

EXPLORING REASONS FOR SELF-HARM AMONG TEENAGERS: A
PHENOMENOLOGICAL STUDY OF SELECTED PUBLIC SECONDARY SCHOOL
STUDENTS IN NAIROBI COUNTY, KENYA

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DECLARATION

I, the undersigned, declare that this thesis is a product of my own work and is not the result of anything done in collaboration. It has not been previously presented to any other institution for the award of a degree. All sources have been appropriately cited and duly acknowledged in full.

I agree this thesis may be available for reference and photocopying at the discretion of the University.

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This Thesis has been submitted for examination with our approval and recommendation as the University approved supervisors.

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DEDICATION

This thesis is dedicated to my dear mother, Anna Tabu, whose unwavering support and encouragement guided me through every step of this research journey. Though she is no longer with us, her spirit of resilience, wisdom and love continue to inspire me. This work is dedicated to her enduring memory and the profound impact she had on my life and academic pursuits.

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I would like to extend a special acknowledgment to Laury Wambui (pseudo), whose tragic passing from self-harm served as a profound inspiration for this research. May her memory serve as a reminder of the urgent need for effective intervention and support systems for mental health issues. Her story fuels my commitment to advancing understanding and solution in this critical area.

I would also like to express my deepest appreciation to my wife Celestine Wabwile and my daughter Baridilo Tabu for their unwavering love, encouragement, and understanding throughout the process.

Finally, I want to dedicate this work to the memory of my late mother, Anna Tabu, whose love and encouragement continue to inspire me every day.

ABSTRACT

Self-harm involves a person injuring themselves deliberately. This may be in the form of cutting or burning. This study aimed at deepening understanding of the phenomenon of self-harm through a qualitative research approach based on phenomenological research design. The research was conducted in two selected public secondary schools in Nairobi County, Kenya. The objectives of the research were to know the reasons for self-harm, methods of self-harm, and the possible mitigation measures. A population of seven respondents was interviewed. The theories of dual harm model and Cognitive Behavioral Theory were used. Data was collected through semi-structured interview questions developed by the researcher. This allowed for transparency and enabled extraction of subjective details on the topic. The study employed purposive: typical case sampling and convenient. The research managed to recruit seven participants. Descriptive data was then analyzed through thematic content analysis technique where the researcher identified repeated patterns guided by the research objectives. The results identified cutting, burning, scratching, and medication overdose as the types of prevalent self-harm. Loss and grief, bullying, relationship strains, distressing emotions, and academic pressures were some of the reported reasons for self-harm. This was in line with the objectives of the study which was to know the types of self-harm, to know the triggers of self-harm and to know the mitigations to self-harm. Results suggested counseling and being listened to as mitigation measures. Some did not know the kind of help they needed while others stated that they did not need help. The findings are likely to help psychologists, parents, learning institutions, and society; to understand some basic psychological needs of adolescents who engage in self-harm and devise ways of helping them.

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ABBREVIATION AND ACRONYMS

BPD: Borderline Personality Disorder

DSM-5: Diagnostic and Statistical Manual of Mental Disorders, 5th Edition. *ICD10:*

International Classification of Disorder, tenth edition (10th edition) *NSSI:* Non

suicidal self-injury

OPERATIONALIZATION DEFINITIONS OF TERMS

Self-Harm: Self-harm is the act of intentionally hurting oneself through cutting, scratching, burning or substance abuse as a result of certain psychological disorders or emotional disturbances. In the study the term will refer to the act of hurting oneself with or without suicidal intent Khanipour (et., al. 2020).

Teenagers: Girls and boys between the age of 13 years and 19 years also known as teens or adolescents. In the study the term refers to high school girls and boys who are assumed to fall in the mentioned age bracket Quarshie et., al. (2021).

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CHAPTER ONE

INTRODUCTION

1.1 Introduction

The chapter lays the foundation of the whole research work by analyzing the study variables. The background of the study evaluates the context of the research topic in reference to previous works. The second part defines the research problem and the questions that will guide the study. The purpose and significance of the study then follow. The final part covers the scope, delimitation, and assumptions of the study.

1.2 Background of the Study

Self-harm can be defined as an act of hurting oneself with or without suicidal intent. It can also be defined as deliberate self-injury or self-hurt. Khanipour (et al. 2020), defined self-harm as the act of deliberately inflicting pain and damage to an individual's own body. Self-harm acts may include cutting, hitting, scratching, burning, or overdosing. This behavior is common and more significant in adolescents and young adults (Aggarwa et al., 2017). The meta-analysis of epidemiological findings shows that 17% of adolescents engage in this behavior (Tormoen et al., 2020). Although several people consider self-harm as an act of consolation and a way of dealing with severe emotions, self-harm is highly linked to suicidal tendencies. Research shows that 40-60% of suicidal cases displayed a history of self-harm (Olfson et al., 2017). Further studies also indicate that people who engage in self-injury are at a high risk of developing mental health problems and other behaviors such use of substances and addiction as well as difficulties in building and maintaining relationships.

Global statistics indicate that 17% of teenagers engage in self-harm behaviors. A survey on mental health and wellbeing among Australian children and adolescents revealed that 8% of young people between 12 and 17 years of age engaged in self-harm during the period under

research (Zubrick et al., 2016). In New Zealand, a lifetime rate of 48.7% was reported in the study by Garisch and Wilson (2015). The findings of the study associated self-harm with various causes including emotional distress, low self-perception drug and alcohol abuse as well as relationship issues.

Self-harm is, in most cases, classified as either non-suicidal self-injury (NSSI) or deliberate harm where NSSI refers to a situation where an individual is involved in self-harm without intent to end life (Troya et al., 2019). This has however been criticized by some studies which have found that most participants who engage in self-harm activities also show high rates of suicidal intention and attempts. Deliberate self-injury occurs in a detached state and the victim may not be fully aware of what they are doing (Robinson, 2017). However, this distinction between suicidal and non-suicidal self-harm has been a controversial topic with some arguing that they should not be distinguished given that it is hard to determine the intent and that most people engage in both forms of self-harm.

Self-harm behaviors have over time been associated with borderline personality disorder (BPD), thus raising concerns and arguments on whether it should be treated as a separate psychological problem (Hyland et al., 2018). However, the increased prevalence of self-hurt behaviors among community and clinical samples correspondent is evident of it not being diagnosed among borderline patients compelled a proposal by DSM-5 to treat it as a distinct diagnostic disorder. As a result, DSM-5 proposed a criterion for (NSSI) diagnosis and recommended further research before it is officially declared a distinct personality disorder (Buelens et al., 2020).

There is an established relationship between stressful life events and mental health problems including anxiety and depression for young people who are undergoing developmental

milestones in life (Mughal et al., 2021). In most cases, young people do not understand their milestones and end up devising means of dealing with the stress associated with them through self-harming. Adolescents often argue that self-harm acts help them to cope with overwhelming issues such as stressful life events, peer pressure, and bullying among others which they either experience directly or through social media platforms (Mughal et al., 2021). Other triggers may include pressure at school, dealing with difficult relationships, abuse, and trauma. As they grow and mature, many of them find different ways of handling their emotional and psychological distress resulting in less or non-frequented cases of self-harm (Moran et al., 2012). Self-harm behaviors may be a result of a broad number of risk factors according to some research for instance, self-harm can be a response to coping with developmental milestones. In other cases, it may be a way of coping with overwhelming situations that result in anxiety and depression (Sinha et al., 2021). Young people can also engage in self-harm activities to end dissociation and feel lively or this may occur to end one's life.

The criteria have undergone various amendments due to insufficient research on a full list of factors, inadequate sample size and the corresponding inter-rater reliability among the trials (Buelens et al., 2020). As a result, section 3 of the DSM-5 only classifies NSSI disorder as a situation that calls for further study. This is a remarkable move towards validating it as a disorder distinct from others (Buelens et al., 2020). This also opens an avenue for further research on the disorder, based on various dimensions such as epidemiology, etiology, proposed diagnostic criteria as well as comorbidity.

Several studies have proposed various factors that may lead to self-inflicted harm among adolescents. Some associate it with genetic or hereditary factors while others argue that there are many other factors responsible for this including exposure to childhood traumatic experiences as

maltreatments. These may include sexual abuse, disruption from certain attachments, academic-related stress, bullying, and punishments as well as poor parental relationships (George, 2019). A study by Sinha et al. (2021), identified exposure to the internet, parental abuse, taking part in fights, and symptoms of depression as factors that led to self-harm among adolescents. Another study by Hetrick et al. (2020), identified distressing emotional experiences, and a feeling of being isolated as the major causes of self-harm among the population. These situations resulted from difficulties maintaining relationships, social comparisons, and difficulties in school and in academics.

Gillies et al. (2018), in their meta-analysis study on self-harm in adolescents from 1990 through 2015 found out that 16.9% of young people were involved in self-harming activities during the period. The study also revealed that girls were at a higher risk and that the mean age for the adolescents involved in these activities was 13 years. It was also established that suicidal ideation and attempts were high among those who self-harmed (Gillies et al., 2018). In the United States statistics indicate that 10% of the teens self-harm with most of them starting at the age of 13 reporting a higher rate (Grandclerc et al., 2016).

Self-harm cases have also been identified and reported in Africa. A systematic review by Quarshie et al. (2020), on eighteen Sub-Saharan African countries evaluated the available studies between 1950 and 2019. The study revealed a prevalence of 10.3% in Sub-Saharan Africa. Some risk factors were also identified among them failure in academics, relationship problems, family conflicts as well as physical, emotional, and sexual abuse (Quarshie et al., 2020). Another study conducted in Accra Ghana also confirmed the existence of such cases. The study which examined self-harm in school-going and street children in the region found a lifetime prevalence of 20.2% and a twelve-month prevalence of 16.6% (Quarshie et al., 2021).

Self-cutting was the most common form of self-harm used by the population reviewed at

38.7%. Self-poisoning was also identified with victims doing this through alcohol and medication abuse (Quarshie et al., 2021). The study also identified family conflicts, relationship building and management problems as well as sexual abuse as the risk factors associated with self-harm and self-poisoning. Petrus et. al. (2021), in their study focused on self-harm patients in a South African hospital and sought to establish the motives behind self-harm behaviors. The study identified 238 patients who had presented different forms of self-harm in the hospital's emergency section. The findings revealed that interpersonal issues such as relationships and academics were the main causes of self-harm at 70% followed by financial issues at 22%.

Self-harm is a health issue that has not attracted much attention in Kenya. Just a few published studies have been conducted to examine the phenomenon. However, some individual reports and presentations have provided evidence of self-harm cases in the country. A published report by Masha (2021) on World Suicide Day revealed that suicidal cases had increased in Kenya and the country recorded 483 cases between April and June 2021. Among the cases, the youngest victim was 9 years while the oldest was 76 years (Uonbi.ac.ke, 2021).

Based on another study by George (2019) high numbers of self-harm activities result in suicide. However, this is not conclusive and it needs more evaluation. The National Newspaper in 2020 wrote an article alarming the country on the rising cases of self-harm among the Kenyan youth (Nation.africa, 2020). In the article, the writer acknowledged that such cases are not widely reported in the country despite reports from therapists indicating a high prevalence of the cases among Kenyan teenagers (Nation.Africa, 2020). This is an indication that many other teenagers are going through the same in the country. Despite these cases, no systematic study has been carried out among high school students.

The relationship between spirituality and self-harm exhibits some contract. Some

researchers suggest that spirituality or religious beliefs protect individuals against such mental health outcomes while others argue that some aspects of spirituality such as questioning the existence of God and doubting His love for humanity are possible predictors of self-harm (Good et al., 2017). Some studies such as Sansone & Wiederman (2015) revealed that spirituality promotes positive coping mechanisms for life-threatening events and negative emotions that may lead to self-harm behaviors among people. Lloyd & Panagopoulos (2022) found that individuals with religious affiliations were less likely to harm themselves compared to those who reported to be unreligious.

However, scholars who suggest that spirituality is a possible predictor of self-injury base their argument on the religious and spiritual struggles which they define as spiritual aspects that cause distress among believers (Kaufman et al., 2023). According to them, these struggles include divine struggles that as seeing God negatively or being angry at God; intrapersonal struggles which involve doubting one's beliefs or feeling morally imperfect as well and interpersonal struggles which involve religious or spiritual conflicts with others. These struggles, according to the researchers, are associated with negative emotions which are among the main factors that lead to self-harm (Kaufman et al., 2023). Studies identified various religious struggles that teenagers who engage in self-harm deal with. These include trying to get the meaning of life, doubting the existence of God, the truthfulness of the spiritual beliefs they are taught, and what happens after death among others (Good et al. 2017), in their attempt to establish the relationship between spirituality and self-harm focused on two aspects; doubt and questioning. The study which involved first-year undergraduate students with a mean age of 19 years revealed a positive relationship between spirituality and self-harm based on those aspects. According to the findings, questioning and doubt result in distressing feelings that predict self-harm as a coping mechanism.

In an attempt to make sense of the aspect of self-harm among people, psychologists associate self-injury with human cognitive processes (Hasking et al., 2017). Specific cognitive processes are predictors of self-injurious thoughts and behavior. Cognitive processes that are responsible for emotional regulation are believed to be predictors of self-harm among the victims. Another study has found that people who injure themselves pay much attention to negative stimuli and find it hard to process positive stimuli (Shafti et al., 2021). Further research has also established that focusing on negative stimuli with reduced experience to respond to positive emotional experiences results in increased negative emotions and reduced positive emotions resulting in self-harm behaviors as a regulating mechanism. Verbal cognitions are also associated with non-suicidal self-injury. Rumination results in recurring distressful thoughts may result in self-harm as a response (Dawkins et al., 2019). Further, the use of cognitive appraisal to change the meaning of certain stimuli tends to decrease negative emotions and distress while repletion of negative thoughts, also known as rumination, intensifies the negative meaning linked to the stimuli and consequently increases distress (Hasking et al., 2018). According to theorists, self-harm acts as a means of breaking the cycle of thoughts and emotions.

Another psychological concept associated with self-harm is emotional regulation. Emotional regulation according to Clapham & Brausch (2022) includes being aware of and understanding emotions, the ability to accept them, control impulsive behaviors and behave positively when experiencing negative emotions. It also implies, using appropriate emotional regulation mechanisms to modulate emotional responses based on responses. If any of the mentioned components are missing, it is an indication of emotional dysregulation which is a risk factor for self-harm as reported by many studies (Clapham & Brausch, 2022 & Taylor et al., 2018). The psychological approach to self-harm presents two major functions: intrapersonal and

interpersonal. Intrapersonal as a function explains emotion regulation where self-harm behaviors are adopted as a means of regulating distressing thoughts and emotions (Natividad et al., 2023). This may be to avoid or escape distress, replace it with something else, or modify it into something manageable. Thus self-harm is seen as an emotion regulation response in an attempt to either escape unwanted aversive states or induce a wanted positive state (Brereton & McGlinchey, 2020). Self-punishment is another aspect of emotional regulation that involves the intention to modify one's inner state as it appears linked to specific emotional states such as shame which gives a different reflection of oneself (Natividad et al., 2023). On the other hand, interpersonal functions may involve attempts to communicate distressing emotions, influence other peoples' behavior as well to actively punish others.

1.3 Statement of the Problem

Self-harm, as discussed earlier, is a self-destructive behavior that people adopt to deal with emotions and find relief. However, the act in itself is an issue as it is an indication of deep hidden emotions. Some studies have also associated self-harm with suicidal occurrences among the victims. (Gillies et al. 2018), identified that suicidal ideation and subsequent suicidal attempts were high among those who self-harmed in a sample of 597,548 participants from 41 countries selected across the world. Similar findings were established by Olfson et al., (2017), who through follow-up research found that the rate of suicidal cases among self-harmed patients was 37.2 times higher than cases among the general population. The study particularly revealed that in Minnesota County, 1.9% of those who deliberately harmed themselves without suicidal intent in the first case ended up as victims of suicide barely a year after their first self-harm action. A cross-sectional study in Africa also revealed that 40% of the reviewed data represented self-harm with suicidal tendencies. So far, on this topic in Kenya, reports suggest that self-harm can be linked to suicide (Uonbi.ac.ke, 2021). This research seeks to establish the status of this phenomenon among

secondary school students. Also, contribute to closing the gap on literatures related to self-harm in Kenya.

Studies on self-harm have been conducted in many countries globally and regionally. Olfson et al. (2017), carried out the study in the US while Quarshie et al. (2020), focused their research on Ghana. This study therefore aimed at contributing to research and provide relevant literature on the topic in Kenya.

In Kenya, the phenomenon exists in secondary schools, however, it has not being given enough research attention. Available studies on the topic are meta-analyses for example; Quarshie et al., (2021) and Gillies et al., (2018). This indicates that the conclusions were based on generalized views. The study thus seeks to carry out an empirical study and establish the actual data on the subject under review in Kenya. The study intends to reduce the research gap on the topic in Kenya and provide specific findings based on the Kenyan population.

1.4 Purpose of the Study

The study intends to deepen understanding of the reasons for self-harm behaviors among selected secondary school students in Nairobi, Kenya.

1.5 Research Objectives

1.5.1 General Objective

The general objective of the study is to explore reasons for self-harm among selected public secondary school students in Nairobi County, Kenya.

1.5.2 Specific Objectives

1.5.1.1 To find out types of self-harm among selected public secondary school students in

Nairobi county, Kenya.

1.5.1.2 To investigate the triggers of self-harm among selected public secondary school students in Nairobi county, Kenya.

1.5.1.3 To assess mitigations of self-harm among selected public secondary school students in

Nairobi county, Kenya.

1.6 Research Questions

- i. What are the types of self-harm among selected public secondary school students in Nairobi County, Kenya?
- ii. What are the triggers of self-harm among selected public secondary school students in Nairobi County, Kenya?
- iii. What are the mitigations of self-harm among selected public secondary school students in Nairobi County, Kenya?

1.7 Significance of the Study

1.7.1 Future scholars: The research findings would add to the existing literature on the topic and reduce the gap of such literature in Kenya. Future scholars would also benefit from the results of the study as they would gain insight into the topic and be guided on further areas of research.

1.7.2 Organizations: Global bodies dealing with the analysis of human disorders such as the DSM-5, Global Disorder Burden, and International Classification of Diseases would possibly use the findings of the study to understand the prevalence and severity of the disorder in the country

1.7.3 Clinicians: The findings of the study are likely to help clinicians to better understand the gravity of the practice and make recommendations on how the practice is carried out.

1.7.4 Other Health Practitioners: These include therapists and other professionals. The findings will also give them a deep understanding of the disorder which would help in devising approaches that support the victims of self-harm.

1.7.5 The Society: The society in general would also get to understand the causes of this behavior which will help in supporting and dealing with victims of self-harm. Generally, the research findings would deepen understanding of this complex behavior which would be essential

in developing effective management and treatment interventions.

1.7.6 The Parents: One of the most distressed groups of people is parents whose children are undergoing self-harm. The feelings of anxiety, worry, and fear about the situation of children abound. Parents stand a chance of understanding the phenomenon and are put in a better place to help their children.

1.8 Scope and delimitation of the study

The scope of research describes the extent to which the study intends to cover in terms of gathering data. It defines the parameters within which the research expects to operate and excludes other parameters. Delimitation on the other hand defines the boundaries of the study based on what is to be included and what is to be excluded. This helps the researcher to narrow the study and makes it more relevant to the objectives.

1.8.1 Scope

The study sought to explore reasons for self-harm among teenage girls in selected public secondary schools in Nairobi County, Kenya. The researcher sampled 7 participants through purposive and convenient sampling who participated in the study. The participants were all female from form one to form four which is the age range for teenagers.

1.8.2 Delimitation

The study focused on two girls' schools in Nairobi county; Our Lady of Mercy Girls in South B and Embakasi Girls. The findings would be gotten from the two schools mentioned and no other schools. As a result, these findings are not linked to any other school directly.

1.9 Assumptions

The study assumed that the sample selected is a representation of school girls who have experienced or are vulnerable to self-harm behavior.

It is also assumed that the respondents have knowledge of self-harm and will be able to answer research questions honestly and openly which will help the researcher to gather the relevant

information.

It is assumed that teenagers who engage in self-harm are not members of a cult in the school and they have become deviant.

It is assumed that students who engage in self-harm have not been possessed by some evil spirit or some cultural deities or are under some kind of spell.

Finally, the researcher assumed that reviews received represent the views of other adolescents undergoing or developing self-harm behaviors.

1.10 Summary

The chapter has presented an introduction to the topic of study. The background of the study has laid the foundation of the study followed by the statement of the problem. The purpose of the study was later outlined together with the questions that guided the research work. Further, the chapter described the significance of the study and specified the scope and delimitation. The chapter concluded with the assumptions of the study. The literature review, theories, and conceptual framework will be explored in the next chapter.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter contains an analysis of the theories and literature related to the study as well as the conceptual framework of the study variables. The first section covers the theoretical framework and involves an analysis of theories related to the topic of study. The second section evaluates previous works by other scholars on the topic under research.

2.2 Theoretical Framework

2.2.1 Psychoanalytic Theory

The theory was developed by Sigmund Freud in 1896 in his attempt to find treatment for mental illnesses (Jarrett & Vince, 2017). The theory is based on the idea that all human beings possess unconscious memories, feelings, thoughts, and desires. According to Sigmund, individual personalities develop through three major dimensions; the Id, Ego, and Superego. He proceeds to state that the inner struggles of the unconscious mind influence these three states and further classify consciousness into consciousness, sub-consciousness, and unconsciousness (Salmon, 2020). These states types are the principal constituents of human thoughts and feelings emerging from the mind and leading to the expression of past repressed experiences.

The theory divides the human mind into three main layers. The first region is made up of the conscious mind which comprises current mental activities including thoughts and feelings. The subconscious is located between the conscious and the unconscious mind and it contains everything recoverable from the memory (Sandler & Sandler, 2018). The unconscious mind on the

other hand lies at the deepest level of the mind and it contains things that we are not aware of and processes that influence human behavior such as instincts and memories.

At the unconscious level is the id which exclusively influences instinctual impulses and inclinations. The id is further made up of two biological instincts, the Eros and Thanatos. The eros or life instinct directs life-sustaining pursuits while Thanatos or death instinct directs destructive or violent pursuits (Majchrzyk, 2012). Freud also holds that these instincts are always in a battle for survival and self-destruction.

The ego functions as a channel for and a monitor of the id. It works to fulfill the needs of the id in a socially acceptable and appropriate way. It is responsible for enabling the mind to cope with reality (Singh, 2019). Based on the theory, the ego is guided by the principle of reality which strives to satisfy the passions of the id realistically by considering the advantages and disadvantages of the desires before discarding or satisfying them. The ego also has defense mechanisms that help in safeguarding the mind from anxiety.

The superego contains moral principles which direct moral and socially acceptable activities. It is simply an individual's sense of what is right or wrong learned from the surroundings. The superego consists of the conscience and the ego ideal (Carveth, 2021). The conscience comprises thoughts of behaviors that are unacceptable their possible punishments and feelings of guilt. The ego ideal in turn suppresses the unacceptable behaviors. Another scholar has criticized the theory stating that it does not base its facts on empirical evidence as other theories. Some also state that the theory is too elementary to explain something as complex as the mind of a human being (Fonagy, 2010). Regardless of these limitations, the theory will be effective in understanding the triggers and coping mechanisms of self-harm. For instance, based on the theory; when the Thanatos in the id overpowers the eros, it leads to self- destructive activities such

as self-harm (Carveth, 2021). On the other hand, when the ego and superego consider the outcome of self-harm, it leads them to refrain from the activities and offers positive defense mechanisms.

In this research, the theory of psychoanalysis would help to make the unconscious motives, thoughts, feelings, and behavior of adolescents who self-harm to be made conscious. In this way, they become more aware of unconscious drivers to self-harm and hence gain more control over the phenomenon. However, it does not attend to the conscious thought process. This limitation gives room for another theory that explores the active thoughts of individuals which is the Cognitive Behavioral Theory.

2.2.2 Cognitive Behavioral Theory

The theory was developed by Aaron Beck in 1960 (Neenan, 2017). It states that human thoughts, feelings, and behavior are linked, and what an individual thinks or does affects their feelings and consequently their behavior. The theory focuses on explaining how particular thoughts result in particular feelings which consequently leads to certain responses in behavior (Kwasnicka et al., 2016). The principal assumption of the theory is that cognitive falsification or erroneous thinking results in psychological distress in that people lose touch with reality and end up torturing themselves with self-created falsehoods (Stallard, 2019). The theory therefore suggests that cognition or thoughts shape individual behaviors and at the same time behaviors can also shape cognition. The thought processes and patterns of teenagers that make them self-harm can be evaluated.

He further says that thoughts can be changed and by doing so, a person can change feelings and behaviors. The approach also noted that people undergoing psychological distress inhibit

distorted thoughts which make them focus on all that is negative about them, the world around them, and their future (Dryden et al., 2015). With time, this becomes an automatic process and calls for negative related responses. The theorist further explains that these negative thoughts arise from negative past experiences such as abuse, rejection, bullying, and criticism and they shape people's perception of themselves and the world (Palmer & Szymanska, 2018). The theory has however been criticized for not being clear on whether negative thoughts cause negative feelings or vice versa. Some critics also noted that the theory perceives negative emotions as false signals whereas such alarms may help lead one to positive action (Kennerley et al., 2016). Despite its shortcomings, the theory is useful in the study in explaining what triggers self-harm acts among teenage girls.

The connectedness of the Cognitive Behavioral Theory to the research is the examination of the thought processes of adolescents who engage in self-harm. This would help in understanding their thought processes and how they affect their feelings and consequently the behavior of self-harm. However, this theory lacks the explanation of aggression towards self and others. Hence, a need for the cognitive-emotional model of dual harm.

2.2.3 A cognitive-emotional model of Dual Harm

The model distinguishes self-harm from aggression describing self-harm as a sign of distress and an act against oneself that elicits a sign of relief and aggression as an unreasonable act in which a person offends others resulting in a reactive response mostly in the form of containment and punishment (Allen and Anderson, 2017). Despite the differences, scholars have indicated that self-harm and aggression are connected and co-occur. They also propose various risk factors associated with these behaviors' adverse childhood events, impulsivity, emotional functioning impairments as well as dysfunctional serotonergic systems genes. The cognitive-emotional model

of dual harm is based on the general aggression model and the diathesis-stress theory which highlights the distal, proximal, and feedback processes of dual harm and the role of personality (Shafti et al., 2021). The model further proposes that emotional regulation and interpersonal drives are among the functions of dual harm behavior among the victims.

According to the model, the pathway to dual harm is divided into two major processes: distal and proximal. Biological and environmental factors combine to develop a certain personality during the distal processes (Spaan et al., 2022). The personality style developed then through its effects on cognition, arousal, and affect, facilitates the proximal processes of dual harm by disposing the individual to harmful behaviors. For the proximal processes, the social situation of the individual and their expectations of harmful behavior influence their self-harm functions including intrapersonal or interpersonal motivation which in turn influence the specific harmful behavior either self-harm or aggression (Spaan et al., 2022). Some individuals may also choose to engage in both behaviors that are dual harm as an emotional regulation response to their distressing emotions or fulfill their interpersonal dimensions. According to the model, the resulting behavior later affects the environmental response and a victim's experience (Shafti et al., 2021). The model also holds that through the learning processes, the response may fortify one's dysfunctionality and feedback into their personality traits and expectations resulting in repeated dual harm.

2.3 Empirical review

2.3.1 Methods of self-harm

A study conducted by Garisch & Wilson (2015) among New Zealand adolescents sought to assess the prevalence, correlates, and prospective predictors of non-suicidal self-injury in a community sample of 1162 adolescents with a mean age of 16.35. Two self-report questionnaires were used to collect data from the respondents at two different periods, five months apart. The study established several self-harm methods among the participants including self-cutting,

banging, burning, carving, hair pulling, preventing healing, especially for wounds, overdose, and drug and substance abuse (Garisch & Wilson, 2015). The researcher further reported that hair pulling and cutting were more prevalent among female participants while banging, drug and substance abuse, and skin carving were more prevalent among male respondents. The study also concluded that cutting was the most common form of self-injury

Quarshie et al. (2021), in Accra Ghana, sought to examine various aspects of self-harm including the methods and reasons for self-harm as well as sociodemographic factors and life events associated with self-harm among school-going and street adolescents. The researcher recruited a total of 2107 participants out of which 1723 were drawn from schools while 384 from streets, both boys and girls aged 13-21. To collect data, the researchers administered a structured self-reported questionnaire which requested participants to describe their experience of self-harm as well as their social, demographic, and personal information (Quarshie et al., 2021). A checklist of sixteen commonly reported methods of self-harm including burning, cutting, suffocating, and jumping from a height among others was used to find out methods of self-harm. The researchers broadly classified these methods into self-injury and self-poisoning. The findings of the study revealed that self-injury was more prevalent at 54.5% compared to self-poisoning which stood at 16.2%. the study also identified the use of medication and substance abuse as common self-poisoning methods and cutting, hitting oneself, and pulling hair as the common self-injury methods among the population.

In a systematic review of the risk and protective factors associated with self, Aggarwa et al. (2017), sought to uncover the evidence relating to the prevalence of self-harm and methods among youths in developing countries and its relationship to economic status, family functioning social relationships as well as school performance. The study which involved analysis of previous

work among low-income countries revealed several methods of self-harm including banging and hitting which were most common as well as cutting, scratching, and wound picking (Aggarwa et al., 2017), In hospital- based studies according to the findings, self-poisoning with overdose drugs and use of pesticides were reported to be common

2.3.2 Triggers for self-harm

Hetrick et al. (2020), conducted a study to establish the needs of youth who engage in self-harm and the findings of this study will be useful in providing answers to the research questions in the current study. The study which was carried out in Melbourne, Australia involved seven young people who had been involved in self-harm. The researchers were interested in establishing the immediate triggers of the urge to self-harm as well as the mechanisms that victims used to manage the urges they experienced (Hetrick et al., 2020). Using semi-structured interviews, the researchers captured data on the immediate triggers of the urge to self-harm as well as helpful strategies to manage such urges when they occur. The thematic analysis incorporated with a general inductive approach was employed to identify several themes based on self-harm triggers and coping strategies. The findings of the study revealed several triggers as reported by the respondents such as distressing feelings, perception of isolation, difficulties creating and maintaining relationships, social comparison, subjection to self-harm through friends and social media as well as challenges related to school life and academics (Hetrick et al., 2020).

The findings of the study rated distressing emotions as the common trigger among the participants. Different aspects of this theme were reported by the participants, for instance, some noted that they felt responsible and helpless when close friends harmed themselves and as a result, they were triggered to take part as well. Some reported that they were feeling like a burden to their families and this sense of distress caused them to harm themselves (Hetrick et al., 2020). Others reported feelings of shame and embarrassment after substance use as triggers of self-harm. They

clearly state that being intoxicated by drugs and substances was in itself not a trigger to self-harm but rather the emotions that follow such as the guilt of using substances. A sense of isolation was another theme identified in the study and it was associated with separation from friends and family. Some reported that they felt like their family members did not show them love and support and that triggered self-harm (Hetrick et al., 2020). Others also reported to have experienced stigma from others based on their sexual orientation which made them feel isolated and turn to self-harm as a remedy. The inability to express emotions and concerns also created a feeling of isolation among participants. This research was carried out in Australia. The self-harming phenomenon is still unknown in Kenya. Hence the need for the current research.

The third theme of exposure to self-harm included reading self-harm stories, hearing about other peoples' experiences, as well as seeing scars of self-harm. Many of them reported that seeing their friends do it triggered them to self-harm (Hetrick et al., 2020). Others reported that they were triggered to self-harm after learning that many people do it. From the study, other participants reported that viewing self-harm-related pictures and videos on social media platforms such as Instagram made it look normal and triggered them to take part. Also, some noted that the scars indicated that the wounds were healing and were a trigger that another one had to be created leading to continuous involvement in self-harm activities. Another dominant theme was relationship difficulties among friends, family, and intimate partners. Failing to meet the expectations set by parents and breaking up with friends and intimate partners were triggers of self-injury. Few participants also reported that being mocked by family instead of supporting them after discovering they were self-harming was a trigger too (Hetrick et al., 2020). Social comparison based on the findings included difficulties meeting the expectations of the peers and comparing self-harm images with others were triggers. Finally, school-related challenges such as poor

performance, bullying, and pressure from teachers were identified as triggers under the sixth theme.

Garisch & Wilson (2015) Based on the triggers, the researchers established both psychological and social triggers of self-harm among them alexithymia, depression, anxiety, self-esteem, bullying, and substance abuse. According to the study, depression creates a negative state of mind for the victims who in turn attempt to modulate the state through self-injury which gives them a sense of relief (Garisch & Wilson, 2015). The study also associated non-suicidal self-injury with individuals' internal resources of emotional management including impulsivity, low mindfulness, poor emotional awareness low cognitive appraisal as well as repression of emotions. Lack of the ability to regulate emotions also known as alexithymia results in alternative ways of emotional management among the victims including self-harm. The findings also linked intentional self-injury to all types of abuse and trauma such as bullying and childhood abuse (Garisch & Wilson, 2015). Based on this, the study established that self-injury offers an escape from symptoms of trauma and effects of abuse among the victims by evicting intrusive memories which results in continuous self-harm. The current research seeks to find out the triggers of self-harm among high school students.

Further, the study reported that intentional self-harm was more prevalent among bullied adolescents indicating that a history of bullying predicted intentional self-harm (Garisch & Wilson, 2015). At the same time, adolescents who engaged in self-harm were easy targets of bullying due to low self-esteem and poor emotional regulation. Also, some self-harming adolescents may seek abuse and bullying from others as another way of self-harming. Finally, the study sought to establish the relationship between substance abuse and found out that self-harming respondents tend to turn to substances and alcohol when dealing with emotions (Garisch & Wilson, 2015).

Thus, substance abuse can be a form of intentional harm or a coping mechanism when triggers to self-harm arise. The study clearly explains the triggers of self and brings out a comprehensive correlation between the two (Garisch & Wilson, 2015). However, having been conducted in New Zealand limits its application in Kenya which is the context of the current study. The study also fails to outline the mitigation measures employed by the victims to deal with these triggers and also the forms of self-harm that they use. Thus, the study does not exhaust our objectives and is limited to our context

The findings of the study by Quarshie et al. (2021) attributed self-harm among adolescents to interpersonal issues that is the relationship with others or the surroundings. Most of them mentioned family problems including lack of power due to age and gender, unachievable parental expectations, criticism from parents, severe punishments, forced or early adultification, and feelings of mistrust by family members as major triggers of self-harm (Quarshie et al., 2021). Others reported physical and sexual abuse, conflict with peers' problems with school work, and bullying as the triggers to their self-harm activities. According to the researchers, familial relationship problems were considered the main trigger of self-harm among adolescents involved in the study

The study also found out that adolescents perceived self-harm as a strong and understandable way of communication and response to whatever they go through. They therefore used it as a means of protesting against unfair treatment, an appeal for help to come out of the challenges, and a cry for a change of behaviors among family members (Quarshie et al., 2021). According to the participants, acts of self-harm helped them to express their feelings in the process of seeking help and a chance to be heard. Thus, their perceived outcome was that self-harm draws attention and makes people listen to their cries. The approach to identifying methods of self-harm was limiting since it categorized the methods into two self-poisoning and self-injury (Quarshie et

al., 2021). Secondly, the study focused on the interpersonal triggers of self-harm ignoring the intrapersonal aspect. The current study intends to breach the gap by exploring more methods of self-harm by leaving the question open so that all possible methods adopted by participants may be revealed. The study will also explore intrapersonal reasons for self-harm in addition to interpersonal

A similar study by Aggarwal et al. (2017) also analyzed the triggers of self-harm and reported interpersonal issues such as family conflicts, peer influence, school-related pressure as well as difficulties in relationships. To mitigate triggers to self-harm, the study pointed out having understanding families, connecting with friends as well as higher school competency. This was a systematic review that relied on secondary data collected several years back. In addition, the study does not fully explore the mechanisms of mitigating self-harm risk factors. As such primary data will be necessary to fill the gap and provide current data and findings on the topic of the study. In addition, one of the objectives of the current study is to explore mitigation approaches to self-harm urges, thus the aspect will be fully explored

Yedong et al. (2022), conducted a study in Bamako, Mali, to understand predictors of self-harm, suicidal ideation, and attempts among school-going adolescents. The study which involved 606 participants aged 10-20 years recruited through convenient sampling employed a questionnaire survey to obtain data about the associated factors of self-harm. About 44.4% of the respondents representing both boys and girls reported having deliberately harmed themselves at some point in their lives. The study did not identify any significant sex difference for self-harm behaviors among the respondents. From the findings, it was established that several factors resulted in self-harm behaviors among adolescents. Poor academic performance, severe depression or anxiety, knowing someone with self-harm experiences as well as being bullied at school were

among the reported risk factors. The study also pointed out that older respondents were at a higher risk of being involved in self-harm acts compared to young respondents between 10-14 years. The study was carried out in Mali limiting its application in Kenya. Besides, it does not exhaustively explore the phenomenon of self-harm leaving out major aspects such as methods of self-harm as well as coping mechanisms which are crucial points of study in the current research.

Finally, Misigo (2021) explored the underlying causes of risky behavior among secondary school students in Uasin Gishu County, Kenya. The researcher recruited seven participants who exhibited suicidal behavior. They included four females and three males. Using the phenomenological approach, the researcher conducted the research where he allowed the respondents to express themselves through open-ended interview questions. After the analysis, the study identified several factors associated with suicidal risk behaviors including depression, hopelessness, negative emotions, exposure to related social media content, sexual abuse as well as lack of parental love (Misigo, 2021). The study relates to the current research in that it focuses on teenage students and it also explores the risk factors. However, the study specifically focuses on self-harm with suicidal intent which is not the case in the current study and therefore limits its application and creates a gap to be filled by the current research.

2.3.3 Mitigation measures for self-harm

In response to what mitigation measures they use to overcome the urges to self-harm, a number of them were highlighted. It was established that each individual had distinct ways of dealing with the urge based on their mood, level of despair, and personal interest among others (Hetrick et al., 2020). Distractions were identified as helpful ways of dealing with self-harm impulses. They could divert the energy to other positive activities such as going for a workout. Connecting is another mitigation measure reported in the study where participants noted that it reduces their sense of isolation and makes them feel cared for consequently reducing the urge to

harm themselves. However, some reported avoiding connectedness citing that it makes them disclose their behavior to people who report them to their parents. As such they prefer connecting with people who do not know much about them reducing the risk of disclosure (Hetrick et al., 2020). Such victims seek companionship from social media and helplines. Shifting the environment was another helpful mechanism adopted by many victims.

Many also reported that getting out into public spaces, structured settings, or in the presence of other people helped them manage the urges to self-harm (Hetrick et al., 2020). Finally, others also highlighted the importance of mimicking strategies when dealing with urges to self-harm such as flicking a rubber band around the wrist or holding an ice cube in the hand. To some, it was an effective mitigation measure while others said it did not give them the same feeling they expect from real self-harm. The study outlines triggers of self-harm and clearly describes the associated mitigation measures that form the objects of the current study. However, it was conducted in Australia which limits its application in Kenya. The current study therefore intends to fill this gap by providing findings in the Kenyan context. The study also failed to identify the types of self-harm adopted by the victims which is another objective of the current study. The review of the past literature unveils the prevalence of self-harm globally, regionally, and locally. Many scholars have attempted to explore the concept of self-harm but there still exists many gaps to be breached by the current study. Based on the objectives, studies conducted on an international level seem to have considered all the objectives of the current study. However, considering that this study is focused on Nairobi County in Kenya, it is illogical to assume the findings of a study by Garisch & Wilson (2015) in New Zealand, or Hetrick et al. (2020), in Australia, or Stănicke (2021) in Norway may apply in a Kenyan context. Furthermore, some studies have been conducted in Africa, but the findings do not fully satisfy the needs of the current research. Quarshie et al.

(2021), only explore the methods of self-harm and associated risk factors leaving out the important aspect of mitigation measures.

Aggarwal et al. (2017), carried out a systematic review that focused on methods, risk, and protective factors but they are not comprehensively explored since the researchers rely on secondary data. Yedong et al. (2022), focused on the triggers of self-harm and leaves out other aspects of interest such as methods of self-harm and mitigation measures. Another limitation of the African studies is that they focus on the interpersonal aspects which are more sociological and ignore the intrapersonal aspects which are more psychological

2.4 Conceptual Framework

The conceptual framework provides a brief description of the relationship between the study variables based on the study objectives and research questions. A diagrammatic presentation is used to show the relationship between the variables.

Figure 1: Conceptual Framework



Self-harm is defined as the deliberate infliction of pain and damage to an individual's own body. This can be done through cutting, hitting, scratching, burning, substance abuse, or drug overdosing (Satherley et al., 2022). Triggers are those factors that motivate victims to engage in self-harm activities; in other words, reasons why young people engage in acts of self-harm. Coping

mechanisms involve techniques employed to overcome the urge to harm oneself (Demuthova & Demuth, 2019). Finally, perceived outcome describes the expected result of self-harm; what the victims feel or expect to feel after harming themselves.

2.5 Summary

The chapter presented a review of the literature related to the topic of study. Starting with a brief introduction, the chapter proceeds to describe two theories that are useful in explaining the study variables. The second section analyses previous research works by other scholars to justify the current study objectives. A conceptual framework with a diagrammatic depiction of the relationship between variables and a short description of the concepts wraps up the chapter. The review and analysis of previous studies will guide the researcher in the next chapter in determining the most suitable methodology for the research. The next chapter will explain the methodology to be adopted by the study in sampling respondents, collecting data, analyzing and presenting the findings.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter reviews various methodologies that the researcher employed in carrying out the study. The chapter begins by defining the research philosophy, design, population as well as sampling technique. It goes on to describe the instruments the researcher intends to use in data collection and describes how the validity and variability of the chosen instruments will be determined. Data collection and analysis procedures are also well explained with the ethical consideration aspect finalizing the chapter.

3.2 Research Philosophy

This describes the nature, sources, and limitations of knowledge in the study. It can also be defined as a theory of knowledge that defines how the phenomenon under research will be studied (Johnson, 2021). It is a framework that directs how the research is to be conducted based on ideas and the nature of knowledge. This study employed interpretivism. This is because of the subjective meaning of social phenomenon of self-harm. Interviews and observation was also used.

3.3 Research Design

The study employed a qualitative approach with a phenomenological research design which involved collecting and analyzing non-numerical data (Johnson, 2021). This approach was preferred because it allows for an in-depth exploration of the lived experiences of the respondents. A Qualitative approach also allows for subjective examination through transparency and openness through the use of in-depth interview questions that provide a comprehensive understanding of the subject under review (Conducting Surveys, 2021). The research utilized a phenomenological research design which involved exploring participants' experiences while ignoring the researcher's presumptions about the phenomenon under study. According to Rahi (2017), this design allows

for an in-depth analysis of small samples up to the saturation point.

3.4 Location of the Study

The study was conducted at Our Lady of Mercy Secondary School and Embakasi Girls Secondary School in Embakasi, Nairobi. Our Lady of Mercy Girls Secondary School is a public county girl boarding school situated in Hazina, South B, Makadara sub-county. With a population of about 1,000 students, the school was found suitable for our study because it is a girls' school and the administration was willing to take part in the study. Embakasi Girls Secondary School is also a county girls' day and boarding school located in Embakasi sub-county in Nairobi. The topic under study is a sensitive one and many school did not allow it. However, the principals of the two schools under study understood the benefit of the study and granted permission for it.

3.5 Target Population

A target population is a specific group of the population with similar characteristics that have been identified by the researcher as the audience for the study. It is a portion of the universal population selected for a particular study (DiscoverPhDs, 2020). The target population for this study was students from form one to form four from Our Lady of Mercy Secondary School and Embakasi Girls Secondary, Nairobi. The inclusion criteria considered girls from both schools who were willing to participate regardless of their class and background.

3.6 Sampling Design

This is the process of selecting the required number of objects for the study from the entire population (McLaughlin, 2020). The study being phenomenological research and studying a highly sensitive experience, the researcher relied on only participants who were willing to take part after proper explanation; hence, convenience sampling together with a purposive sampling technique was employed (Merriam & Tisdell, 2016) where the schools' guidance and counseling department directed the researcher to those students who had sought help regarding this phenomenon and were willing to take part in the study.

3.7 Sampling Technique

This study used purposive sampling in the general outlook. This is because of the permission needed for the schools as well as the participants. Specifically, criterion sampling was also used to limit the participants to only those who have experienced the phenomenon under study which is self-harm (Rahi, 2017). A total of 7 participants were selected with the hope of reaching saturation in terms of the feelings, thoughts, and descriptions of the participants.

3.8 Sample Size

Selvam (2017) describes a sample size as a smaller group that is carefully selected to represent the target population. The sample size for the current study alludes to the identified participants who have had experiences with self-harm and were willing to share their experiences. The study therefore identified 7 participants who took part in the research interviews.

3.9 Research Instruments

Turale (2020) defines research instruments as tools used to collect data on the topic of the study and are determined by the type of research to be undertaken. The researcher formulated semi-structured interview questions to help in obtaining information on the types of self-harm, triggers for self-harm, and the mitigations of self-harm. A semi-structured interview was preferred as it gives the researcher the autonomy to ask open-ended questions and follow them up with probe questions to further explore their responses (Melnikovas, 2018) allowing the researcher to explore the thoughts and beliefs of the participants about the topic under study. The researcher administered face-to-face interviews where he sought consent from the participants to audio record the conversations. The interviews were facilitated in English and Swahili languages which are official languages in Kenya and the conversations were recorded by the researcher. The researcher also took notes during the interview to support the recordings.

3.10 Pre-testing of the Research Instruments

This is undertaken to determine how practical the study instruments are as well as their level of accuracy and consistency in obtaining the required data (McLaughlin, 2020). The interview guide instrument was piloted in Moi Girls High School, Nairobi, where three participants who were not included among the 7 participants of the current study were taken through the interview questions by the researcher. The pre-testing process ensured the credibility and confirmability of the research instruments.

3.11 Worthiness and Trustworthiness

To establish the trustworthiness of the study, the researcher ensured the credibility, transferability, confirmability, and dependability of the findings. These, as reported by (Turale, 2020) are measures of trustworthiness of research findings.

3.10.1 Credibility

To ensure the credibility of the research findings, the researcher used the participant validation technique. As Yin (2016) puts it, participant validation also known as member checking is a quality control mechanism where respondents are involved in the verification of the research findings. The researcher achieved this by reading the notes captured during the interview to the participants to have them verify their responses. This ensured the accuracy of the responses and consequently credibility of the final results of the study

3.10.2 Transferability

Transferability is the ability of the researcher to demonstrate that the findings of the study apply to other contexts and are helpful to other researchers (Scott et al., 2016). The researcher achieved this by providing a rich description of his experience of the data collection process. The researcher gave a detailed account of the contexts and timings in which the study took place and other aspects that offer a clear understanding of study settings to facilitate transferable decisions.

3.10.3 Confirmability

(Carcary, 2020) defines confirmability as the extent of objectivity of the research findings.

It is the level of conviction that the study findings are based on the responses of the participants rather than the presumptions and biases of the researcher. To ensure confirmability, the researcher adopted the audit trail strategy where a detailed description of the phases of research from the beginning to the end including data collection and analysis processes was provided to affirm the objectivity of the research findings (Yin, 2016). The researcher exercised transparency throughout the study process as a way of strengthening the confirmability of the study results. That means any presumptions pre-judgements or biases by the researcher likely to affect the results were openly disclosed.

3.10.4 Dependability

According to Scott et al. (2016), dependability is the degree to which a similar study can be carried out by different researchers and reveal the same results. Dependability because it assesses the thoroughness of the research process and the consistency and replicability of the research findings. One way of evaluating the dependability of the research findings is by conducting an inquiry audit where data and any other relevant documents relating to the study are scrutinized by an external party (Scott et al., 2016). The researcher therefore documented all the processes in detail to allow for review by future researchers. The collected data was also made available by the researcher to facilitate the assessment.

3.12 Data Collection Procedure

Data collection was carried out at Embakasi Girls Secondary School and Our Lady of Mercy Girls Secondary School in Nairobi County. The researcher followed the relevant procedures in the process of data collection. First, the researcher obtained the Ethical Clearance Letter from the Tangaza University College Research Ethics Committee and other institute documents which enabled him to get the research license from the National Commission for Science Technology and Innovation. With the license, the researcher sought permission from the respective school

administrations through the guidance and counseling departments. The necessary principles were also followed during the data collection process including formal introductions, explaining the nature and purpose of the study to the participants, and making sure they signed the consent forms before the beginning of the interviews. Consent to record was also sought verbally by the interviewer before the beginning of each interview.

The researcher conducted all seven interviews face-to-face with the respondents on dates and times that participants found convenient. Being learning institutions, evening hours after classes were convenient for all participants. The interviews were conducted in respective schools and each participant was allocated thirty minutes to share their experiences. All participants agreed to audio recording and therefore all responses from the seven participants were recorded.

3.13 Data Management

The researcher kept safe the raw data collected in the form of audio recordings and interview notes. The researcher encrypted the soft copy data with a password while the hard copy data was securely locked in storage cabinets away from the reach of any other person. Backup copies of both raw and processed data were also made available to safeguard the researcher against eventualities such as the original copies getting sabotaged or stolen. The researcher also ensured that the raw and analyzed data were available for use by future academic scholars

3.14 Data Analysis

Thematic analysis technique was used to analyze descriptive data. This involved evaluating data by grouping the contents into words and concepts to identify similar themes about the study objectives (Williams & Moser, 2019). The method allowed the researcher to identify repeated patterns among respondents' experiences which were used to establish similar themes on the topic under research. The researcher systematically followed the four-step process including; familiarizing with the textual data transcribed, establishing and coding themes from the text,

harmonizing and classifying sub-themes, and finally categorizing them into major themes. To achieve this, the researcher started by carefully going through the raw textual data while identifying phrases and sentences that corresponded with the coding template. The codes identified were then used to synthesize and fine-tune the phrases and sentences into sub-themes. The sub-themes were then categorized into major themes and this formed the findings report of the current study.

To enhance the data analysis process, the researcher adopted and used Nvivo software which was tested before the data collection process and found effective and efficient. The software was chosen because it was available for free and its features made the coding process swift and effective.

3.15 Ethical Considerations

After the approval of the proposal, the researcher first sought permission from the program leader whose authorization was presented to the Tangaza University College Research Ethical Committee (TUCREC) for clearance to conduct the study. Using the clearance from the school, the researcher applied for a research permit from the National Commission for Science, Technology, and Innovation (NACOSTI). The researcher also sought permission from the Ministry of Education at the county level as well as the school administrations.

Before the start of all interviews, the researcher explained the purpose of the study to the participants and clarified that it was for academic purposes. The researcher also assured respondents of their safety, confidentiality, the need to be honest, the voluntary aspect of the exercise, the freedom to pull out of the exercise at any stage without any form of punishment, and the lack of any form of compensation for participating in the study. All participants filled and signed the consent forms to confirm their willingness to be part of the study and as such none of the respondents in the current study was forced to take part in the interviews. After the data

collection exercise, the researcher securely and safely stored the recordings and interview notes to ensure confidentiality

3.16 Summary

The chapter has anatomized various methodologies that were adopted by the researcher in the process of data collection and analysis. The research philosophy formed the foundation of the chapter followed by the research design which constituted of definition of the target population, sampling technique, and sampling frame. The instruments that were employed in the data collection process have also been presented as well as the approach to data analysis. The final part provided the ethical considerations to be observed during the study.

CHAPTER FOUR

FINDINGS

4.1 Introduction

This chapter presents the findings of the study. It starts with a brief description of the data analysis approach and how the report on the findings was arrived at. It presents the participants' demographics followed by the findings based on the research objectives. A summary of the study findings concludes the chapter

4.2 Data analysis method

The researcher undertook a thematic analysis with a general induction approach where themes were derived based on specific objectives. The raw data was condensed in line with the objectives and this formed the basis for the research findings. The responses from participants were recorded by the researcher who interviewed them. This was the raw data in the research. In carrying out the interviews, the researcher considered three principles that guide qualitative research interviews. These included credibility where respondents were given a summary of their responses at the end of the interview to confirm the accuracy of the responses. Secondly, the interviews were recorded to capture direct quotes to exemplify themes and finally, six phases of analysis were followed including transcribing and reading, generating initial codes, searching for themes, reviewing the themes, naming them, and producing the report to ensure the dependability of the data collected

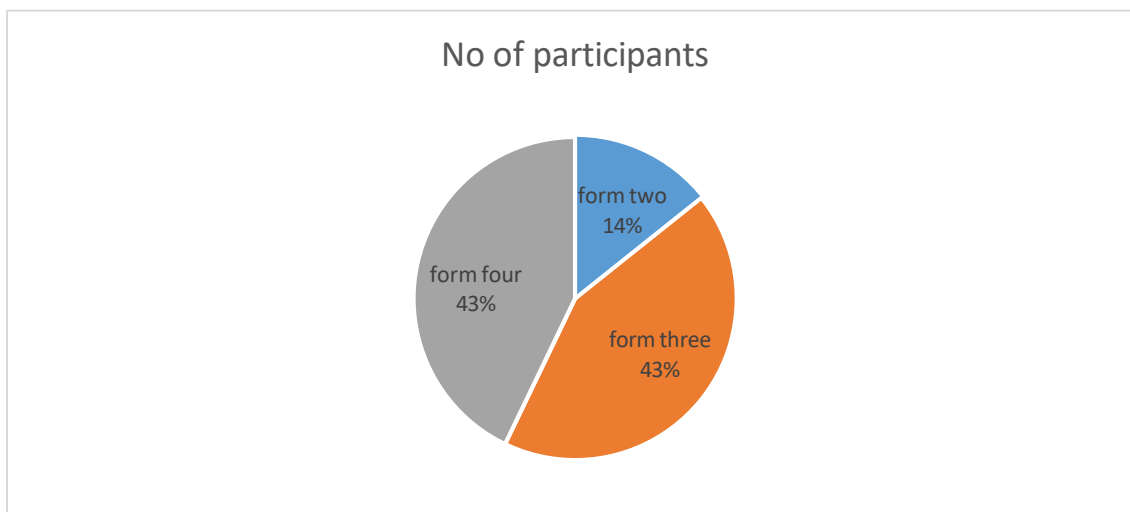
4.3 Demographic Characteristics of Respondents

In total seven female respondents from two different girls' schools were interviewed. The participants were students from Form one to form four

4.3.1 Distribution of Participants by Class

Figure 1 shows the distribution of the participants who participated in the study in terms of class. From the analysis majority of participants were form three and form four students at 43%. Form two students were represented by 14%. This could mean that self-harm is more prevalent in the upper classes or that self-harm victims from the upper classes seek help compared to those in forms one and two.

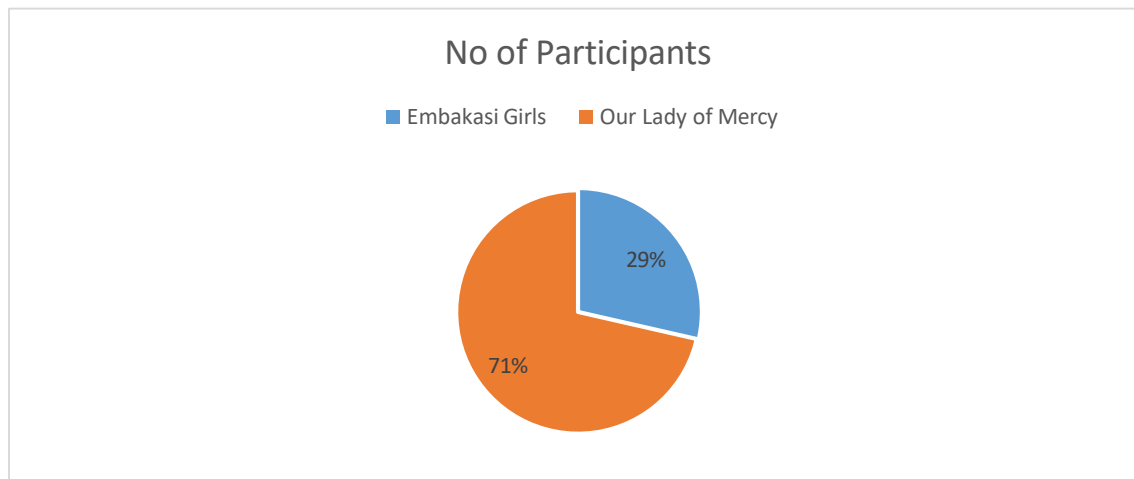
Figure 2: Distribution of students per class



4.3.2 Distribution of Participants Per School

Figure two shows the distribution of students based on the school. The results show that a larger number of participants came from Our Lady of Mercy at 71% compared to 29% from Embakasi Girls. This could imply that the rate of self-harm behavior is higher in the latter school than in the former. It could also mean that victims of self-harm in Our Lady of Mercy seek help compared to those in Embakasi Girls since the sampling technique employed was purposive and convenient sampling.

Figure 3: Distribution of students per school



4.4 Emerging Themes

Three major themes unfolded from the current study based on the objectives; the methods of self-harm, triggers for self-harm as well as possible mitigation measures for self-harm.

4.5 Types of self-harm

Table 1 *Methods of self-harm*

| Theme | Files | Coding References |
|-----------------|-------|-------------------|
| Self-harm types | 7 | 11 |
| Cutting | 7 | 8 |
| Burning | 1 | 1 |
| Scratching | 1 | 1 |
| Taking medicine | 1 | 1 |

Note: This table summarizes the theme, files and code references related to the methods of self-harm.

From the responses from the participants. Several sub-themes arose; cutting, scratching, burning, and taking medicine. All participants described self-cutting as a method of self-harm and it appeared to be the most dominant form of self-harm among the respondents. Participants reported that they use different devices to cut themselves including, razors, sharpeners, mirrors, scissors, and scalpels. Hands, thighs, stomach, and chest also appeared to be the most common

parts of the body harmed by participants.

The responses from some the respondents came out as cutting. This type of self-harm was echoed by some of the statements such as:

'I use the scalpel to cut my hands and thighs' (**Participant 1**).

'I harm myself by cutting my hands using a razor blade' (**participant 2**) *'I cut my hands using a sharpener razor'* (**participant 3**).

I cut my arms, thighs, and my stomach, I use a razor blade' (**participant 4**).

'So it was stressing me because this time I would study and I could not get anything on my mind. So I just decided to start cutting myself on my hands' (**Participant 5**).

Cutting is one the types of self-harm noted here, and a lot of respondents or people results to cutting. Cutting can lead to physical injuries or marks. It can get contaminated too with bacteria and other micro-organisms. Therefore, result in more issues.

Scratching was another type of self-harm reported by the respondents. Scratching was elucidated as a form of self-harm that came out. It encompasses the use of tree branches and sharp pencils were objects reported to be used in this form of self-harm.

'Sometimes I can use a pencil or sharpen a pencil, when it is sharp I start drawing something on my body or I use a razor to harm myself, like, I cut myself on my hands, yeah, most likely those two' (**participant 6**).

One respondent also reported using hot water to burn her body and one more reported taking unprescribed medicine or taking an overdose. This shows that burning was one the many ways or types of self-harming that the respondents used. The responses came out as *'I burnt myself with hot boiling water'*, *'I took it and poured it on myself'* (**participant 1**).

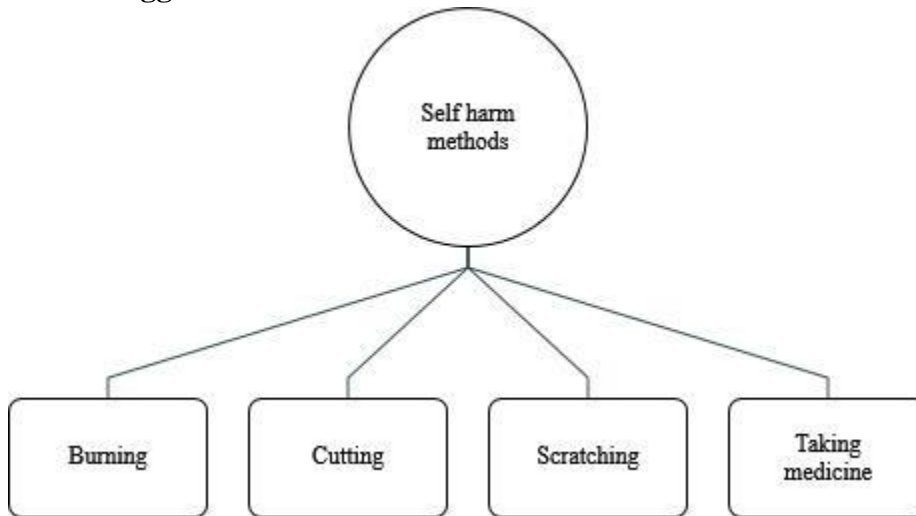
Another type of self-harm that resulted from the research is that of taking medicines. This is basically taking medication with the motive of causing harm to self, this was seen in the response

'oh, maybe cutting myself, taking medicines, yeah' (Participant 7).

The figure below shows a visual representation of the methods of self-harm as reported by respondents.

Figure 4: Types of self-harm among respondents

4.4.1 Triggers for self-harm



From various triggers explained by the participants, several sub-themes arose; distressing emotions, relationship difficulties, academic pressure loss, grief, bullying, and addiction as shown in the table below.

Table 2 Themes Related to Self-Harm Triggers

| Theme | File | References |
|---------------------------|------|------------|
| Triggers for self-harm | 7 | 12 |
| Academic Pressure | 2 | 2 |
| Addiction | 1 | 1 |
| Bullying | 1 | 1 |
| Distressing Emotions | 3 | 3 |
| Loss and Grief | 2 | 2 |
| Relationship Difficulties | 2 | 2 |

Note: This table summarizes the themes, associated files, and references related to triggers for self-harm.

4.4.2.1 Distressing Emotions

The theme of distressing emotions was described by most respondents and it appeared to be the primary trigger for self-harm urges with other sub-themes causing distressing emotions thus

triggering self-harm. The first respondent reported that being bullied by her schoolmates made her feel very little and this made her hate herself leading to self-harm.

'I got bullied and one, the people who were bullying me made me feel like am not enough like am not worthy, they made me feel so very little. like, am just always bitter with myself all the time, like I just do not see if am doing anything the right way. Am always in the wrong, and that is what made me start self-harming. yes, cause any time I feel like being frustrated or angry, I always feel the urge to cut myself' (Participant 1).

In this case, bullying caused distressing emotions leading to self-harm. Another participant described anger as the main trigger for self-harm, that she does not like people seeing her cry so when she is feeling sad instead of crying, she turns to self-harming.

'The first day I self-harmed, it was because I was angry and when am usually angry, I usually tend to remove the feeling by cutting. the other times maybe when am feeling sad, I usually cut cause I do not, like I do not like when people see me crying, so instead of crying, I just cut myself' (Participant 4).

Another respondent noted that having much stuff in the head and being unable to share what she was going through was the main trigger for her self-harm as a way out without talking to someone.

'I used to have a lot of things but am not the type of a person that would go and talk to people, I can't. Sometimes it got worse, when I have a lot of stress I am unable to breathe sometimes I can't see, it is as if everything has gone black. So it pushed me to start harming myself, so I started cutting myself on the wrist with a razor blade or anything that I will find sharp' A lot goes in my head but am not used to opening up to people' (participant 6).

The participant also added that these thoughts bring anger and pain and her response when

asked what emotions the thoughts bring was;

‘Anger, a lot of pain, sometimes I tend to laugh yet I do not know if it is a laughing matter I laugh, I just feel a lot of pain, most of it is pain’. **(Participant 3).**

The loss of a loved one cause a lot of sadness resulting to cutting.

‘it happened a way back when I lost someone who is close to me, so I felt sad, I just wanted to cut myself’ **(Participant 3).**

4.4.2.2 Loss and Grief

Two participants also described the loss of their loved ones as reasons for self-harm. They turned to self-harm as a way of coping with the losses. One participant noted that the loss of the father made her think a lot and led to self-harming.

‘The other reason is that in march 31st during school days, I received the news that my dad passed, now I stayed home for more than a month because of that, now when I came back, it made me like think a lot and it made me harm myself’ **(participant 2).**

The second participant noted that the loss of her mother who was so close to her caused a sense of isolation resulting in self-harm.

‘It happened a way back when I lost someone who is close to me, so I felt sad, I just wanted to cut myself. the person was my mom. she was really close to me, so when I lost her. It just went like, I had nothing to do. So I started being keeping things to myself, and I started to distance myself from others. Those actions made me feel like hurting myself when I was alone’ **(participant 3).**

4.4.2.3 Academic Pressure/Unachievable Parental Expectations

A few of the respondents also attributed self-harm to difficulties in school and expectations from their parents. One respondent reported that after transferring schools the father pressured her to maintain position one which she held in the previous school and this made her harm herself.

‘Before I transferred to this school, in my former I was in position three. Now my dad

coerced me like to be position one. Now that made me have stress and I started harming myself'
(Participant 2).

Another participant noted that the scolding and insults she received from her mother for dropping her performance instilled fear of exams in her and she turned to self-harming to deal with the fear.

'The reason why I self-harm is actually because of school. Yeah, there is a time I did not do so well and I have a strict parent. a strict parent, and I really dropped drastically and I did not know the reason because I did everything, I studied and I did everything but I still failed. So it gave me stress, and when it gave me stress, there is nothing I did about it. But when I went home, my mom scolded me, she insulted me, she even told me that am worthless and she told me that she doesn't want me and so for me I felt very bad and I felt like am not wanted. So when I got back to school, I... when the next exam came, when the next exam was coming, I feared it. Yes, I feared the exam. So it was stressing me cause this time I would study and I could not get anything on my mind. So I just decided to start cutting myself' **(Participant 5).**

She described her trigger for self-harm as fear of failure and the pressure associated with academics.

'So for me it was fear of failure, and academic pressure' **(Participant 5).**

4.4.2.4 Relationship Difficulties

Another trigger that came up during the interviews was difficulties relating to families. One respondent noted that family was the main reason why she self-harmed. According to her, the fact that she is the last born and she is becoming an adult is a challenge because growing old has caused her to drift away from the family relationship with her parents and siblings. The participant reported that the way the rest of the family has been bonded together is different from how she has bonded and this triggers her urge to self-harm.

'Okay, family is a lot of things. Yeah, especially the fact that am the last born am growing older, okay am old, and then yeah, I like parting and a lot is happening there. yeah parting, like drifting away from family. According to the rate at which they have bonded with the rest, it looks different' (Participant 7).

Another theme that arose under relationship difficulties was a sense of isolation that resulted from the loss of a loved one. The participant noted that after losing the mother, she started staying by herself and keeping things to herself because she did not have someone to share with and this triggered an urge to self-harm.

'She was really close to me, so when I lost her. It just went like, I had nothing to do. So I started being.....keeping things to myself, and I started to distance myself from others. Those actions made me feel like hurting myself when I was alone' (Participant 3).

4.4.2.5 Bullying

Bullying also emerged as a trigger for self-harm. One participant who started self-harming after being bullied described it as the main trigger. Bullying brought upon her a negative self-image and led to her first instance of self-harm which later became a habit.

'Yes, I got bullied and the one, the people who were bullying me made me feel like am not enough like am not worthy, they made me feel so very little and that is when I started hating myself. yes, like, am just always bitter with myself all the time, like I just do not see if am doing anything the right way. Am always on the wrong, and that is what made me start self-harming (Participant 1).

This theme can however be linked to emotional distress because the feeling the respondent experienced was the real trigger for self-harm.

4.4.2.6 Addiction

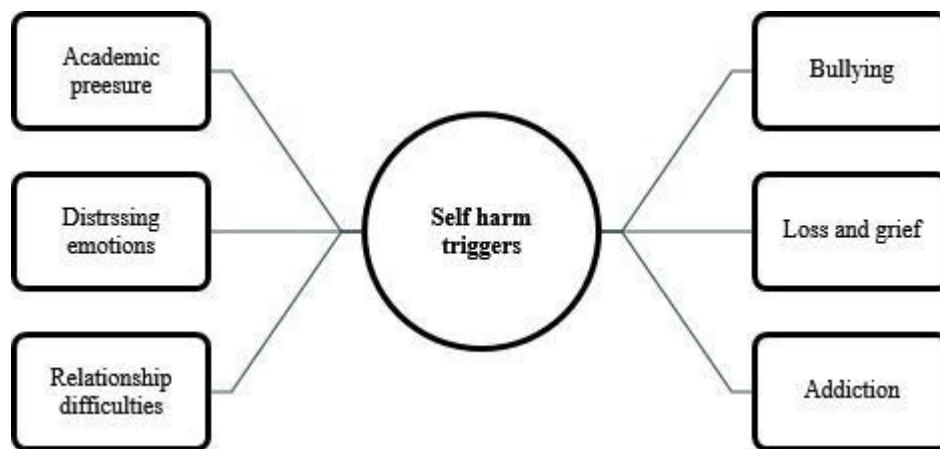
Addiction also occurred as a trigger for self-harm. A participant who was self-harming

attributed it to addiction as a result found it difficult to stop as it now creates the feeling of high. The circle of addiction in the picture is shown when she said

‘Okay, I started self-harming last year in February, I cut my wrists, my thighs and self-harming is kind of addictive’ (Participant 1).

This theme is important is unique and throws up the double dimensions of self-harm

Figure 5: Triggers for self-harm among respondents



The table shows a diagram representing some of the results of the triggers of self-harm. It is surrounded by bullying, loss and grief, addiction, academic pressure, distressing emotions and relationship difficulties. These triggers for the respondents are some of the causes of self-harm.

4.4.3 Mitigations to self-harm

For this particular objective, participants were asked the kind of help that they would like to get. The researcher approached this in terms of long-term mitigation and according to the responses; having someone to listen and therapy were suggested as ways in which victims can be assisted to get out of the habit. However, some were not sure of the kind of help they needed while others thought they did not need help at all and these also formed part of the sub-themes under this objective. The table below shows the codes under this theme.

Table 3 Mitigations to Self-harm

| Themes | Files | References |
|---|--------------|-------------------|
| Mitigations measures for self-harm | 7 | 7 |
| Do not know | 1 | 1 |
| Do not need help | 2 | 2 |
| Having Someone to listen and understand | 7 | 3 |
| Therapy | 1 | 1 |

4.4.3.1 To be listened to and be understood

Some respondents described that being listened to and being understood by those around them could be of great help to them. They added that if these people who listen do not judge then it would be of great help too. One respondent who started self-harming as a way of dealing with loss and grief stated that having someone to hear her and let her cry would have helped her overcome the urge to self-harm.

‘I would have wanted someone to come and listen to me, like cry or something, just to hear me speak’ (Participant 3).

The respondent who started self-harming after being bullied also proposed being listened to as a proper mitigation for self-harm.

‘all I want is someone who can listen to me, who will get to understand me not judging me’ (Participant 1).

The same was stated by another respondent whose trigger was academic pressure. For her just being listened to was not enough, but sharing in her pain and talking her out of it by encouraging her to keep going.

‘well, I just want people to understand me and understand that what am doing is not wrong. Am just, what am doing is not wrong cause everybody made me feel like I was wrong in doing it but they did not know the pain I was feeling. So all I wanted, was somebody can help me

by telling me, like she tries and share my pain and to share my pain it means to be there for me and it is, yes talking me out of it but actually showing me the importance of why I should keep going on' (Participant 5).

For this particular respondent, being understood and encouraged by those who listened to her helped her overcome the habit as she reported to have stopped self-harming.

4.4.3.2 Therapy

This is another sub-theme that arose about the third objective of the ways of mitigating self-harm. When asked about the kind of help that could have helped stop the act of self-harm then, the respondent whose trigger was the loss of a parent stated that being taken through loss and grief counseling could have been and could have been of great help.

'The help I want is like someone to take me through the loss and grief thing' (Participant 2).

4.4.3.3 Do not know

In response to the kind of help they would like to get, one participant reported that she did not know the kind of help she needed. The basis of the answer was the fact that the participant had tried counseling but according to her it did not help her. In her response to the kind of help she needed, she said

'I do not know; I honestly do not know' When asked whether she had sought counseling before, her response was 'yeah'. The interviewer further enquired why she sought counseling and she stated *'It was about self-harming but I shared part of it and some not'* (Participant 6).

It is possible for people especially teenagers to be overwhelmed and not know what to do as a result. This would lead them to admit that they do not know what to do or how to cope. This is common because of many factors including not being right tools to deal with their issues.

4.4.3.4 Do not need help

The final sub-theme that arose among the respondents was no need for help. The respondent who felt like did not need help also stated that she is used to self-harming and did not

see the need to stop.

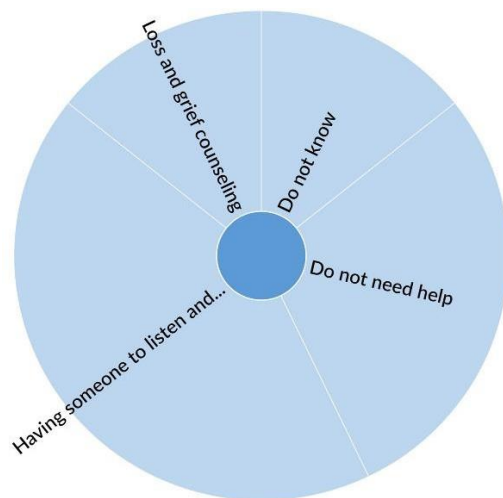
'It has been hard because like am already used to self-harming so as in according to my mentality I can't stop it so I just keep on doing it' (**Participant 4**).

The second respondent stated that she could stay that way and did not need help out of the habit.

'I do not think I would....I do not think anything, okay am just there. I can stay like that. I do not think I need help' (**Participant 7**).

It is important to note when some clients are in state of loss and grief anger is in the mix. This is a stage in the process. As a result, while in anger respondent and claim not to need help. This is as it is an ongoing issues with the respondents.

Figure 6: Mitigation measures for self-harm



The diagram shows the many responses of the those interviewed as what constitutes a mitigation for them. It ranges from respondent who do not know, those who do not need help, having someone to listen to them and encountering counseling.

4.5 Summary of research findings

The study explored the reasons for self-harm among teenagers. The study focused on the types of self-harm practiced among teenagers, the triggers for self-harm as well as the mitigation measures to prevent or stop self-harm among the teenagers. The findings of the study revealed several self-harm methods among the respondents including cutting, burning, scratching as well as drug abuse. Distressing emotions, loss and grief, bullying, relationship difficulties, and academic pressure were themes identified concerning objective two which sought to understand the triggers of self-harm. For the final objective; counseling, and having someone to listen were suggested mitigation measures. Some respondents however felt that they did not need help and they were okay being victims of self-harm while others could not tell the kind of help they needed.

4.6 Strengths and Limitations of the Study

The main strength of this study is that it is among the very few studies in Kenya on the topic of self-harm. The findings will therefore form a foundation for further studies in the subject area and the future findings will be useful in creating awareness on the topic which the researcher found lacking among those he interacted with

The researcher faced several limitations while conducting the study, especially during the data collection process. The first limitation was that the topic of self-harm was not familiar to most people, especially the schools that were the target population. As such most schools did not want to associate with the subject since they thought it would affect the reputation of their schools. The researcher therefore found it a bit challenging to get the school administrations to accept to be part of the study. To overcome this, the researcher had sessions with the respective schools'

administration where he described the subject, the importance of the study and the impact the results will have on the schools and other institutions

Also, the participants in the study were students who had sought help from their counseling teachers and were willing to share their stories. As such, these findings may not be sufficient to give a generalized view of other teenagers who engage in self-harm activities. In addition, the study was done in secondary schools and is limited as it fails to consider teenagers in primary schools and those who are not in school. More so the current study focused on girls limiting the experience of male teenagers

Since all participants had sought help, the researcher did not carry out a psychological diagnosis to assess their mental health. As a result, some psychological conditions such as depression, anxiety, and other disorders that have been found to cause self-harm among young people were not explored. The same psychological issues may determine the reactions to various triggers of self-harm as well as the kind of help sought by the victims of self-harm

The study also failed to explore why teenagers chose self-harm as the most appropriate reaction to various triggers rather than other behaviors such as seeking help.

4.6 Summary

This chapter focused on the data collected. It explored emerging issues and findings in the data as given by the respondents based on the objectives of the study. The findings which represents the respondents' experiences have been depicted in the tables and charts.

CHAPTER FIVE

DISCUSSION

5.1 Introduction

This chapter presents a discussion of the research findings in relation to the literature review, empirical review, and conceptual framework.

5.2 Demographic characteristics

The current study involved secondary school students from form one to form four with an age range between 14-18 years. The study focused on female students who had experienced self-harm. Almost similar characteristics were covered in the study by Quarshie et al. (2021) where young people between the age of 13-21 were sample. However, this particular study combined both male and female respondents and included street sample making it difficult to correlate with the current study. The study by Garisch & Wilson (2015) covered female respondents with a mean age of 16 years. However, it is inaccurate to draw an analogy between it and the current study because the former failed to specify where the respondents were sampled from whereas the current study focused on girl's secondary schools. Although the findings from the study by (Stănicke, 2021) were helpful in understanding the topic under review, the researcher was not specific about the age range of the respondents in the study thus linking the two studies could be limited. Close demographic characteristics were found in the study by Misigo (2021) who carried out a study in a secondary school. However, this particular study was limited in that it involved both male and female.

5.3 Restating the objectives

The following research questions guided the study: What are the types of self-harm among teenagers? What are the triggers of self-harm among teenagers? What are the mitigations of self-harm among teenagers? The following part integrates the current study findings with the findings

from the literature review

5.3.1 Types of self-harm

This study identified four types of self-harm as reported by the participants. These are cutting, scratching, burning, and drug abuse. These methods were used to harm different parts of the body including the hands, stomach, thighs, and chest. The findings of the current study on the methods of self-harm are similar to findings from previous research. Garisch & Wilson (2015) in their study in New Zealand identified hair pulling, self-cutting, burning, and overdose as methods of self-harm among the respondents. This particular study concluded that hair pulling is the most common type of self-harm among female respondents, contrary to the current study where hair pulling was not reported as a form of self-harming instead self-cutting appeared to be the most common. The current study is also consistent with (Stänicke, 2021) in his study which revealed that respondents resorted to self-cutting as a way of dealing with painful thoughts and events. Cutting and burning as methods of self-harm were also reported by Quarshie et al. (2021), in their study in Ghana where 54.5% of the respondents reported self-injury in the form of cutting, burning, suffocating, and even jumping from heights. These three researchers identified cutting and burning as types of self-harm but failed to further their research to include the parts of the body that the respondents harmed, something that the current study was keen about.

The findings of the current study also confirm the findings of a systematic study by Aggarwal et al. (2017) which identified scratching and self-poisoning with drug overdose as the most common forms of self-harm in low-income countries based on the analysis of previous studies. This was however a systematic analysis that lack specific attribution to particular study respondents making it insufficient to correlate with the current study.

5.3.2 Triggers for Self-harm

The participants in this study reported various reasons for self-harming including negative emotions, academic pressure, loss and grief, bullying as well as relationship difficulties.

A lot of theories align to the triggers of the theory. The Cognitive Behavioral Theory deals better with the negative emotions. In this we see the interconnectedness with thoughts, feelings and behavior cannot be overemphasized. The experiences of people, and the thoughts they make of that experience or how they perceive it would lead to their feelings.

The dimension of loss and grief can also be dealt with the theory of the five stages of loss and grief by Elizabeth Kubler-ross. When the stages are dealt with, the experience of the people will also better dealt with as result not resulting in the trigger of self-harm.

Bullying is one behavior by children that is violent. One wonders where they may have gotten it from. The social learning theory of Bandura where children learn from their environment is one that pulls into perspective what is seen around them. As a result, what is being emulated by the children could be bullying.

Expectations and bridging the gap of the ideal and the actual is one element in the person centered theory of Carl Rogers that speaks to the expectations of high grades. When their actual is respected enough, their grades would be honored as it reflects their capacity of the moment. Thus, not leading to excessive expectation on the regards of academic pressure.

5.3.2.1 Negative Emotions

Negative or distressing emotions were a key theme in the study which was considered the primary trigger since other triggers were associated with it. Respondents reported that instances of bullying, disagreement, loss of a loved one, and pressure for academic achievement led to negative emotions which in turn triggered self-harm. Emotional distress as a trigger for self-harm has been consistent with previous studies. (Townsend et al., 2016) highlighted a wide range of distressing

emotions reported by participants who were young people and further explained that these emotions arise from equally a wide range of situations. The findings of the current study confirm the results reported by (Hetrick et al., 2020) where several situations were described as causes of distressing emotions resulting in self-harm. In their study, they established situations of anger, shame, being overwhelmed, and academic pressure to be provokers of emotional distress where they turn to various methods of self-harm to deal with such feelings. Similar findings were reported by (Quarshie et al., 2021) identified several circumstances that induce negative emotions and result in self-harm including bullying, unachievable parental expectations, school-related problems as well as criticism from parents. This particular study however had mixed characteristics for their respondents where school going and street children formed part of the study making it impractical to associate it with the current study

5.3.2.2 Loss and Grief

Loss and grief were other triggers for self-harm identified where respondents reported that losing someone close to them led to self-harming. This theme can better be explained by linking it to distressing emotions since based on the responses given, it is the feeling they experienced after the loss that led them to turn to self-harming. The feeling of sadness after the loss as reported by one of the participants is the reason why she resorted to self-harm. This can be associated with previous findings on the causes of distressing emotions as reported by previous studies such as (Hetrick et al., 2020), (Quarshie et al., 2021), and (Townsend et al., 2016). Although these particular studies did not mention loss and grief as the cause, the descriptions given by the respondents in the current study about their feelings after the losses explain the role of negative emotions as a trigger in self-harm activities. Feeling sad and overthinking about the losses as described by the respondents directed them to self-harm.

5.3.2.3 Academic Pressure

Academic pressure was another trigger identified in the current study. Being unable to achieve academically based on the expectations of their parents attracted criticism from parents that led to self-harming behavior. Fear of academic failure was another subtheme reported under this theme. These findings were consistent with the results of a systematic review by Aggarwa et al. (2017), which identified school-related pressure as a recurring trigger for self-harm across the studies. Yedong et al. (2022) in a study in Mali named poor academic performance as the trigger to self-harm. This study however failed to describe the feelings (Quarshie et al., 2021), pointed out problems with school work, unachievable parental expectations, and criticism from parents after failure as causes of self-harm which are consistent with the current findings. These studies present the academic pressure as the trigger but fail to give an in-depth description of the feeling associated with academic failure which is likely to course the self-harming behavior

5.3.2.4 Relationship Difficulties

Having a strained relationship with other family members for a lastborn who was reported to have drifted away from the family bond was reported to be a trigger. The respondent stated that she feels that the bond between her parents and siblings was weaker compared to others and this caused her to self-harm. Another respondent also noted that after the loss of the mother, she isolated herself from other people and this led to self-harm. These results are supported by the findings of (Hetrick et al., 2020), who established that feeling disconnected or unsupported by family or experiencing any form of difficulties in family relations was a trigger to self-harm. (Hetrick et al., 2020), however fails to explain why people could be isolated which makes it insufficient to support the current findings. The study also discovered that not having someone to confide in or not finding a confidant in parents, peers or teachers triggers self-harm among young people (Swahn et al., 2012). The current findings are also similar to the results of a systematic

review by Aggarwa et al. (2017), which revealed that restrained family relationships were a consistent trigger for self-harm among the youth. The reasons for strained relationships were left out in all the previous studies which makes them insufficient for proper comparison. The findings of the current study therefore describe the reasons behind strained relationships and isolation among respondents

5.3.2.5 Bullying

The findings of the current study also identified bullying as a trigger for self-harm. The participant described that being bullied made her feel little and worthless leading her to self-harming. This can also be related to the first sub-theme of negative emotions in that being bullied induced negative feelings which pushed the participant to self-harm. Bullying as a trigger for self-harm was established in a study by (Garisch & Wilson, 2015) where the researchers explained that bullying creates a negative state of mind for the victims who in turn attempt to modulate the state through self-injury which gives them a sense of relief. The current findings also confirm the results of a study by (Quarshie et al., 2021) which also pointed out bullying as a common trigger for self-harm, however, this study involved street respondents making it unsuitable to analogize with the current study which focuses on students. This is because streets are likely to experience bullying more than schools. Yedong et al. (2022) named being bullied at school as a common trigger for self-harm among young people, however, the findings of the current study refute this conclusion but reporting a single case of bullying as a trigger for self-harm

5.3.2.6 Addiction

Addiction as a trigger to self-harm is a new finding. The Participants explained that they felt the urge to self-harm when they were frustrated. More so, after cutting, they feel calm and relieved which was temporary but the circle continues. This description is similar to the withdrawal syndrome that is experienced with the third stage of addiction. In the previous research conducted,

addiction as a trigger has not been established. This can also be explained further by the psychoanalytic theory where such activities take place when the Thanatos in ID overpowers the eros. According to the psychodynamic theory, when people act more from their id or their feelings, they tend to ignore the superego that brings reason into their experiences. Constantly fulfilling the desires of id would constantly make people feel good which is the release of dopamine. This too is the recipe for addiction especially when it becomes a pattern. The brain registers the pattern and releases dopamine when due. Then addiction to a substance or behavior is then formed.

5.3.3 Mitigation Measures to Self-harm

Participants in the study proposed various ways that they thought could help them overcome the urge to self-harm such as being listened to by those around them and getting therapy. Others did not know the kind of help they needed to get out of self-harm while a few thought they were fine harming themselves and that they did not need any kind of help. This research question was asked based on the long-term mitigation of self-harm behavior rather than short-term ways of overcoming the urge to self-harm.

5.3.3.1 Be listened to and understood

Based on the findings of the current study, having someone to listen to without judging could help some participants overcome the habit of self-harm. Close findings were reported by (Hetrick et al., 2020) when they sought to understand the mitigation measures for self-harm. The study found that connecting with people helped participants overcome self-harm impulses by reducing their sense of isolation and making them feel cared for. Unlike the current findings which did not specify the kind of companionship needed, the study by (Hetrick et al., 2020) reported that victims evade close relations when looking for someone to listen to them to avoid disclosure of their habits. The participants in the current findings also noted the importance of sharing in the pain-causing self-destructive behavior with them and talking them out of the habits by encouraging

them. This helps in overcoming the habit of self-harm one participant reported one instance of self-harm and attributed the change to having someone to share in her pain and talk her out of self by encouraging her to keep going. This differs from (Hetrick et al., 2020) findings which only suggest connections to reduce the urge at the moment.

5.3.3.2 Therapy

The findings of the current research also identified counseling as a long-term mitigation measure for self-harm. This was reported by a participant whose trigger was the loss of a loved one. The findings reported that being taken through the process of loss and grief by a therapist would help overcome self-harm behavior. Counseling has not been reported in the previous studies as a mitigation measure for self-harm. This can however be argued in the sense that the previous studies such as (Hetrick et al., 2020) and (Townsend et al., 2016) were focused on short-term mitigation of self-harm urges rather than taming the behavior in its entirety.

5.3.3.3 Do not know

One participant in the current study also reported that she did not know the kind of help she needed to overcome self-harm habits. This can be explained by the fact that the participant had issues sharing her problems with people as she reported that she tried counseling but it did not work because she only shared part of what was troubling her. Previous studies only concentrated on short-term solutions and there is therefore no relationship between the current findings and the results from previous research.

5.3.3.4 Do not need help

Some other participants highlighted that they felt okay with self-harming and therefore reported that they did not need any form of help to get out of the habit. The findings however have no basis in the previous studies which only reported short-term mitigation measures with no intention of a long-term win over the self-harm behaviors. Unlike the current study which was tailored to establish long-term mitigations, studies by (Hetrick et al., 2020) and (Townsend et al.,

2016) only focused on the momentarily mitigations that help participants overcome urges when they presented.

CHAPTER SIX

SUMMARY, CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

The chapter discusses the findings of the study and suggests recommendations for future scholars based on the shortcomings of the current study and the lessons learned from the findings.

6.2 Summary

The enrichment of the research is found in the results. The research questions from the objectives explored the different elements. One of the major research question was the types of self-harm. In this the findings were; cutting, scratching, burning and taking medicine.

Also, another research question was the triggers or causes of self-harm. The research found out that some of the causes of self-harm are; distressing emotions, relationship difficulties, academic pressure loss, grief, bullying, and addiction

The third research questions bothered on the mitigations of self-harm. Do not know, do not need help, therapy and having someone to listen to them and understand. In this responses, respondents are replying based on the tools they have at their disposal.

6.3 Conclusion

In the findings of the types of self-harm, my thoughts on some of the types is that some are outright detrimental while others are slow. These pattern too seems to be quiet painful. The dimensions of cutting and burning. Also it is good to note that the extent too could be communicating the intention. This basically means a reach out or cry for help.

Part of the help could be linked to the mitigation response of being listened to and understood. More so, the response ‘I do not help’ could be tied to the present state of the issue and respondent seems stuck and overwhelmed. The responses of the mitigation as a mixture of other underlying factor.

The mitigations also show that there is a way out. This is as mitigations show that some respondent are still hopeful that they can access help. Therapy was said to be a form of mitigation. This can be helpful for those especially with scratching and cutting.

The complex nature of the phenomenon of self-harm and its dimension can be confusing for even adults and professional not to talk of children. As a result, the responses of “I do not know” is an appropriate response to express helplessness and lack of knowledge in dealing with the situation. The causes and triggers to self-harm too is a dimension that cannot be ignored. The response of addiction as a cause could also in the mix. This is because addiction is a brain diseases or disorder and the intervention of addiction could be applied to get the necessary assistance to respondent.

6.4 Recommendations

6.4.1 Parents, Teachers, and Students

The study offers an understanding of the gravity of this practice among teenagers in schools. The schooling community which clusters these three group recognizes it connectedness. The students should be able to share their thoughts and be understood. The study gives these groups of people an understanding of self-harm as a psychological disorder; methods of use, triggers as well as mitigation measures. With this knowledge, parents, teachers, and students should watch out for such behaviors among students through observation and engaging in talks. Given that the triggers identified relate closely to the relationship among students, parents, and teachers. Teachers or schools should discourage acts such as bullying which have been identified as the triggers of self-harm. Parents should also find positive ways of correcting their children when they fail to meet their expectations rather than scolding or insulting which were also reported as self-harm triggers. Parents should also consider matching their expectations with the student's ability to reduce academic pressure. In case parents, teachers, or other students notice such behavior, they

should employ the suggested mitigation measures like seeking therapy as suggested by the victims to support them overcome the self-harm behaviors. Victims of self-harm will also benefit from the study as it will offer possible mitigation measures that they can use to overcome their self-harm habits.

6.4.2 Therapists and other Health Practitioners

Based on the findings of the study, this group can obtain knowledge on the methods of self-harm, common triggers as well as suggested measures. With these, they should be able to devise appropriate approaches when helping victims of self-harm. Although further studies should be carried out to provide short-term mitigation measures that therapists can suggest to the patients to overcome the urges before seeking external help.

6.4.3 Ministry of Education

Being one of the first studies on the topic of self-harm in schools, the findings of the study should be shared with the Ministry of Education to help them be aware of this behavior in schools. Given that the disorder is not understood by many as observed by the researcher when seeking permission in schools, the ministry should use the findings to create awareness of this disorder in schools and put in place measures to prevent school-related triggers and help victims of self-harm in schools. Creating awareness will allow for acceptance among victims allowing them to seek help.

6.4.4 Future Scholars

Future scholars are therefore encouraged to invest in the topic and approach in various ways. The current study focused on female teenagers in girls' schools in Nairobi County, there is room for exploration of the topic among male teenagers in other counties as well as both male and female teenagers in primary schools and those who are not in school. This will help in providing a generalized understanding of the aspect of self-harm among teenagers. Future scholars should also be aware of the sensitivity of the subject among the school administrations and should

consider taking them through the topic before seeking permission to carry out the research.

The current study focused on the long-term mitigations of self-harm among the victims. The recommendation is given to future scholars to consider short-term mitigation measures to help victims overcome the urges to self-harm momentarily before seeking long-term help. Such results will be useful to therapists and clinicians as they will help them offer short-term solutions to their patients.

6.5 Reflexivity

The researcher employed all the necessary procedures during the process of collecting and analysing data to ensure the reflexivity of the results. First, the researcher took notes of the reflections during the data collection process. The researcher also noted down his feelings and takes during the study. Thirdly, the researcher transcribed the recorded data and edited the notes written immediately after the interviews. Finally, the researcher constantly assessed if his judgment affected the study questions as well as the intention of the study. These four principles made it possible for the researcher to attain credibility of the study results.

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APPENDICES

APPENDIX A: RESPONDENT'S CONSENT FORM

Dear Respondent

I am a student at Tangaza University and I am conducting a qualitative study on the perceived causes of self-harm among teenagers in selected secondary schools in Nairobi County

I have a set of questions that I would like you to answer in order to get information which will be used purely for academic purposes. The information you give will be highly acknowledged and will be treated with high confidentiality. Please note that there are no known risks associated with this study. For the sake of anonymity, there is no need of introducing yourself. I would also like to let you know that there is no reward or any monetary compensation for participating and you are free to withdraw from the study any time you feel like. You are requested to answer the questions voluntarily and honestly.

Thank you for your time and participation

Name of the Researcher: Anthony Tabu

Signature of the Researcher Date

Statement to signed by the participant: I confirm that the researcher has clearly explained the nature of the research and various activities that I will be required to undertake. I confirm that the researcher gave me the opportunity to ask questions and clarity about the project and my

participation. I understand that my participation is voluntary and that I may pull out at any time during the study without having to give any reasons. I agree to take part in this project.

Signature:.....Date.....

...

APPENDIX B: INFORMED CONSENT FORM

APPENDIX B: INFORMED CONSENT FORM

Dear Madam,

I am a student at Tangaza University College and I am conducting a qualitative study on the perceived causes of self-harm among teenagers. I wish to thank you for allowing me to conduct this research in your school.

The purpose of the study has been explained to the entire student body and participation would be entirely voluntary. The data collected will be anonymized and will be used for academic purposes only. Participation in the study does not pose any harm to students or the school. I have arranged with the school counsellor to provide debriefing to the participants at the end of the study.

Considering that the students who participate in the study are minors, I am requesting you to sign this informed consent form on their behalf.

Thank you for your co-operation

Name of the Researcher: Anthony Tabu

Signature of the Researcher Anthony Tabu Date 31/1/2024

Statement to be signed by school principal

I confirm that the researcher has clearly explained the nature of the study and the various activities that it involves. I understand that the study does not pose any danger to the respondents. I, therefore, give consent to the researcher to interview the students who volunteer to participate in the research.

Name of the School Principal VIRGINIA KANGETHI Date



APPENDIX B: INFORMED CONSENT FORM

Dear Madam,

I am a student at Tangaza University College and I am conducting a qualitative study on the perceived causes of self-harm among teenagers. I wish to thank you for allowing me to conduct this research in your school.

The purpose of the study has been explained to the entire student body and participation would be entirely voluntary. The data collected will be anonymized and will be used for academic purposes only. Participation in the study does not pose any harm to students or the school. I have arranged with the school counsellor to provide debriefing to the participants at the end of the study.

Considering that the students who participate in the study are minors, I am requesting you to sign this informed consent form on their behalf.

Thank you for your co-operation

Name of the Researcher: Anthony Tabu

Signature of the Researcher  Date 23/1/2024

Statement to be signed by school principal

I confirm that the researcher has clearly explained the nature of the study and the various activities that it involves. I understand that the study does not pose any danger to the respondents. I, therefore, give consent to the researcher to interview the students who volunteer to participate in the research.

Name of the School Principal: Grace Kamar Date 27/05/2024



APPENDIX C: INTERVIEW GUIDE

- 1) What class are you in?
- 2) Tell me about your family
- 3) How about school life?
- 4) Do you understand what self-harm means?
- 5) Have you ever self-harmed?
- 6) What is your style or type of self-harm?
- 7) What triggers you to harm yourself?
- 8) How do you feel when you self-harming?
- 9) What ways do you use to counter the feeling of self-harm?
- 10) Have you ever shared this with anyone? If yes, did you find it helpful?
- 11) Have you ever sought help from a professional such as a therapist?
- 12) Do you think you need help to get out of this?

APPENDIX D: LOCATION MAPS






Embakasi Girls Secondary School



Our Lady of Mercy



APPENDIX E: RESEARCH LICENSE

| | |
|--|--|
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APPENDIX F: PLAGIARISM REPORT

EXPLORING REASONS FOR SELF-HARM AMONG TEENAGERS: A PHENOMENOLOGICAL STUDY OF SELECTED PUBLIC SECONDARY SCHOOL STUDENTS IN NAIROBI COUNTY, KENYA

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