 2020 to 2023. Where at the end of 2023, the reported number of children in conflict with the law reached almost 2000, with 1467 children being detained and undergoing judicial processes. From 2020 to 2022, it never reached the number 2000, whereas in 2023 it has already reached 2000. This number shows that cases of children in conflict with the law are increasingly rising and concerning. Children in conflict with the law, as cited from Aisha et al. (2023), include children as perpetrators of physical violence (assault, brawling, fighting), children as perpetrators of psychological violence (threats, intimidation), children as perpetrators of sodomy, children as perpetrators of murder, children as perpetrators of theft, children as perpetrators of traffic accidents, children as perpetrators of possession of sharp weapons, children as perpetrators of kidnapping, children as perpetrators of abortion, and children as perpetrators of terrorism. Actions that fall under the category of children in conflict with the law are certainly actions that belong to the extreme category or have legal consequences that the perpetrator must face, especially for children who still have long future ahead.

When discussing norm-violating behaviors, there are also actions commonly taken by teenagers that fall into the category of violations but do not yet qualify as actions of children in conflict with the

law. The actions referred to include cases of bullying that are still found in school or outside of school, cases of student brawls, cases of premarital sexual behavior, early marriages with various underlying reasons, and the behavior of NSSI (Non-Suicidal Self Injury) or often referred to as self-harm, which is the act of hurting oneself without the intention of committing suicide.

NSSI behavior according to the American Psychiatric Association in DSM V TR (2022) is behavior performed by individuals repeatedly to cause minor to moderate harm to the surface of the body without any intention of committing suicide. Most commonly, someone engages in NSSI to reduce negative emotions such as stress, anxiety, sadness, self-criticism, or difficulty resolving issues with others. Usually, the media used to injure the body include knives, needles, razors, or other sharp objects that can harm a person's skin. According to the American Psychiatric Association (2022), the prevalence of NSSI behavior is higher among females compared to males and most often first appears in mid-adolescence, continuing for several years thereafter. This behavior is influenced by various factors, starting from internal urges due to problems that cannot be resolved healthily, through observing others who engage in NSSI behavior, and through social media.

Teenagers engaging in NSSI behavior are becoming increasingly concerning as the prevalence appears to be rising recently. For example, in the UK in 2018, there were 30,000 teenagers suspected of receiving hospital treatment due to self-harming behavior. In Indonesia as well, this behavior needs to be highlighted due to its increasing prevalence. According to survey data conducted by YouGov Omnibus (in Widyawati & Kurniawan, 2021) in June 2019, 36.9% of Indonesians have engaged in NSSI or self-harm behavior. If we look at this data, almost one-third of the Indonesian population has experienced this, so we can conclude that this number is significant. This behavior is not only exhibited by teenagers in big cities, but cases like this have also been found in small towns like Karawang in West Java. Researchers once found a client from an Mts in Karawang who sent 15 of its female students for examination due to engaging in NSSI behavior at school. After the examination, it was confirmed that these female students engaged in self-harming behavior. They also said that it wasn't just 15 female students who did it, but many other friends at the school who had also engaged in this behavior. In addition, the researchers conducted a simple survey by sending out questions about whether they had ever engaged in self-harming behavior, and data was obtained from 176 teenagers who filled out this survey. It was found that 73 or 41.5% admitted to having engaged in self-harming behavior or NSSI.

The next question that needs to be answered regarding adolescents who engage in NSSI behavior is what risk factors influence an adolescent to engage in NSSI behavior. By understanding the risk factors, prevention measures can be implemented to reduce the incidence of NSSI among adolescents. According to WHO in McEvoy et al. (2023), adolescents with a history of suicide attempts have a high risk factor for engaging in NSSI behavior. Additionally, when looking at age, individuals aged 10 to 24 also have a higher risk compared to older individuals for engaging in NSSI behavior. According to McEvoy et al. (2023), several factors that increase the risk of adolescents engaging in NSSI behavior include a history of childhood violence experienced, the presence of depression or anxiety, being a victim of bullying, trauma, physical illness, substance dependence, a history of parental divorce, poor family relationships, lack of friendships, and exposure to self-harming or NSSI behavior by others. These risk factors can increase the vulnerability of adolescents, thereby affecting unhealthy behaviors such as immature decision-making, improper problem-solving, unhealthy emotional control, and so on.

The actions taken by teenagers, whether positive or negative, are certainly consciously chosen by them. There is a process that starts with receiving information, setting goals, having several options, and then the decision-making process they must go through before an action is formed. If we look at the decision-making process in adolescents according to Santrock (2013), older adolescents tend to make better decisions compared to younger adolescents, and of course, adolescents make better decisions than children. Most people will be able to make better decisions when they are in a calmer state compared to when they are in an emotional state. This also applies to teenagers, where the quality of decision-making can vary depending on the situation and the emotional state of the teenager. Even sometimes, a single teenager can produce different quality decisions, depending on the problems and situations.

According to Chick and Reyna (2012) in Santrock (2013), the decision-making model in adolescents includes the dual-process model. This model explains that adolescent decision-making is influenced by two cognitive systems, namely analytical and experiential. Teenagers will be more influenced by direct experiences rather than reflective abilities, detailed with the use of high cognitive functions. Teenagers need opportunities for practice and discussion related to decision-making throughout their life journey. This shows that teenagers still need guidance and advice from the adults around them in making the right decisions. According to Crespo (2019), the way someone makes decisions is also influenced by their cognitive abilities because the decisions made depend on how a person processes the information in their surrounding environment. In addition to cognitive abilities,

according to Janis and Mann in Crespo (2019), decision-making is also influenced by situational features such as whether there is pressure and how much information is obtained for making a decision.

Decision-making in adolescents certainly has its own challenges. Moreover, adolescents are in a phase of being bold in taking risks and the maturation process of the central nervous system, particularly the executive function area. Furthermore, according to Loureiro (2020), adolescent decision-making is also greatly influenced by environmental pressures, where adolescents are bold enough to make risky choices without considering the consequences. Loureiro (2020) also states that adolescents tend to seek immediate pleasure, where they make decisions to satisfy their desires without considering the consequences, which can lead them into behaviors that increase vulnerability, such as involvement with psychoactive substances. Decision-making itself is a condition where someone is faced with a situation that requires a decision (Crespon, 2019). Decision-making itself has several types, including intuitive type, dependent type, avoidant type, and spontaneous type. Each type has different characteristics. Decision-making must be carried out to form an activity and to achieve a goal. According to Muhammad et al. (2009) in Haris (2012), the inability to make quality decisions will affect an action. According to Loureiro (2020), decision-making requires verifying the situation to consider alternatives from several options and analyzing the negative and positive impacts of the chosen option.

Factors that influence decision-making are varied. According to Rollinson (2008) in Kamal et al. (2015), the factors influencing decision-making consist of three: individual factors, contextual factors of decision-making, and organizational factors. One of the factors that influence from the individual side is emotional maturity. Emotional maturity is a state where a person is already capable of controlling emotions, thinking well, and objectively (Walgito, 2010). Emotional maturity and decision-making are related, as supported by the research conducted by Vereyra and Fitria (2023), which states that there is a positive relationship between emotional maturity and decision-making in adolescents. In addition, supported by the research of Happywidinata and Abdurrohman (2019), which shows a positive relationship between emotional maturity and decision-making in students.

Based on the description of the above phenomenon, the researcher will conduct a study to observe the dynamics of decision-making among adolescents at risk of engaging in NSSI behavior. The function of emotion regulation as a mediator will also be examined.

Methods

This research is using quantitative research method. The population in this research is adolescents aged 12 to 21 years residing in Karawang Regency. This study uses a sample from this population with the sampling technique of convenience sampling, where this sampling technique is based on ease, namely directly contacting the sampling units and is based on sampling with the quota sampling technique or a technique with samples that meet the research quota.

The data collection technique used in this research is a scale. Scale is a technique or method of data collection indirectly, where the researcher does not directly conduct interviews with the participants. Usually contains a number of questions that must be answered by the participants (Sudaryono, 2019). The statements contained in the scale are constructed based on the Likert scale model. The scales used in the research consist of 3 scales, namely the first scale for measuring decision-making using the General Decision-Making Style Questionnaire (GDMS) developed by Scott and Bruce (1995) in Crespo (2019), the emotion regulation scale using the Emotion Regulation Questionnaire developed by Gross and John (2003), and the father involvement scale by Krampe and Newton (2006).

1. General Decision-Making Style Questionnaire (GDMS)

This research adopts the General Decision-Making Style Questionnaire (GDMS) scale to measure decision-making types as formulated by Scott and Bruce (1995) in Crespo (2019). This scale consists of 25 statements from 5 decision-making types, namely the rational style, intuitive style, dependent style, avoidant style, and spontaneous style. Answer choices use a Likert scale with 5 options ranging from strongly disagree to strongly agree. One example of an item from this scale is "I plan important decisions carefully."

2. Difficulties in Emotion Regulation Scale (DERS-18)

This research adopts the Difficulties in Emotion Regulation Scale (DERS-18) to measure emotion regulation from Gratz and Roemer in Victor and Klonsky (2016) with 6 dimensions, namely lack of awareness of emotions (awareness), lack of understanding of the clarity of the origins of emotions (clarity), lack of acceptance of one's emotional condition (nonacceptance), lack of access to understanding effective strategies for regulating emotions (strategies), inability to engage in goal-directed activities when experiencing negative emotions (goals), and inability to control impulses when experiencing negative emotions (impulse).

3. Father Involvement Scale

This scale consists of 10 scales. One of the scales is the Father Involvement Perception Scale, which consists of 13 items. This scale was developed by Krampe and Newton (2006). Each item is followed by 5 answer choices: never, rarely, sometimes, often, and always. An example of an item on this scale is "My father says that he loves me."

According to Sudaryono (2019), data analysis and mathematical techniques play an important and central role in the quantitative data process. Quantitative researchers describe the characteristics of the sample in proportions, percentages, averages, and standard deviations. This research uses quantitative research methods. The assumption test in this study uses simple linear regression and mediator analysis tests with the help of JASP 0.19.1 for Intel software.

Result

The purpose of this research is to understand the dynamics of decision-making in adolescents who have a tendency to engage in self-harm or non-suicidal self-injury (NSSI). The method used in this research is a quantitative approach with a causal research type. According to Azwar (2017), causal research is about the existence or absence of cause and effect among the observed variables. This study describes the influence of independent variables, namely decision-making (X) and father involvement (X), on the dependent variable, NSSI (Y), by examining emotion regulation as a mediator. The analysis used JASP by employing multiple regression techniques and mediator analysis. The research population consists of late adolescents in Karawang aged 12-21 years. This study does not have a definite population size, so the sample size calculation uses the Lemeshow formula (Lemeshow et al., in Alfajrin & Utama, 2022), which yields a minimum sample size of 96 respondents. Meanwhile, in this study, a total of 116 respondents were used, so this research has met the minimum sample size based on the calculations above.

The research data was obtained from 3 scales, namely the first scale to measure decision-making using the General Decision-Making Style Questionnaire (GDMS) developed by Scott and Bruce (1995) in Crespo (2019), the emotion regulation scale using Difficulties in Emotion Regulation Scale (DERS-18) to measure emotion regulation from Gratz and Roemer in Victor and Klonsky (2016), and the father involvement scale by Krampe and Newton (2006). This scale instrument was administered to adolescents residing in Karawang through Google Forms. The data obtained were analyzed by observing

the results of the normality test, linearity test, hypothesis test, and additional tests including the coefficient of determination test and mediation test.

The demographic data of the respondents in this study are described based on age, gender, and education. Female respondents predominate in this survey, which reveals that 83.6% of respondents are female and 16.4% are male. Next, examining the current level of education, university students make up 78.4% of the population, with the remaining percentage being made up of high school students, employees, or people who are not employed. Next, the demographic data also examines who the teenagers currently live with, and the results shows 75.9% of the respondents live with both their father and mother. Meanwhile, the rest live with their mother only, father only, alone, with others, siblings, non-sibling relatives, and also grandparents.

Currently, living with whom?

116 responses

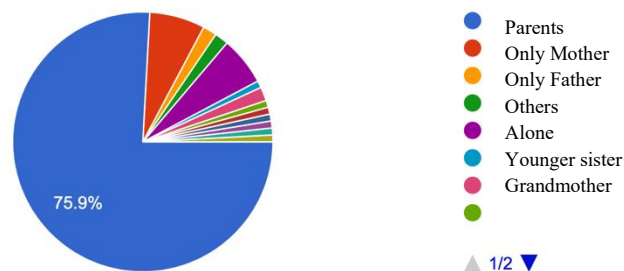


Figure 1. Demographic data based on current living with

The next analysis is using path analysis, which examines the direct and indirect effects of decision-making on NSSI. Decision-making is divided into 5 types: Dependent decision-making, Rationale decision-making, Spontaneous decision-making, Intuitive decision-making, and Avoidant decision-making.

Table 1. Result of path analysis (direct & indirect)

Path coefficients

							95% Confidence Interval	
							Lower	Upper
			Estimate	Std. Error	z-value	p		
Emotion Regulation	→	NSSI	0.016	0.003	4.687	< .001	0.009	0.023
Decision Making Aviodant	→	NSSI	0.004	0.011	0.380	0.704	-0.018	0.027
Decision Making Dependent	→	NSSI	-0.004	0.014	-0.271	0.786	-0.030	0.023
Decision Making Rationale	→	NSSI	-0.020	0.012	-1.620	0.105	-0.045	0.004
Decision Making Spontaneous	→	NSSI	-0.030	0.015	-2.034	0.042	-0.059	-0.001
Decision Making Intuitive	→	NSSI	0.013	0.014	0.882	0.378	-0.015	0.041
Decision Making Aviodant	→	Emotion Regulation	0.662	0.301	2.198	0.028	0.072	1.252
Decision Making Dependent	→	Emotion Regulation	1.419	0.344	4.125	< .001	0.745	2.094
Decision Making Rationale	→	Emotion Regulation	-0.075	0.338	-0.222	0.825	-0.738	0.588
Decision Making Spontaneous	→	Emotion Regulation	0.317	0.401	0.791	0.429	-0.469	1.103
Decision Making Intuitive	→	Emotion Regulation	-0.067	0.388	-0.172	0.864	-0.828	0.694

Note. Delta method standard errors, normal theory confidence intervals, ML estimator.

From table 1 above, it shows the direct effect of dependent decision-making on NSSI, indicating that $p = 0.786$ or above 0.05, which means there is no influence of dependent decision-making on NSSI. However, if the influence of dependent decision-making on NSSI is mediated by emotion regulation, the result is $p = < 0.001$ or below 0.05, indicating that there is an influence of dependent decision-making on NSSI mediated by emotion regulation. Next, it shows the direct effect of Rationale decision-making on NSSI, indicating that $p = 0.105$ or above 0.05, which means there is no influence of Rationale decision-making on NSSI. The influence of rational decision-making on NSSI mediated by emotion regulation yields a result of $p = 0.825$ or above 0.05, indicating that emotion regulation does not successfully mediate the relationship between rational decision-making and NSSI. Next, it shows the direct effect of Spontaneous decision-making on NSSI, indicating that $p = 0.042$ or below 0.05, which means there is an influence of spontaneous decision-making on NSSI. The influence of spontaneous decision-making on

NSSI, when mediated by emotion regulation, yields a result of $p = 0.429$ or above 0.05, indicating that emotion regulation cannot be mediator on the influence of spontaneous decision-making on NSSI. Next, it shows the direct effect of intuitive decision-making on NSSI, indicating that $p = 0.378$ or above 0.05, which means there is no influence of intuitive decision-making on NSSI. If we look at table 4.8, the influence of intuitive decision-making on NSSI, when mediated by emotion regulation, yields a result of $p = 0.868$ or above 0.05, indicating that emotion regulation cannot mediate the influence of intuitive decision-making on NSSI. Next, it shows the direct effect of avoidant decision-making on NSSI, indicating that $p = 0.704$ or above 0.05, which means there is no effect of avoidant decision-making on NSSI. The influence of avoidant decision-making on NSSI, when mediated by emotion regulation, yields a result of $p = 0.028$ or below 0.05, indicating that emotion regulation successfully mediates the influence of avoidant decision-making on NSSI.

Lastly, it shows the direct effect of father involvement on NSSI, indicating that $p = 0.267$ or above 0.05, which means there is no direct effect of father involvement on NSSI. If we look at table 4.12, when the influence of father involvement on NSSI is mediated by emotion regulation, the result is $p = 0.046$ or below 0.05, indicating that emotion regulation successfully mediates the relationship between father involvement and NSSI.

Discussion

From the results above, it can be concluded that decision-making consists of 5 types, namely Dependent decision-making, where individuals seek advice and guidance from others in the decision-making process. Next, the Rationale or rational decision-making is characterized by a logical approach to decisions, involving the search for information and alternatives, and careful consideration. Next, the Spontaneous decision-making style is characterized by quick decision-making without thinking twice. Then there is Intuitive decision-making, where individuals make decisions based on intuition or feelings and the flow of information. Lastly, there is Avoidant decision-making, characterized by procrastination and avoidance of making decisions.

It is as an evident that the type of decision-making that has a direct influence is Spontaneous decision-making. This indicates that adolescents who tend to make decisions quickly and without thorough consideration are at a higher risk of engaging in self-harm or NSSI. Spontaneous decision making may lead adolescents to make impulsive action that may result in risky behavior. This

conclusion based on research from Gong et.al. (2022) concluded that risky decision or decision without thorough thinking may be attributed to impulsive behavior, where individuals may receive immediate reward and relatively not making any evaluation after the decision. However, dependent and avoidant decision-making will influence the emergence of NSSI behavior if mediated by emotion regulation. It may conclude that if adolescent tend to rely on others on decision making, they might have difficulties on regulate their emotions, then it may lead to increase of NSSI. Also if they tend to avoid to make any decision making, and it might influence their emotion regeulation, that emerge to NSSI. This indicates that emotional regulation plays an important role in the emergence of NSSI behavior among adolescents from several types of decision-making. Interestingly, rational decision-making has no direct or indirect influence. This shows that rational decision-making can be an alternative method that teenagers can learn to avoid self-harm or NSSI. When looking at the influence of father involvement, it appears that there is no direct influence of father involvement on NSSI, but the role of emotional regulation becomes important when it is present between these two variables. If emotional regulation is negative, then the absence of father involvement can increase the risk of engaging in NSSI, conversely, if there is no father involvement but positive emotional regulation, it can reduce the risk of NSSI behavior.

Conclusion

The conclusion that can be drawn from this research is that the dynamics of decision-making towards NSSI show that spontaneous decision-making has a significance level of less than 0.05, which means it indicates an influence of spontaneous decision-making on NSSI. The influence of dependent and avoidant decision-making will affect NSSI when mediated by emotion regulation. Likewise, the influence of father involvement on NSSI will have an effect if mediated by emotion regulation.

Suggestion

The recommendation that can be given by the researcher for future studies is to conduct further research, particularly to identify other factors that influence NSSI. By understanding these factors, they can be used as material for socialization for parents and adolescents regarding the importance of parental, family, peer, and psychological disorder indicators to reduce the level of NSSI among adolescents. This is aimed at reducing negative behaviors, one of which is NSSI among adolescents in particular.

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