



# A Study on the Effect of Socio-Economic Status on Self-Harming Behavior among Adolescents

Nivya Jain<sup>1</sup>

<sup>1</sup>Ph.D. Scholar, MLS University, Udaipur, Rajasthan, India

Prof. Kalpana Jain<sup>2</sup>

<sup>2</sup>Head of Department, MLS University, Udaipur, Rajasthan, India

**Abstract :** Self-harm refers to a deliberate act of harming oneself physically or mentally. Self-harming behavior includes the act of cutting, self-injury, or self-inflicted violence etc. It is a recognized psychological illness that is not indicative of a life-threatening attempt. Any kind of act resulting to harm or hurt oneself is viewed as self-harming behavior. The people who cut themselves or self-harm are trying to get attention even though they do so in secret and may be crazy or dangerous, may have strong intention to end one's life. It has been noticed that there are a lot of factors and their combinations which results into self-harming behavior. One such factor is 'Socio-economic status' which depicts about one's social and economic conditions. It is generally divided into three major parts i.e. low, middle and high status. As a result, there arises an absolute need to find out if there is any particular group which is more indulged in self-harming behavior as compared to others based on their lifestyle, background, amenities, exposure, living conditions etc. which are the parts of one's socio-economic status. The purpose of current research was to study the effect of socio-economic status on self harming behavior among adolescents. A self-designed socio-demographic profile consists of 11 items was used to take the responses. The responses were taken from purposively selected 120 adolescents of Udaipur city. It was found that there is no significant effect of socio-economic status on self-harming behavior as well as there is no significant difference of type of socio-economic status on self-harming behavior. This research study is found to be exclusive and useful in terms of gaining knowledge about different socio-economic status and their relation with self-harming behavior among adolescents.

**Keywords :** Socio-Economic Status, Self-Harming Behavior, Socio-Demographic Profile.

## INTRODUCTION

### Self-harming Behavior

Self-harming behavior refers to the circumstances in which an individual attempts to hurt or injure oneself due to constant worry, trauma and anxiety in personal or professional life, regret, remorse, disgrace, embarrassment, failures etc. It consists of two types of behaviors: firstly, 'self mutilating

behavior without suicidal tendencies' which encompasses physically hurting oneself by cutting, intake of drugs, hitting, substance abuse etc. and secondly, 'self mutilating behavior with suicidal tendencies' which embraces life intimidating behaviors such as rigorous cuts, hanging oneself, jumping off from heights or in water, burning or shooting oneself etc. The earlier behavior gives a sense of contentment and pleasure for a short span of time whereas the later behavior leads to fatality.

Self-harming behavior refers to an act of persistently harming oneself that may or may not show an actual suicidal intent (Greydanus DE & Shek D, 2009). In other words, it is the intentional, direct devastation or alteration of frame tissue without aware suicidal motive however ensuing in harm intense sufficient for tissue harm to occur (Gratz, 2001).

### **Socio-Economic Status**

Socioeconomic status (SES) is a measure of a person's overall social and economic standing and is often positively correlated with improved health. Given the strong positive association between socioeconomic level and health, socioeconomic status is a significant contributor to health disparity.

Socioeconomic status (SES) is a measure of a person's relative economic and social position to others based on factors including income, education, and occupation; however, SES is more frequently used to illustrate economic disparities in society as a whole. High, moderate, and low socioeconomic status levels are often used to define the three possible positions that a family or an individual may occupy in relation to others.

### **Adolescents and Self-harm**

In present era, one of the most stressed or pressurized groups of people to self mutilating behaviors are 'Adolescents' or 'Teens'. It is due to numerous reasons such as biological (hormonal) changes, expectations from parents, family and society to perform as well as behave appropriately, peer pressure, competition, career selection, dilemmatic relationships etc. Adolescents generally lack awareness and experience to tackle the tough life situations and failure among any of such part leads to self mutilating behaviors which in the end may lead to bereavement.

Even when self-harm is not done with the intention of killing oneself, it can nonetheless have grave medical repercussions, even death. Women who self-injure frequently go to considerable measures to conceal their symptoms, much like women with eating problems, particularly bulimia nervosa. Therefore, it could be challenging to identify warning indications of a serious issue.

Self-harming behavior or self-harm is mainly adolescent phenomenon. It does influence all age groups but studies have constantly revealed a peak in middle adolescence (Hawton K *et al.*, 2012). The majority of individuals who show self-harm are of age amid 11 to 25 years (Mental Health Foundation 2006).

## REVIEW OF LITERATURE

Lodebo and his colleagues (2017) conducted a study to ascertain the relationship between parental socioeconomic status and adolescent self-harm, with a focus on gender and degree of self-harm. Registers were used to track 165,932 children born in Stockholm between 1988 and 1994 from the time they were 13 years old until they reached 18. First-time self-harm was used to define self-harm, and hospitalization was used to determine whether or not self-harm was severe. Parental education and household income served as indicators of socioeconomic standing. In order to calculate hazard ratios (HR) with 95 percent confidence intervals, Cox proportional hazards regression was utilized (CI). A connection between parental socioeconomic status and self-harm was found through analysis. The HR was 1.10 (95 % CI 0.97-1.24) and 1.16 (95% CI 1.08-1.25) for adolescents whose parents had primary and secondary education compared to tertiary parental education, respectively. Adolescents from lower economic groups were 1.08 (95% CI 0.97-1.22) to 1.19 (95% CI 1.07-1.33) times more likely to self-harm than those from the highest income group. Only among girls was a connection discovered in studies that were gender-specific. Additionally, the association was abolished by restricting to severe instances. According to this study, teenage self-harm is more common in girls and is connected with low parental socioeconomic status. Children with poor parental socioeconomic status should be a possible target population for prevention efforts aimed at preventing self-harm.

Page and his colleagues (2013) administered a research study which show that parental social mobility and childhood socioeconomic position (SEP) are related to later health outcomes in adolescence and adulthood. The Avon Longitudinal Study of Parents and Children, which followed 14,610 births from 1991 to 1992 to age 16 to 18 (n = 4,810), provided the data for this study. Using logistic regression models, it was determined whether parental SEP that was recorded prior to conception and throughout childhood was associated with self-harm. Separate analyses were carried out for those who reported self-harm (a) with and (b) without suicidal intent. With less consistent associations seen for self-harm without suicidal intent, lower parental SEP was linked to an increased risk of offspring committing suicide-related self-harm. According to research, adolescents whose parents had continuously low economic levels while they were kids had a 1.5 times higher likelihood of participating in SH than kids whose parents had never reported having a low income. A higher risk of self-harm with suicidal intent in adolescence is linked to lower SEP in childhood. Those who routinely have lower SEP are more likely to experience this relationship.

## **Objectives**

Following are the objectives designed for current research study:

- To study the prevalence of socio-economic status on self-harming behavior among adolescents.
- To study the effect of socio-economic status on self-harming behavior among adolescents.

## **Hypotheses**

*“There is no significant effect of socio-economic status on self-harming behavior among adolescents.”*

## **Test Description**

In order to find out the prevalence and effect of socio-economic status on self-harming behavior, a self-designed socio-demographic profile has been created and provided to the participants to fill their responses.

## **Variables of the Study**

### **Independent Variables**

- Socio-economic status

### **Dependent Variable**

- Self-harming behavior

## **METHODOLOGY**

### **Locale**

The locale of the present research is urban areas of Udaipur city, Rajasthan.

### **Sample**

The sample will be consisted of 120 adolescents. Out of 120 subjects, 60 subjects with self-harming behavior were purposively taken from psychologists, psychiatrists and mental health professionals working in different hospitals and clinic of Udaipur district. The remaining 60 adolescents were selected from the same school and college where selected adolescents with self-harming behavior study. These non self-harming behaviors subjects were matched on age, class and gender with subjects of self-harming behavior. The age group of sample was between **13 to 19 years**. Sample comprises of youth from both gender (Male & Female).

## Method of Data Collection

Prior consent was taken from the selected participants regarding the responses to be collected. After rapport establishment, they were told about the purpose of the research. They were assured that their responses will be kept confidential and will be used for research purpose only.

Initially, the purposively selected participants (120 adolescents i.e. 60 adolescents with self-harming behavior and remaining 60 with non self-harming behavior) were given the socio-demographic profile. After giving necessary instructions about the responses to be filled, participants have completed their responses in socio-demographic profile in given time.

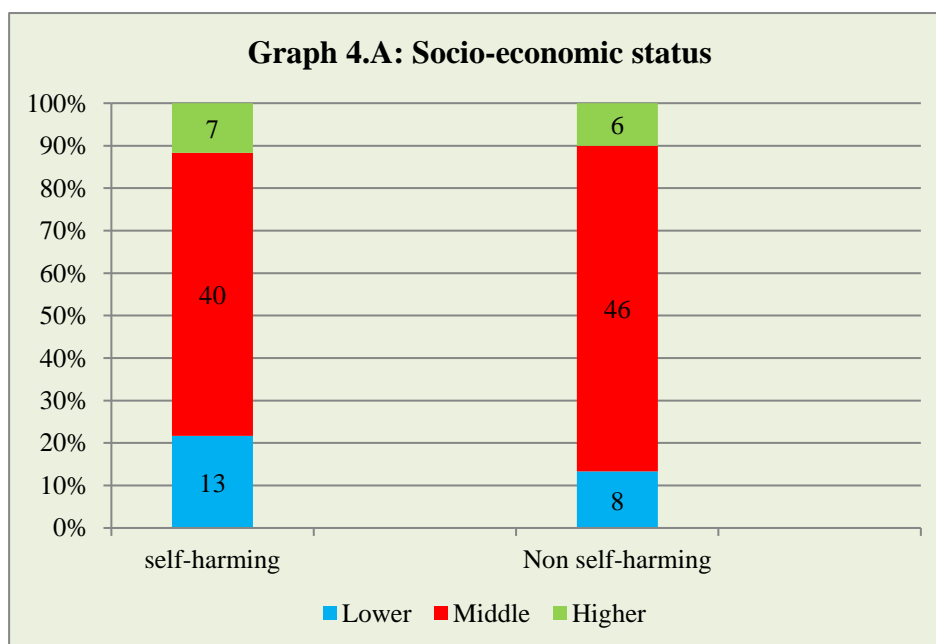
## Statistical Techniques

The major statistical technique applied in the current research is Mean, Standard Deviation (S.D.), F-ratio (one-way ANOVA), Student ‘t’ test and the analysis was conducted in SPSS (Statistical Packages for Social Sciences), version 21.0.

## Analysis of Result and Discussion

### 4.A. Prevalence of the type of socio-economic status on self-harming behavior

		Socio-economic Status			Total
		Lower	Middle	Higher	
<b>Self-harming</b>	F	13	40	7	60
	%	21.7%	66.7%	11.7%	100.0%
<b>Non Self-harming</b>	F	8	46	6	60
	%	13.3%	76.7%	10.0%	100.0%
<b>Total</b>	F	21	86	13	120
	%	17.5%	71.7%	10.8%	100.0%



Looking at the prevalence of socio-economic status, it was found that 21 adolescents (17.5%) were from lower socio-economic status, 86 adolescents (71.7%) from middle socio-economic status and 13 adolescents (10.8%) were from higher socio-economic status in total sample size. In this, 13 adolescents (21.7%) from lower socio-economic status, 40 adolescents (66.7%) from middle socio-economic status and 07 adolescents (11.7%) from higher socio-economic status belongs to the category of self-harming behavior whereas 08 adolescents (13.3%) from lower socio-economic status, 46 adolescents (76.7%) from middle socio-economic status and 06 adolescents (10.0%) from higher socio-economic status belongs to the category of non-self-harming behavior.

#### 4.B.1. Effect of socio-economic status of adolescents on their Self-harming behavior

Table 4.B.1 shows the effect of socio-economic status of adolescents on their Self-harming behavior through one-way ANOVA.

**Table 4.B.1**

**Effect of socio-economic status of adolescents on their Self-harming behavior**

Sources	Sum of Squares	Df	Mean Square	F	Sig.
<b>Between Groups</b>	70.919	2	35.460	0.836	0.439
<b>Within Groups</b>	2418.814	57	42.435		
<b>Total</b>	2489.733	59			

The above table signifies that the F-ratio for socio-economic status of adolescents on Self-harming behavior is found to be 0.836 which is *insignificant* at 0.05 level ( $p > 0.05$ ). It shows that there no significant difference between the type of socio-economic status among adolescents and their Self-harming behavior.

#### 4.B.2 Comparison of scores of lower, middle and higher socio-economic status adolescents having Self-harming behavior

Table 4.B.2 shows the comparison of scores of lower, middle and higher socio-economic status adolescents having Self-harming behavior through ‘t’ test.

##### 4.B.2.a: Comparison of scores of lower and middle socio-economic status having Self-harming behavior

**Table 4.B.2.a****Comparison of scores of lower and middle socio-economic status having Self-harming behavior**

	<b>Lower SES</b>	<b>Middle SES</b>
<b>N</b>	13	40
<b>Mean</b>	67.000	64.350
<b>Standard Deviation</b>	5.508	6.697
<b>Std. Error Mean</b>	1.528	1.059
<b>Mean Diff</b>	2.650	
<b>'t'</b>	1.290	
<b>P value</b>	0.203	

The above table and graph shows that the mean scores of adolescents having lower socio-economic status was found to be 67.000 and for middle socio-economic status was found to be 64.350. The mean difference was found to be 2.650 and the 't' score was 1.290 which was found to be *insignificant* at 0.05 level ( $p > 0.05$ ). It shows that there is no significant difference between Self-harming behavior among adolescents belonging from lower or middle socio-economic status. Furthermore, the similar mean score suggests that adolescents of any socio-economic status (lower or middle) could indulge into Self-harming behavior and it has no relation with which socio-economic cadre they belong to.

#### **4.B.2.b: Comparison of scores of lower and higher socio-economic status having Self-harming behavior**

**Table 4.B.2.b****Comparison of scores of lower and higher socio-economic status having Self-harming behavior**

	<b>Lower SES</b>	<b>Higher SES</b>
<b>N</b>	13	7
<b>Mean</b>	67.000	64.429
<b>Standard Deviation</b>	5.508	7.138
<b>Std. Error Mean</b>	1.528	2.698
<b>Mean Diff</b>	2.571	
<b>'t'</b>	0.899	
<b>P value</b>	0.380	

The above table and graph shows that the mean scores of adolescents having lower socio-economic status was found to be 67.000 and for higher socio-economic status was found to be 64.429. The mean difference was found to be 2.571 and the 't' score was 0.899 which was found to be *insignificant* at 0.05 level ( $p>0.05$ ). It shows that there is no significant difference between Self-harming behavior among adolescents belonging from lower or higher socio-economic status. Furthermore, the similar mean score suggests that adolescents of any socio-economic status (lower or higher) could indulge into Self-harming behavior and it has no relation with which socio-economic cadre they belong to.

**4.B.2.c: Comparison of scores of middle and higher socio-economic status having Self-harming behavior**

**Table 4.B.2.c**

**Comparison of scores of middle and higher socio-economic status having Self-harming behavior**

	Middle SES	Higher SES
<b>N</b>	40	7
<b>Mean</b>	64.350	64.429
<b>Standard Deviation</b>	6.697	7.138
<b>Std. Error Mean</b>	1.059	2.698
<b>Mean Diff</b>	0.079	
<b>'t'</b>	0.028	
<b>P value</b>	0.977	

The above table and graph shows that the mean scores of adolescents having middle socio-economic status was found to be 64.350 and for higher socio-economic status was found to be 64.429. The mean difference was found to be 0.079 and the 't' score was 0.028 which was found to be *insignificant* at 0.05 level ( $p>0.05$ ). It shows that there is no significant difference between Self-harming behavior among adolescents belonging from middle or higher socio-economic status. Furthermore, the similar mean score suggests that adolescents of any socio-economic status (middle or higher) could indulge into Self-harming behavior and it has no relation with which socio-economic cadre they belong to.



## CONCLUSION

This part of the research work shows about an organized & collective ending where all the statistical analysis and their results are being concluded. It clearly depicts the calculations performed and outcomes for the same. All the concluding statements based on the findings are stated below:

### Conclusion related to Demographic Prevalence

In socio-economic status, 13 adolescents (21.7%) from lower socio-economic status, 40 adolescents (66.7%) from middle socio-economic status and 07 adolescents (11.7%) from higher socio-economic status belongs to the category of self-harming behavior whereas 08 adolescents (13.3%) from lower socio-economic status, 46 adolescents (76.7%) from middle socio-economic status and 06 adolescents (10.0%) from higher socio-economic status belongs to the category of non-self-harming behavior.

### Conclusion related to F-ratio (One way ANOVA)

The F-ratio for socio-economic status of adolescents on Self-harming behavior shows that there no significant difference between the type of socio-economic status among adolescents and their Self-harming behavior.

### Conclusion related to Student's t-test

The t-score of socio-economic status (lower, middle and high socio-economic status) shows that there is no significant difference between Self-harming behavior among adolescents belonging from lower, middle or high socio-economic status. Furthermore, the similar mean score suggests that adolescents of any socio-economic status (lower, middle or high) could indulge into Self-harming behavior and it has no relation with which socio-economic cadre they belong to.

### Hypothesis Testing

Consequently, on the basis of the analysis of results, the hypotheses, "*There is no significant effect of socio-economic status on self-harming behavior among adolescents.*" is **accepted**. It can be clearly depicted with the help of table 4.A, 4.B.1, 4.B.2.a, 4.B.2.b, 4.B.2.c and their discussion showing that there is no significant difference of socio-economic status on self-harming behavior among adolescents.

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