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Non-Suicidal Self Harm and Associated Factors among Students of Tertiary Institutions in Nsukka Local Government Area, Enugu State

*[1]Mary Boniface, [1]Uchenna Fabian Okafor, [1]Eyuche Lawretta. Ozoemena, Ph.D, [2]Vershima Daniel. Zar, [1]Chinonyerem Eva Johnny

[1]Department of Human Kinetics and Health Education, University of Nigeria, Nsukka.
[2]Department of Community Health, NKST College of Health Technology, Mkar-Gboko, Benue State.

*Corresponding author: Mary Boniface; Department of Human Kinetics and Health Education, University of Nigeria, Nsukka; E-mail: mary.boniface@unn.edu.ng; 07064389852

Abstract

The study investigated non-suicidal self harm and associated factors among students of tertiary institutions in Nsukka Local Government Area, Enugu State. The study adopted the cross-sectional survey research design. The population for the study comprised of 25,394 students. The sample size consisted of 400 respondents drawn using multistage sampling technique. The instrument titled "Non-Suicidal Self Harm and Associated Factors Questionnaire (NSSHAFQ)" was used for data collection. The reliability of the instrument was determined using Spearman's rank order correlation with indices of .792. Data was analysed using frequency, percentage, point-biserial correlation (r_{pb}) Chi- square (χ^2) statistics. Results showed that overall, the proportion of students of tertiary institutions who engage in non-suicidal self harm was 24.7 per cent. There was no significant association between non-suicidal self harm and age ($\chi2 = 2.854$, $p = .091 > .05$) and gender ($\chi2 = .595$, $p = .440 > .05$). However, there was significant association between non-suicidal self harm and year of study ($\chi2 = 9.607$, $p = .008 < .05$); place of residence ($\chi2 = 15.487$, $p = .000 < .05$); and body mass index ($\chi2 = 10.454$, $p = .015 < .05$). The study recommends among others that students should not hesitate to seek help from mental health professionals, counsellors, or therapists, as being able to communicate their emotions to professionals can help them find support and alternatives to self-harm.

Keywords: Non-suicidal self-harm, Associated factors, Students of tertiary institutions

Introduction

Non-suicidal self harm has become an increasingly worrying phenomenon among adolescents and young adults. Self harm and suicide are leading causes of adolescent and youth mortality (World Health Organization [WHO], 2017). The WHO further asserted that in 2015, 67,000 young adults died as a result of self harm behaviour. Self harm largely occurs among older adolescents, and globally it is the second leading cause of death for older adolescent girls and the leading cause of adolescent death in Europe and South-East Asia (WHO, 2017). The International Society for the Study of Self Injury (ISSS, 2016) also asserted that six per cent to eight per cent of adolescents and young adults report more self harming behaviour than the general population. Griffin et al. (2018) reported that the frequency of self harm increased by 22 per cent between 2007 and 2016 among 10-24-year-olds in Ireland, and by more in women and girls. The occurrence of self harm in Africa is of great concern as countries such as Mali, Ethiopia, Ghana, and South Africa reported high prevalence rates (Jidong et al., 2024).

In Nigeria, the National Bureau of Statistics and Federal Ministry of Health (2018), in its national survey reported a 12 months prevalence of 2.2 per cent for self-harm among

adults. Oshodi et al. (2015) found a prevalence of 17.8 per cent among a sample of young adults. Oladeji et al. (2017) reported the occurrence of self harm to be 26 per cent among adolescents in a secondary school in Lagos. Oluwole et al. (2022) reported that the majority who engaged in self harm were females (51.6%) aged 29 years and below. Furthermore, Kukoyi et al. (2023) asserted a 44 per cent prevalence rate among undergraduate students in Afe Babalola University, Ekiti State. Enugu State and Nsukka Local Government has no established data on self harm; but the researchers observed increasing prevalence of self harm behaviours among students of tertiary institutions.

Self harm is an intentional behaviour that is considered harmful to oneself. According to the WHO (2019), self harm is an intentional self-inflicted poisoning or injury which may or may not have a fatal intent or outcome. Self harm is an umbrella term that encompasses suicidal behaviours (self harm behaviour with intent to end one's life) and non-suicidal behaviours (self harm without intent to die). This study is however focused non-suicidal self harm. Non-suicidal self harm is injury inflicted upon oneself without the intent to commit suicide. The American Psychological Association (APA, 2013) defined non-suicidal self harm as an intentional self-inflicted damage to the surface of one's body likely to induce bleeding, bruising or pain with the expectation that the injury will lead to only minor or moderate physical harm.

Non-suicidal self-harm behaviours, which encompass a wide range of intentional and repetitive actions that cause harm to one's own body or psyche, are often expressed in different ways. Smith and Segal (2015) opined that self harm could occur in less obvious ways of hurting oneself or putting oneself in danger, such as driving recklessly, binge drinking, taking too many drugs, and having unsafe sex. Non-suicidal self harm serves multiple psychological functions such as affect regulation, self-punishment, interpersonal influence, anti-dissociation, anti-suicide and sensation seeking (Cipriano et al., 2017). According to Muehlenkamp and Gutierrez (2018), self harming generally starts with the urges or thoughts to engage in the behaviour, and is often driven by a desire to cope with overwhelming emotions, such as anger, anxiety, or sadness, or to communicate distress to others. In some cases, it may also serve as a form of self-punishment or a way to feel something when experiencing emotional numbness. The majority of individuals who engage in non-suicidal self harm use more than one method (McEvoy et al., 2019). According to WHO (2019), examples of self harm include using sharp objects to cut or severely scratch one's skin, burning or scalding oneself, hair-pulling, hitting oneself or banging one's head, punching things, throwing one's body against walls and hard objects, sticking objects into the skin, intentionally preventing wounds from healing, taking overdose alcohol and other drugs, and swallowing poisonous substances or inappropriate objects.

Students of tertiary institutions are persons who are registered and are pursuing a course of study or program at a university, college of education, polytechnic or any school of higher learning. These students are mostly found under the age brackets of 16-30 years depending on when they choose to attend the higher institutions for further studies (Ogunniyi, 2015). Because they are within this age bracket, they possess both adolescent and adult characteristics. Their characteristics therefore may include staying, working, and studying together, loss of interest in parental upbringing, they are usually unemployed, wish to conform with peer standard and have high team spirit, they display self-assertion and lack perspective. During this period, they are preparing for a vocation, for marriage, development of social consciousness, appreciate socially responsible behaviours, define and refine a value system. Students of tertiary institutions are mostly free minded and so engage in activities that may expose them to different health challenges including non-suicidal self harm.

Healthy lifestyle being one of the most important predictors of good health of mind and body is one that every adolescent and young adult should practice in a dignified manner.

Self harm is a threat to life and also normal functioning of the individual. Regrettably, the reverse is the case as students of tertiary institutions have resorted to unhealthy practices such as non-suicidal self harm behaviours as a way to cope with the mental, psychological and emotional demands that accompany adolescent and early adulthood and also as way to derive satisfaction, punishment, or pleasure. This situation is worrisome as many students of tertiary institutions are exposed to health dangers and sometimes as far as death due to engagement in non-suicidal self harm behaviours. As such the need to address the issue of non-suicidal self harm among adolescents and youths cannot be over emphasized. The reasons being that non-suicidal self harm has become an issue of global attention particularly due to its significant link to public health and the need to minimize casualties resulting from self harm behaviours.

This study was carried out among students of tertiary institutions in Nsukka Local Government Area (LGA), Enugu State. Nsukka LGA is one of the 17 LGAs in Enugu State. Due to the existing tertiary institutions in the area, there are a good number of students who are exposed to various life changing behaviours and activities including non-suicidal self harm. These individuals are mainly adolescents and young adults who believe in peer associations and independent lifestyles. Students of tertiary institutions within this area frequently encounter various events and stressful circumstances. These may include inadequate learning conditions, the pressure to meet up with the school's academic calendar, and other factors. When the challenges become overwhelming and they are unable to cope, some students might resort to unhealthy practices, such as non-suicidal self-harm. Therefore, this study investigated non-suicidal self harm and associated factors among students of tertiary institutions in Nsukka LGA, Enugu State. Specifically, the study determined the proportion of students of tertiary institutions who engaged in non-suicidal self harm, the relationship between non-suicidal self harm and associated factors (age, gender, year of study, place of residence, and body mass index). It was hypothesized that there is no significant association between non-suicidal self harm and age, gender, year of study, place of residence, and body mass index.

Methods

Study Design: The cross-sectional survey research design was adopted to achieve the objectives of the study.

Area of the Study: The study was conducted in Nsukka Local Government Area (LGA), Enugu State. Nsukka is one of the 17 LGAs in Enugu State. The LGA is named after the town of Nsukka, which serves as its headquarters. According to the National Population Commission of Nigeria (2018), the land area of Nsukka LGA is approximately 1,777.3 square kilometres and has a population of approximately 309,633 people. There are four tertiary institutions currently situated in Nsukka LGA which are the University of Nigeria, Nsukka; College of Nursing Science and Health Technology, Nsukka; The College of Education, Nsukka; and Bishop Shanahan Hospital School of Nursing, Nsukka. Students of tertiary institutions within this area frequently encounter various events and stressful circumstances. These could include unsatisfactory learning environments, the stress of adhering to the school's academic schedule, and other elements. When the obstacles become too much for them to handle, some students turn to harmful coping mechanisms including non-suicidal self-harm. Hence, the need to investigate non-suicidal self harm among students of tertiary institutions.

Study Population and Sample: The population for the study consisted of all the 25,394 students of the four tertiary institutions in Nsukka LGA, Enugu State. Specifically, there were 24,442 students in University of Nigeria, 508 students at College of Nursing Science Nsukka,

254 students at College of Education, Nsukka, and 190 students at Bishop Shanahan School of Nursing. The sample for this study comprised of 400 students of tertiary institutions in Nsukka LGA determined using Cohen et al. (2018) Standardized Table for Sample Size, Confidence Levels and Confidence Intervals for Random Samples, which states that when a population size is 20000 and above at 95 per cent confidence level (5% interval), the sample size should be 377 and above. Multistage sampling procedure was used to arrive at the sample. Stage one involved putting the tertiary institution into four strata. Stage two involved the use of proportional stratified sampling technique to draw 400 students from the four strata in the first stage. The first stratum was UNN with 96.25 per cent, second stratum was College of Nursing Science Nsukka with two per cent, the third stratum was College of Education, Nsukka with one per cent and the fourth was Bishop Shanahan School of Nursing with 0.75 per cent. **S**tage three involved the use of convenience sampling to draw out 385 students from UNN; eight students from College of Nursing Science Nsukka; four students from College of Education, Nsukka; and three students from Bishop Shanahan School of Nursing that were used for the study. Convenience in the sense that, only students who had time and expressed their consent in participating in the study.

Method of Data Collection: The instruments for data collection included a questionnaire titled Non-Suicidal Self Harm and Associated Factors Questionnaire (NSSHAFQ) and a measuring tape and weighing scale to measure the height and weight of the respondents. The NSSHAFQ comprised two sections. Section A sought information on the personal data of the respondents' age, gender, year of study, place of residence, and body mass index while section B was adapted from part A of The Brief Non-Suicidal Self-Injury Assessment Tool (BNSSI-AT) developed by Developed by the Cornell Research Program on Self-Injury and Recovery in 2007. This means that only part A of the document was used in this study. The face validity of the instrument was established by five experts from Department of Human Kinetics and Health Education, University of Nigeria, Nsukka. A reliability index of .792 was obtained using split half (spearman's rank order correlation) and adjudged reliable for the study based on the guidelines of Cohen, Manion and Morrison (2018) that if the reliability coefficient yields 0.70 and above, the instrument should be considered reliable for the study.

The researchers explained the objectives of the research to the participants and the participants were assured about the privacy of their data. After their consent was gotten, 396 copies of the questionnaire were administered to the respondents in in each of the tertiary institutions by the researchers, out of which 376 were returned which gave a return rate of 94.0 per cent. The returned copies of the questionnaire were properly filled out and used for data analysis.

Data Analysis: Data were coded and analysed using IBM Statistical Package for the Social Sciences (SPSS) version 25. Data were analysed using frequency, percentages and point-biserial correlation to answer the research questions. The null hypotheses were tested using Chi-square (χ^2) statistics at .05 level of significance.

Results

Table 1: Proportion of Students Who Engage in Non-Suicidal Self Harm (n=376)

s/n	Items on self harm practices	Yes f(%)	No f(%)
1.	Severely scratched or pinched myself with fingernails or other objects to the point that bleeding occurs or marks remain on the skin	163(43.4)	213(56.6)
2.	Cut wrists, arms, legs or other areas of the body	117(31.1)	259(68.9)
3.	Dripped acid on your skin	38(10.1)	338(89.9)

4.	Carved words or symbols into the skin	111(29.5)	265(70.5)
5.	Ingested a caustic substance(s) or sharp object(s) (Drano, other cleaning substances, pins, etc.)	91(24.2)	285(75.8)
6.	Bitten yourself to the point that bleeding occurs or marks remain on the skin	111(29.5)	265(70.5)
7.	Tried to break your own bone(s)	49(13.0)	327(87.0)
8.	Broke your own bone(s)	71(18.9)	305(81.1)
9.	Ripped or torn your skin	94(25.0)	282(75.0)
10.	Burned your wrists, hands, arms, legs or other areas of the body	115(30.6)	261(69.4)
11.	Rubbed glass into your skin or stuck sharp objects such as needles, pins, and staples into or underneath the skin (not including tattooing, body piercing, or needles used for medication use)	86(22.9)	290(77.1)
12.	Banged or punched objects to the point of bruising or bleeding	145(38.6)	231(61.4)
13.	Punched or banged oneself to the point of bruising or bleeding	117(31.1)	259(68.9)
14.	Intentionally prevented wounds from healing	89(23.7)	287(76.3)
15.	Engaged in fighting or other aggressive activities with the intention of getting hurt	131(34.8)	245(65.2)2
	Cluster %	**24.7**	**75.3**

Table 1 showed that overall, 24.7 per cent of students of tertiary institutions in Nsukka LGA engaged in non-suicidal self harm. Also, the Table showed that among the enlisted items, students of tertiary institutions had severely scratched or pinched themselves with fingernails or other objects to the point that bleeding occurred or marks remained on the skin (43.4%), banged or punched objects to the point of bruising or bleeding (38.6%) and engaged in fighting or other aggressive activities with the intention of getting hurt (34.8%) as non-suicidal self harm practices they engaged in most.

Table 2: Point-Biserial Correlation between Non-Suicidal Self Harm and Associated Factors among Students of Tertiary Institutions (n=376)

s/n	Associated Factors	r_{pb}
1.	Age	.087
2.	Gender	.040
3.	Year of Study	.150
4.	Place of residence	-.117
5.	Body mass index	.022

Key **for interpretation:** ±.00 − ±.29 = None to weak relationship; ±.30 − ±.59 = Moderate relationship; ±.60 − ±.99 =Strong relationship; ± 1.00 = Perfect relationship. **Source:** Nwagu and Agbaje (2017).

Table 2 showed that there was a weak positive relationship between non-suicidal self-harm and age (r_{pb}=.087, p=.092), gender (r_{pb}=.040, p=.442), year of study (r_{pb}=.150, p=.003), and body mass index (r_{pb}=.022, p=.669) among students of tertiary institutions in Nsukka LGA, Enugu State. The Table also showed that there was a weak negative relationship between non-suicidal self harm and place of residence (r_{pb}= -.117, p=.023) among students of tertiary institutions in Nsukka LGA, Enugu State.

Table 3: Chi-Square Tests of Association between Non-Suicidal Self Harm and Factors among Students of Tertiary Institutions (n=376)

	N	Yes O(E)	No O(E)	χ^2value	df	p-value
Age						
Less than 20 years	146	43(36.1)	103(109.9)	2.854	1	.091
20 years and above	230	50(56.9)	180(173.1)			
Gender						
Male	141	38(34.9)	103(106.1)	.595	1	.440
Female	235	55(58.1)	180(176.9)			
Year of Study						
First Year	116	36(28.7)	80(87.3)			
Other Years	168	45(41.6)	123(126.4)	9.607	2	.008
Final Year	92	12(22.8)	80(69.2)			
Place of Residence						
Hostel	156	24(38.6)	132(117.4)			
Off-campus	146	51(36.1)	95(109.9)	15.487	2	.000
Family House	74	18(18.3)	56(55.7)			
Body Mass Index						
Under Weight	1	1(.2)	0(.8)			.
Normal Weight	87	27(21.5)	60(65.5)	10.454	3	.015
Over Weight	243	49(60.1)	194(182.9)			
Obese	45	16(11.1)	29(33.9)			

Table 7 showed that there was no significant association between non-suicidal self harm and age ($\chi2 = 2.854$, $p = .091 > .05$) and gender ($\chi2 = .595$, $p = .440 > .05$) among students of tertiary institutions in Nsukka LGA, Enugu State. However, there was a significant association between non-suicidal self harm and year of study ($\chi2 = 9.607$, $p = .008 < .05$); place of residence ($\chi2 = 15.487$, $p = .000 < .05$); and body mass index ($\chi2 = 10.454$, $p = .015 < .05$). ($\chi^2 = 2.854$, $p = .091 > .05$) among students of tertiary institutions in Nsukka LGA, Enugu State.

Discussion

Findings in Table 1 showed that overall, the proportion of students of tertiary institutions who engaged in non-suicidal self harm was 24.7 per cent. Also, the findings showed that the most common form of non-suicidal self harm practices students of tertiary institutions in Nsukka LGA engaged in; are severely scratching or pinching themselves with fingernails or other objects to the point that bleeding occurred or marks remained on the skin, banging or punching objects to the point of bruising or bleeding, and engaging in fighting or other aggressive activities with the intention of getting hurt. The findings agree with the findings of Oktan (2017) that out of the 263 adolescent participants, 44.9 per cent (118) exhibited self harm behaviour (SHB). The most widely observed SHBs were as follows: prevention of wound healing (wound-excoriation), scratching a letter, text, or figure on the skin, and intentionally crashing oneself into a firm surface or beating oneself. Also, the findings are in line with the findings of Tang et al. (2018) which revealed that approximately 29 per cent of the adolescents reported a history of NSSI at least once during the last year. The top three NSSI behaviours among adolescents with NSSI experience were hitting self, pinching, and pulling hair. The findings are also in line with the findings of Tang et al. (2021) who reported the prevalence of non-suicidal self injury among sample of 1060 adolescents to be 40.9 per cent. Also, the authors revealed that among the respondents, a higher proportion reported using multiple methods. The continuous agreement between the studies may be

attributed to the similar challenges and stressors faced by adolescents and young adulthood in their daily life and activities. The findings have implication for students. Students may begin to pay more attention to their mental and emotional health and also seek professional help when they notice any urge to self harm. It also has implication for public health educators who may utilize the findings in designing programmes, seminars and workshops aimed at helping students to avoid non-suicidal self harm behaviours and engage in more health promoting behaviours.

Findings in Table 2 showed that there was a weak positive relationship between non-suicidal self harm and age among students of tertiary institutions in Nsukka LGA. Also, the corresponding hypothesis in Table 3 showed that there was no significant association between age and non-suicidal self harm among students of tertiary institutions in Nsukka LGA, Enugu State. The findings are in line with the findings of Naidoo (2019) who reported no significant association between age and non-suicidal self injury behaviours among high school and university students in South Africa. However, the findings are in contrast with the findings of Sivasankari et al. (2016) that there was significant association between age and self harm among adolescents in a selected University of Delhi. The disparity in findings may be attributed to difference in study setting and instrument used. The findings have implications for public health educators who may utilize findings in educating students regardless of age on the importance of healthy behaviour.

Table 2 showed a weak positive relationship between non-suicidal self harm and gender among students of tertiary institutions. The corresponding hypothesis in Table 3 showed no significant association between gender and non-suicidal self harm among students of tertiary institutions in Nsukka LGA, Enugu State. The findings agree with the findings of Naidoo (2019) who reported no significant association between gender and non-suicidal self injury behaviours among high school and university students in South Africa. However, the findings disagree with the findings of Tang et al. (2018) who reported that gender was significantly associated with non-suicidal self harm among adolescents in China. The findings also disagree with the findings of Johnson et al. (2021) who reported that gender had a significant relationship with self harm among undergraduate students in a private university in Ogun State, Nigeria. The outcome of findings may be attributed to difference in location. The findings have implication for parents in collaboration with health educators to see the need to engage adolescents and youths in sexuality education for them to better understand their gender roles and implications that comes with them.

Furthermore, Table 2 showed that there was a weak positive relationship between non-suicidal self harm and year of study among students of tertiary institutions. Likewise, the Table 3 showed a significant association between year of study and non-suicidal self harm among students of tertiary institutions in Nsukka LGA, Enugu State. The findings are in consonance with the findings of Kaggwa et al. (2022) who reported that there was a significant association between self harm behaviours and year of study among students of a Ugandan university. The outcome of findings could be because year of study of students play a significant role in awareness and practices of certain behaviours, because the higher an individual go in education the higher one learns about new things relating to their health and wellbeing. The findings have implication for students to seek social support from their family members, friends, counsellors and medical personnel when they feel the pressure and stress is too much for them to handle. Curriculum designers may still need to enrich the school curriculum with the appropriate strategies which is suitable for all students for teaching and learning of health promoting behaviours and self harm prevention concepts.

Additionally, Table 2 showed a weak negative relationship between non-suicidal self harm and place of residence among students of tertiary institutions. The corresponding hypothesis in Table 3 showed a significant association between place of residence and non-

suicidal self harm among students of tertiary institutions in Nsukka LGA, Enugu State. The findings are in line with the findings of Sivertsen et al. (2019) who reported that living alone was significantly associated with non-suicidal self harm among university students in Norway. The agreements in the findings may be because students living off campus can engage in unhealthy behaviours in their rooms without people finding out. This was supported by Chang (2018) who stated that self harm is an isolating act that wants to be kept hidden and secret. Because of the limited accommodation space in the hostels, many students of tertiary institutions in Nsukka LGA have being found to stay off-campus. The findings have implications for public health educators. To help in designing seminars and workshops aimed at helping students express themselves and voice their challenges, while seeking out ways to help them.

Table 2 also showed a weak positive relationship between non-suicidal self harm and body mass index among students of tertiary institutions. The corresponding hypothesis in Table 3 showed a significant association between body mass index and non-suicidal self harm among students of tertiary institutions in Nsukka LGA, Enugu State. The findings agree with the findings of Oktan (2017) who revealed that self-esteem and body image are significantly associated with self harm behaviours. However, the findings disagree with the findings of Freitas-Rosa et al. (2016) who reported being overweight is not associated with non-suicidal self harm among adolescents in north of Portugal. The disparity in the findings could be attributed to the fact that individual may have different perceptions about that their ideal body weight and as such show varying emotional concern to body image. The findings of the current study could have been influenced by societal norms in Nigeria, where a predetermined standard for an ideal body mass prevails. Failing to align with this norm may lead to heightened emotional distress related to body image concerns. The findings have implication for students to accept themselves for whom they are and not try to conform to another person's ideology. The findings may also have implication for public health educators to educate students on the need to maintain a healthy body weight.

Conclusion

The findings of the study showed that the overall proportion of students of tertiary institutions who engage in non-suicidal self harm was 24.7 per cent. There was a weak positive relationship between non-suicidal self harm and age, gender, year of study, and body mass index among students of tertiary institutions. However, there was a weak negative relationship between non-suicidal self harm and place of residence among students of tertiary institutions. Furthermore, there was no significant association between non-suicidal self harm and age and gender. Conversely, there was significant association between non-suicidal self harm and year of study; place of residence; and body mass index.

Recommendations

Based on the findings, discussion and conclusion of the study, the following recommendations were made:

1. Students should not hesitate to seek help from mental health professionals, counsellors, or therapists. Being able to communicate their emotions to professionals can help them find support and alternatives to self-harm.
2. Health educators in collaboration with the ministry of health and school management should implement comprehensive health awareness campaigns within tertiary institutions. These campaigns can help reduce stigma around seeking help for emotional difficulties and provide students with information about available support services.

3. Parents should create an open and non-judgmental environment for their children to discuss their feelings and challenges. Encouraging regular conversations about emotions, stressors, and mental well-being can help parents identify signs of distress and offer appropriate support.
4. School management should establish peer support networks or mentoring programs within institutions to facilitate connections among students and provide avenues for discussing challenges, seeking advice, and offering mutual support.
5. Educators and fellow students should vigilant to recognize signs of emotional distress and self-harm behaviours among students. This will enable them to offer appropriate guidance and referrals when needed.

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