

**AN IN-DEPTH STUDY OF THE CAUSATIVE FACTORS OF SUICIDE AND
ATTEMPTED SUICIDE AMONGST ADOLESCENT LEARNERS OF TSHWANE
NORTH (D3) AREA**

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NORTH (D3) AREA**

by

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DECLARATION

I declare that, AN IN-DEPTH STUDY OF THE CAUSATIVE FACTORS OF SUICIDE AND ATTEMPTED SUICIDE AMONGST ADOLESCENT LEARNERS OF TSHWANE NORTH (D3) AREA is my own work and that all sources that I have used or quoted have been indicated and acknowledged by means of complete reference.

M.M KGOSANA

DATE

DEDICATION

This work is dedicated to my late mother, Magdelinah Mmamotsepe Mmelwa (Mahape), my husband, Phake Jacob, my children, Oteng Molebogeng, Itumeleng Kennete and Omphe Motsosi Kgosana.

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ABSTRACT

Adolescent suicide and attempted suicide is an unhealthy practice that involves mental illness which led the suicidal behaviour to be an important public health problem globally and in Africa. Suicide prevalence rates in young people in South Africa and in all major ethnic groups are a significant cause for concern. The adolescent mental illness causes sleepless nights on the education system. Though much research has been done on this problem it still remains one of the leading causes of death amongst adolescent learners locally and globally.

As a parent and an educator reading news articles, attending memorial services and funerals of adolescent learners who took their own lives, gave me enough reason for actions to be taken in order to find out what is causing adolescents to commit suicide. During this emotional experience as the researcher, I have discovered that the adolescent stage is a very fragile stage. I also discovered that when life stresses strike, coping as an adolescent becomes difficult.

This study focuses on an in-depth study of the causative factors of suicide and attempted suicide amongst the adolescent learners of Tshwane North (D3) area. The topic was investigated by means of a literature study and an empirical investigation using a qualitative approach. Data was collected by means of focus group discussion and one to one interview using a tape recorder and taking notes. Participant's answers were analysed individually and compared with all others.

Findings shows that adolescent suicide and attempted suicide is a mental disorder that need to be addressed by including physicians and psychologists, upon realizing the warning signs of suicide in order to minimize the practice. It is also clear that adolescence is a fragile stage of growth and adolescents struggle to cope with life challenges such as peer pressure, parent separations, socialization, pregnancy, chronic illness and academic pressure.

It is recommended that NGOs in collaboration with the Health and Education Departments need to take action by organizing workshops to address causative factors of suicide and how to find help when realizing a suicidal adolescent learner. The department of education needs to ensure that adolescent suicide and attempted suicide preventative strategies should be taught from primary school level and be added to life skills subject in all grades. Life Orientation educator's to

be trained about adolescent suicide to be well equipped to teach learners on how to recognise warning signs especially suicidal signs in their peers and friends.

LIST OF KEY CONCEPTS

Suicide, Attempted suicide, Suicidal, Adolescent, Causative factors, Warning signs, Behaviour, Stressors, Tshwane North (D3) area, Learner.

TABLE OF CONTENTS

CHAPTER 1	1
1.1 INTRODUCTION.....	1
1.2 STATEMENT OF THE PROBLEM	2
1.3 PURPOSE OF THE STUDY.....	3
1.4 RESEARCH QUESTIONS	4
1.5 THE SIGNIFICANCE OF THE STUDY.....	4
1.6 RESEARCH METHODOLOGY	5
1.6.1 Research approach.....	5
1.6.2 Data collection	6
1.7 DATA ANALYSIS	7
1.8 CLARIFICATION OF CONCEPTS	9
1.8.1 Suicide	10
1.8.2 Attempted suicide	10
1.8.3 Causative.....	10
1.8.4 Depression.....	11
1.8.5 Stress.....	11
1.8.6 Adolescence	11
1.8.7 Siblings	12
1.8.8 Primary school	12
1.8.9 Middle school.....	12
1.8.10 High school	13
1.8.11 Outline of the study.....	13
1.9 CONCLUSION	13
CHAPTER 2	15
2.1 INTRODUCTION.....	15
2.2 CAUSATIVE FACTORS OF SUICIDE.....	17
2.3 FAMILY FACTORS	18
2.3.1 Psychological problem.....	18
2.3.2 Single-parenting.....	18
2.3.3 Parental childrearing methods	20
2.3.4 Mother-daughter and father-son communication	21
2.3.5 Parents/guardian unemployment effect the learner	22
2.3.6 Interpersonal parents/guardian-child conflicts.....	23
2.4 POST-SUICIDAL FACTORS.....	24
2.4.1 Sub-optimal behavioural coping patterns.....	25

2.5 SOCIO-ECONOMIC FACTORS	26
2.5.1 Peer pressure influence	26
2.5.2 Community influence	26
2.5.3 Socio-cultural influence.....	27
2.6 POST-TRAUMATIC STRESS DISORDER FACTOR.....	28
2.7 ENVIRONMENTAL FACTORS	29
2.7.1 Suicidal ideation.....	29
2.7.2 Bullying as influenced by the environmental factors	30
2.7.3 Drug abuse	30
2.7.4 Depression.....	30
2.7.5 Chronic illnesses.....	31
2.7.6 School and community violence and victimisation	31
2.8 CAUSATIVE FACTORS IN SOUTH AFRICA.....	31
2.9 CAUSATIVE FACTORS INTERNATIONALLY	32
2.10 GUIDELINES AND STRATEGIES TO REDUCE ADOLESCENT SUICIDE .	32
2.10.1 The school	33
2.10.2 The educators.....	33
2.10.3 The peer group	33
2.10.4 The parents.....	33
2.10.5 Siblings	34
2.10.6 The community	34
2.11 CONCLUSION	36
CHAPTER 3	37
3.1 INTRODUCTION.....	37
3.2 THE ROLE OF THE RESEARCHER IN THE RESEARCH	37
3.3 RESEARCH DESIGN.....	38
3.3.1 Research approach.....	38
3.3.2 Sampling.....	39
3.3.3 Data collection	39
3.3.4 Data analysis	42
3.4 ETHICAL CONSIDERATIONS IN THE RESEARCH.....	43
3.4.1 Informed consent	44
3.4.2 Confidentiality/ Anonymity and Privacy	45
3.4.3 Exposure of respondents to harm	46
3.4.4 Violation of privacy.....	46
3.4.5 The choice of the participants	46
3.5 TRUSTWORTHINESS OF RESEARCH	46

3.5.1 Dependability	47
3.5.2 Triangulation	47
3.5.3 Credibility	48
3.5.4 Transferability	49
3.5.5 Confirmability	49
3.6 DATA MANAGEMENT	50
3.7 CONCLUSION	51
CHAPTER 4	52
4.1 INTRODUCTION.....	52
4.2 CAUSATIVE FACTORS	52
4.2.1 Family factor	52
4.2.2 Peer pressure factor	56
4.2.3 Social / personality factor.....	58
4.2.4 Chronic illness factor.....	61
4.2.5 HIV / AIDS	62
4.2.6 Rearing factor	63
4.2.7 Grieving factor.....	64
4.2.8 Educational factor	68
4.2.9 Behavioural factor	71
4.2.10 Parenting styles factor	73
4.2.11 Identity and cultural factors	75
4.2.12 Neighbourhood influence factor	77
4.2.13 Post-traumatic stress disorder	78
4.3 CONCLUSION	81
CHAPTER 5	82
5.1 INTRODUCTION.....	82
5.2 SUMMARY OF THE FINDINGS.....	82
5.2.1 Family factor	83
5.2.2 Post- suicidal factor.....	84
5.2.3 Socio-economic factor	84
5.2.4 Post-traumatic stress disorder factor	85
5.2.5 Environmental factor.....	86
5.3 LIMITATIONS OF THE STUDY.....	86
5.4 SUGGESTIONS FOR FURTHER RESEARCH.....	87
5.5 RECOMMENDATIONS	88
5.6 CONCLUSION	90
Bibliography.....	91

APPENDICES	105
APPENDIX A.....	105
APPENDIX B.....	107
APPENDIX C 1.....	109
APPENDIX C 2.....	113
APPENDIX D 1.....	116
APPENDIX D 2.....	119
APPENDIX E.....	125
APPENDIX F.....	130
APPENDIX G.....	134
APPENDIX H.....	141
APPENDIX I.....	144
APPENDIX J.....	152

CHAPTER 1

ORIENTATION AND BACKGROUND OF THE STUDY

1.1 INTRODUCTION

In South Africa and Internationally suicidal behaviour in the younger generations is increasing, constituting a major public health problem of adolescents taking their own life. National preventative programmes, strategies and priorities in many other countries have been developed, but in South Africa these are still required (Schlebusch & Governdor, 2012:178).

The intention of this study is to find a way to minimise the rate of suicidal behaviour amongst adolescents. Trying to spare more lives by researching what causes adolescents to commit suicide and attempt suicide will be the point of departure. Determining what action the school, community and the Department of Education (DoE) can take to minimise causative factors will be next. Thirdly, to examine factors that will assist parents, siblings, friends, peers and educators to realise suicidal signs in an adolescent.

If more causative factors of adolescent suicide and attempted suicide can be revealed, adolescents will be assisted in coping with problems they are facing before it is too late. The intention is to help the community as adolescent suicide and attempted suicide threatens society holistically.

For adolescents who feel that they are unable to cope with their problems, the only solution they think of might be to run away from their stressors, be alone and commit suicide when no one is around to disturb them. Sometimes notes may be left or an attempt made, as a 'cry for help' rather than a serious intention of ending life, but at other times they go through with it. Louise and Andrew (2014:1) asserts that mobility associated with depression is difficult to quantify, but the lethality it takes the measurable form of completed suicide, the eighth leading reported cause of death in the United States of America (USA).

When suicide does occur it is evident that the wider community suffers (Michelle, 2012:1) and counselling is required, specifically for adolescent learners who are

the next of kin or related to the deceased, as they may be at greater risk of also succumbing to suicidal tendencies. Similarly, when a cry for help is made through attempted suicide, it is necessary to take appropriate action to find the causes. Sorref (2014:1) indicates that suicide ranks as the 10th leading cause of death in the USA. Globally an estimated 700,000 people take their own lives annually. In certain populations, such as adolescents and young adults, suicide is the highest cause of death.

Suicide has been experienced around the whole world because life depressors are also global and it is difficult to avoid. An adolescent stage is fragile and falls in the depression trap. It is traumatic and body-weakening as a parent and educator to attend memorials and funerals of adolescent learners due to suicide. Witnessing the grieving of learners and loved ones was more painful.

Reading newspapers, listening to the radio, watching television about adolescent suicide and attempted suicide was painful. For more than one adolescent suicide to happen in a short time was alarming and a motivation to take action against suicide and attempted suicide of adolescent learners around my area.

1.2 STATEMENT OF THE PROBLEM

Adolescence is a challenging period for both children and their parents. The developmental stage comprises of three phases, namely: early adolescent (10-14years); middle adolescent (15-16years), and late adolescent (17-21 years). Age at which each stage is reached varies from child to child therefore each adolescent should be treated as an individual, emotionally, mentally and physically developed individually. However, schools and communities are experiencing more suicides and attempted suicidal behaviour amongst adolescent learners in South Africa and Internationally.

This behaviour leads the school system and community wondering what action could be taken to minimise suicidal thoughts. Unexpected death may be traumatic for the bereaved family and it is more difficult to cope with the loss of a loved one without having said goodbye. According to Cutler, Lange, Meara, Richards-Shubik and Ruhme (2011:1), loss by suicide is a traumatic and stigmatising experience

that leaves surviving family members at risk of developing mental illness, post-traumatic stress disorder (PTSD) and depression. Any death affects families, relatives, neighbours, friends and community but the death of an adolescent learner who has taken his or her own life creates more emotional pain for their loved ones.

In some areas the situation is more common than in other areas. For instance, in 2008 there was a certain area in Gauteng Tshwane North where adolescent suicide and attempted suicide occurred more frequently than the average. Upon realising the escalation the researcher saw a need for in-depth research into the reasons behind adolescent suicide and attempted suicide. Therefore, this study focuses on the identification of causative factors of suicide by adolescent learners in that area.

Researching the causative factors of suicide and attempted suicide amongst adolescent learners will help the school system and the community to work together towards reducing suicidal thoughts. It is hoped that this study will help to spare the lives of adolescent learner by looking into the ways that could reduce the problem.

1.3 PURPOSE OF THE STUDY

The main purpose of this study is to find out what causes adolescent learners to commit suicide and attempt suicide.

This study attempts to achieve the following objectives:

- To identify the causative factors of suicide and suicide attempts of adolescent learners in Tshwane North (D3) area.
- To examine the effects of adolescent learners' suicide and suicide attempts in the school system and the community.
- To minimise the impact of adolescent suicide and suicide attempts on peers, friends, siblings, parents and suicide survivors.

1.4 RESEARCH QUESTIONS

Based on the above background, the research question is posed as follows:

- **What are the causative factors of suicide and attempted suicide of adolescent learners?**

In order to answer the main research questions, the following sub-questions were explored:

- What are the causative factors of suicide and suicide attempts of adolescent learners in Tshwane North (D3) area?
- What is the effect of adolescent learners' suicide and attempted suicide in the school and community?
- What is the impact of adolescent learners' suicide and suicide attempts on peers, friends, siblings, parents and as survivors?

1.5 THE SIGNIFICANCE OF THE STUDY

The importance of this study is to assist in the awareness campaign of adolescent suicide and suicide attempts as problems in the community and the school system. Family members will be able to notice suicidal behaviour and seek help for the victim before it is too late. The adolescent learners will be involved in assisting each other on realising suicidal behaviour amongst their peers and friends.

The study will help increase awareness in parents, siblings, peers and friends in order to minimise the causes of adolescent suicide and attempted suicide. There may be a need for collaboration with significant role players, for example, educators, learners, parents, the community and other stakeholders to help in the awareness. Rudlin (2012:1) revealed that adolescent learner who frequently talk about suicide should be listened to carefully and be taken seriously. This is a time when receiving attention is necessary because talking about it is one way they try to express how much pain they are in.

The study will also assist the community stakeholders to formulate an awareness campaign and find ways to accommodate suicidal behaviour signals into the Life Orientation learning area. This would start in the primary school lower grades curriculum after identifying the causes of adolescent suicide properly.

1.6 RESEARCH METHODOLOGY

The researcher's role in the study is to find out why and how the study is going to be carried out (Fink, Parker, Brett, and Higgins 2009:14-35). The research methodology is briefly outlined and it will be discussed in detail in Chapter 3.

1.6.1 Research approach

This study adopted a qualitative approach. The qualitative research approach is a situated activity that locates the observer in the world. It consists of a set of interpretive, material practice that makes the world visible. This approach will enable the researcher to use a series of representations, including field notes, interviews, conversations, recordings, and memos to the self. Qualitative research investigates things or people in their natural settings, attempting to make sense of or interpret phenomena in terms of the meaning people bring to them (Denzin & Lincoln, 2011:3).

There are some issues that participants will find difficult to express but by using this approach it would be easier to find out the answer to the research question since qualitative research is interested in opinions, deductions, points of view and insights. Mouton (2004:100) maintains that a qualitative approach has the potential to supplement and reorient our current understanding. The qualitative approach studies people in terms of their own definitions of the world, focusing on the subjective experiences of individuals and what is going on in their everyday lives.

1.6.2 Data collection

In order to achieve the goal of this study, data were collected through individual interviews and focus group.

1.6.2.1 Individual interviews

Individual participants were interviewed by using a traditional, face to face interview style. This was conducted with the attempted suicide victims, families, their close friends and learners with suicidal thoughts in order to hear their views on the matter. Learners who have attempted suicide and those with suicidal thoughts were identified by the Life Orientation educators after checking all returned questionnaires. Questionnaires were used to obtain information about the behaviour displayed by the adolescent learners before attempting or committing suicide from other participants, loved ones of the victims of suicide, learners who attempted suicide or those with suicidal thoughts.

The interviews took place at the homes of the participants, or at a place of their choice. By allowing the participants to choose the venue allowed them to feel free and open. Adolescent learners from the chosen schools in Tshwane North (D3), who have attempted suicide and their friends, were included in the study with the permission of their parents or guardians.

1.6.2.2 Focus group

A focus group is defined as a method of collecting data, in a safe environment from more than one individual at a time regarding specified area of questioning. The researcher opted to use focus groups because they are a useful way of capturing the responses of a small group of people. The participants felt more valued when they were involved in a focus group, and it was suitable for this study because the researcher acted as a facilitator of the group and used triggers, prompts or specific questions to develop the discussion. The purpose of the group leader is to provide the necessary level of direction and structure to ensure the

desired outcome of the focus group session is met within the time available (Minichiello & Kottler, 2010:215).

Victims of attempted suicide or suicidal adolescent learners, as a group of twelve, shared their experiences, especially of what made them attempt suicide. The second group of nine, which included two peers, two friends, and five of the succeeded suicide learners' classmates who sat next to them in class, discussed what led adolescent victims of suicide to commit suicide. It was easy for the participants to help each other as a group to recall their life experiences with the suicide victims during their times as classmates. This helped in gathering the information about the victim's behaviour during the days preceding the suicide. Communication between them was of great help.

The third group of twenty one primary school educators also participated in the study. Most of these educators lived around the area and knew the victims of suicide as their former learners. The group discussions were mostly based on the learners' behaviours as primary school learners. Though the real names of some suicide attempters were withheld, most of them were known, especially those who were sent to nearby hospitals or local clinics.

All groups had 50 minutes for discussions. The researcher was present during the discussions using a tape recorder as per agreement and also taking handwritten notes. The researcher used leading questions and follow up questions to obtain clarity on some of the issues raised.

1.7 DATA ANALYSIS

The study employed the thematic method of data analysis. The researcher used an audio tape recorder, with transcriptions taken from recorded interviews and focus groups, tape recordings and handwritten notes. After transcription, the data was organised into easily retrievable sections, such as each interviewee number or code. A file was used that links these to the original work, which were kept in the researcher's own file.

Handwritten sheets were photocopied to avoid losing data when the analysis stages began. The researcher listened to the tapes, analysed funeral videos in which the concentration was on speeches about the deceased. Data was read and re-read, transcriptions were made and summarised before the formal analysis began. After familiarisation with the material, preliminary coding took place, especially if there was any cropping in the participants' stories. This is called open coding in grounded theory, and is conducted by highlighting the lines that seem to have similar meanings.

All research studies present a number of ethical and moral dilemmas which must be identified and addressed prior to carrying out any research study in order to protect all participants from potential harm. The proposed study's findings should benefit and cause no harm to the participants or society. The psychological status of participants was monitored by the researcher because of the sensitivity of the topic. The researcher gave the participants permission to withdraw from participating if they felt psychologically threatened.

Privacy and confidentiality were maintained at all times as the researcher and the research supervisor were the only ones who had access to the raw data, and all findings were treated in a confidential manner, with no personal or identifiable information recorded or printed in the study. Audio-taped interviews were transcribed, thus no real names were used during the interviewing process. The copy of transcribed data was kept safely and only the researcher had access to it, unless the participants asked to view the data before it could be used, which they did not.

The Data Protection Act of 1988 requires that data held on a computer must be accurate and up to date, and allow participants to view data relating to them and to correct any errors if they wish. The participants were coded and no real names used so that participants' responses would not be identifiable. The researcher respected the human rights of free choice and ensured informed consent was given before carrying out any interviews.

The researcher ensured a regular review of what the participants had given consent to was carried out, a precaution referred to as a 'procedure of consent', which enables the researcher to renegotiate the features of the consent form

derived from the changing description of the inquiry. All participants were reassured that the options to withdraw from the research at any time without penalty or repercussions were upheld. Carroll and Shaw (2012:43) recommend that researchers be in consultation and inclusion of all participants throughout the research processes.

All findings and results presented were those of actual issues stated in the interviews. All participants' experiences and perceptions were portrayed as they have done so in the interviews, with no false information or accusations included in the final report. Brizee, Sousa, and Driscoll (2012:1) stated that ethical issues may arise at any point during any study regardless of the scrupulous planning, therefore it is important that possible ethical issues are identified, prevented, and reviewed as best as possible prior to, during and after the study.

Brizee et al. (2012:1) further mentioned that ethical principles provide direction to the possible issues not answers. The researcher made sure that no harm came to any person as a result of the research by way of carefully being word sensitive and avoiding difficult questions during interviews.

The anonymity of the participants was the primary ethical consideration in this study. Adolescent and adult participation in focus groups, interviews and questionnaires must be voluntary and with informed consent. Confidentiality also needs to be insured by the researcher and participants are informed that they can withdraw from the research at any time, without repercussions (Driscoll and Brizee 2012:1).

1.8 CLARIFICATION OF CONCEPTS

The following concepts would be clarified in keeping with the way they are used and understood in this study.

1.8.1 Suicide

According to Hawton and Van Heeringen (2009:81), 'suicide' is the act of a human being intentionally causing his or her own death, often committed out of despair, or attributed to some underlying mental disorder, including depression, bipolar disorder, schizophrenia, alcoholism and drug abuse. Pressure or misfortune, such as financial difficulties or troubles with interpersonal relationships, may play a significant role. Stedman (2012) defined suicide as the act of taking one's life. According to the Statistical Bulletin (2014: 21), the national statistics definition of suicide includes deaths that given an underlying cause of intentional self-harm or an injury/poisoning of undetermined intent.

1.8.2 Attempted suicide

According to *Webster's New World Medical Dictionary* (2010), 'attempted suicide' is commonly a suicidal gesture, in which the aim is not death. For example a sub-lethal drug overdose or wrist slashes. Previous Para-suicide is a predictor of suicide.

According to Cholbi (2009:206), attempted suicides are regarded as not true attempts at all, but rather as Para-suicide: The usual attempt may be a wish to affect another person by the behaviour. Perlman, Neufeld, Martin, Gay and Hirdes (2011:16) mentioned that this non-fatal form of behaviour and self-directed potentially injurious behaviour with no intent to die may not result in injury. Centre for Disease Control (2012) defined attempted suicide as a non-fatal.

1.8.3 Causative

According to the *Cambridge Advanced Learners' Dictionary and Thesaurus* (2013), the term 'causative' refers to acting as a cause of something, for example, smoking is a cause of several serious diseases, including lung cancer.

1.8.4 Depression

According to Williams and Wilkins (2013), 'depression' is a mental state or chronic mental disorder characterised by feelings of sadness, loneliness, despair, low self-esteem, and self-reproach, with accompanying signs including psychomotor retardation (or less frequently agitation), withdrawal from social contact and vegetative states such as loss of appetite and insomnia.

1.8.5 Stress

According to Vandebos (2007: 898), 'stress' is a state of physiological or psychological response to internal or external stressors. It involves changes affecting nearly every system of the body, influencing how people feel and behave. Taylor and Broffman (2011) defined it as a negative emotional experience accompanied by predictable biochemical and behavioural changes, directed either toward altering the stressful event or accommodating its effect.

1.8.6 Adolescence

Adolescence is a transitional stage of physical and mental development which takes place between childhood and adulthood. The transition involves biological, social and psychological changes.

According to Schmied and Tully (2009:1), it is a time of significant development that is considered to be second only to infancy in the magnitude of changes that occur. Adolescents experience numerous developmental challenges at varying pace, including increasing need for independence; evolving sexuality; transitioning through education and commencing employment; consolidating advanced cognitive abilities; and negotiating changes in relationships with family, peers and broader social connections (Cameron & Karabarrow, 2003).

The adolescent phase is also marked by increased involvement in risk behaviours that may predispose young people to long-term outcomes. Many of these are relatively transitory in nature and are resolved by the beginning of adulthood,

however, there is increasing evidence of the significant level of emotional and behavioural difficulties such as depression, anxiety, conduct disorder, substance misuse and suicidal thoughts (Sawyer, Afifi, Bearinger, Blakemore, Dick, Ezeh & Patton, 2012).

1.8.7 Siblings

According to Houghton (2009:192), a 'sibling' is a person's brother or sister. In most societies, siblings usually grow up together and spend a good deal of their childhood socialising with one another. This genetic and physical proximity may be marked by the development of strong but contrasting emotional bonds, such as love or hostility.

1.8.8 Primary school

A 'primary school' is an institution in which children receive the first stage of compulsory education known as 'primary education' or 'elementary education'. The former is the preferred term in the United Kingdom (UK) and many Commonwealth nations, and in most publications of the United Nations Educational Scientific and Cultural Organisation (UNESCO). Children generally attend primary school from around the age of four or five until 11 or 12.

1.8.9 Middle school

According to Akos, Charles, Orthner, and Cooley (2011), middle school is an educational institution that acts as a bridge between elementary and high schools Ages13-15. According to Wikipedia (2014) middle school (also called junior school or intermediate school) is a school which children attend between primary and secondary school in places which use three or four levels of schooling, typically between the ages of about 10-14, although this varies between, and sometimes

within countries. More commonly two levels of schooling are used with children moving directly from primary to secondary school at about 11 years old.

1.8.10 High school

According to Barcly (2014: 18), high school is an institution that provides all or part of secondary education, comprising grades 8 to 12 in South Africa, and may be followed by college or university (tertiary) education. For ages 14-18, the learners study for five years and at the end of each year there is an examination and they will be examined for matriculation. According to *the free dictionary.com* (2011), high school is an institution for the instruction of children under college age of 18.

1.8.11 Outline of the study

The study follows the following structure:

Chapter 1 is an orientation of the study.

Chapter 2 provides an overview of existing literature regarding suicide and attempted suicide amongst adolescent learners. It also provides a detailed literature review in order to identify the causative factors of suicide and attempted suicide among adolescent learners.

Chapter 3 highlights the methods implemented to obtain empirical data on the topic.

Chapter 4 reflects on the findings of the research as well as the embeddedness of the findings within the theoretical framework.

Chapter 5 concludes the study by summarising the key thoughts, findings and provides recommendations for further research are presented.

1.9 CONCLUSION

This chapter has given a brief overview of the research study, aiming to find the answer to research question: *“What are causative factors of suicide and attempted*

suicide of adolescent learners? Although many researchers have attempted to identify the causative factors of adolescent suicide and suicide attempts locally and internationally, an in-depth study in Tshwane North (D3) was needed.

CHAPTER 2

CAUSATIVE FACTORS OF SUICIDE AND ATTEMPTED SUICIDE AMONGST ADOLESCENT SCHOOL LEARNERS

2.1 INTRODUCTION

Greydanus, Patel and Pratt (2010:1083) reported that numbers of suicides in adolescent and young adults are growing around the world, with an estimated 877,000 in 2002. Suicides are the third greatest cause of death for adolescents and rates are increasing faster in this group than in any other. Globally, at least 90,000 adolescents (up to age 19) commit suicide each year (one in every five minutes), in the context of 4 million attempts.

The increase of adolescent death is not as consistent as it goes with that year's fever and of that particular community. However when death of an adolescent learner is due to suicide or an adolescent learner is hospitalized due to suicide attempt, the school and the community is affected.

Irish health (2007:2) expressed that when the deceased is an adolescent learner the entire community suffers, such that counselling of members of the community, specifically adolescent learners may be required. Counselling of all learners in the school may be needed after the adolescent suicide as those bereaved by suicide are at greater risk of succumbing to suicide to a similar fate.

Andriessen and Krysinaka (2012:6) also suggested that it will be interesting to know how the level of suicide in a society relates to attitudes towards suicide survivors. Adolescent learner suicide is an incident that affects the whole community. It is not easy for the loved ones to accept that the minor can just take his/her own life.

Thomson, Hamelin and Granger (2013:1) also found suicide to be the third leading cause of death for teenagers in the United States of America (USA) and the second in Canada. Suicide ideation and suicide attempts are known risk factors for suicide completion, with an estimated 15 to 20 attempted to every completed.

Sondergard, Kvist, Andersen and Kessing (2006:231) identified characteristics of suicide and attempted suicide of learners in the community as follows:

Suicide has always held both a fear and a fascination for many people.

The anguish that people who are suicidal feel is not exclusive to them.

The aftermath of suicide spreads in a ripple effect, touching families, friends, peers and the community. The act of suicide has the power to propel those who are left in its wake down into the dark labyrinth of emotional numbness and pain.

Sondergard et al (2006:231) further wrote that an increased understanding of what drives adolescent learners to commit or attempt suicide is urgently needed. As the literature was not extensive, this section reviews what has been published on the topic first internationally, then in the context of South Africa.

It is evident that adolescent learners are sensitive and secretive. Parents need to know and understand their children's mood behaviour so that they must be able to get hold of them when they see the signs of suicide. Schlebush (2012:192) found that, suicidal behaviour and suicidal ideation in the younger age groups in South Africa are inordinately high. Family connections are particularly important in promoting happiness for adolescent learners.

Adolescents are likely to suffer depression when changes in family relations are brought about by circumstances or situations such as divorce, the partial absence of a known father and remarriages. The situations create great feelings of rejection and unhappiness in adolescents.

Suicidal behaviour is a complex phenomenon across all age groups, and risk factors. It can be controlled and caused by more than one factor. They are wide ranging and include psychiatric psychological, biological, sociological, genetic cultural, somatic, personality, substance abuse, family dynamics, interpersonal problems, stress and other variables (Schlebush 2012: 183).

The next section reviews what has been researched and published on the topic internationally and in the context of South Africa.

2.2 CAUSATIVE FACTORS OF SUICIDE

Jiang, Perry and Hesser (2010:1701) found that suicide by youth is devastating for families and communities and represents a significant loss of life. In the USA, 12% of all deaths among youths and young adults aged 10 to 24 results from suicide, the fourth leading cause of death. According to Grogan (2010:214), the causes of suicide also include a history of previous suicide attempts, family history of suicide, symptoms of depression or other mental illness, alcohol or drug abuse, stressful life events or loss, easy access to lethal methods, exposure to the suicidal behaviour of others and incarceration (Beekrum, Valjee and Collings 2011; Greydanus et al 2010:1079).

Barnes, Eisenberg, Resnick (2010:6) found that whereas most youth with chronic conditions enjoy normal levels of emotional wellbeing and do not have suicidal thoughts or self-injurious behaviours, there may be a developmental trajectory among certain children with chronic conditions, not yet fully elucidated that contributes to excess emotional distress and suicide risk.

The college first-year male adolescent learner was having epilepsy. One day he got an attack in the school bus in front of his friends, peers and classmates. When he awoke other adolescents were laughing at him and others were re-enacting the event. The boy started to feel out of place from that day and changed the bus to a special taxi. That did not end his problems because at the college he still met some of the other adolescents who had been on the bus.

The boy lost a will to live because of school mates laughing at him after experiencing the episodes. He then decided to stop epileptic treatment to end the miseries. He knew very well that by not following treatment he will be placing his life at risk of death and he discontinued the medication. After some few days he died alone at home. Her mother then realised that he did not collect his medication even though she reminded him several times.

Research suggests that chronic illness is a risk factor for depression in adolescents that may induce suicide ideation and attempts. However, this risk factor may be increased even more in young adulthood if the underlying causes of depression are not resolved. Du Plessis (2012:22) also highlighted a high

prevalence of adolescent suicidal behaviour in the Free State and Limpopo provinces in South Africa.

Adolescent learners with chronic illnesses such as asthma feel shy to face their peers after the attacks, some laughing at them while suffering the attack. They also mentioned that peers and friends imitate their actions after they are relieved from the attacks.

2.3 FAMILY FACTORS

The following factors are related to the family factors.

2.3.1 Psychological problem

Du Plessis (2012:26) noted that the family may also have negative influences on the adolescent's psychological wellbeing. Family problems such as parental divorce, interpersonal conflict between parents and siblings, an over-controlling parenting style, and inadequate flexibility by parents have all been highlighted as major causes of heightened adolescent stress and ultimately suicidal behaviour.

Most adolescents especially males who are affected by their parent's marital instabilities and find themselves used being manipulated by their parents, report greater feelings of isolation and rejection by their parents than those not affected. Adolescents with a good relationship with their parents show fewer signs of being intimidated by stressful experiences, and are better equipped to manage negative life events.

2.3.2 Single-parenting

Xing, Tao, Wan, Xing, Qi, Hao, Su, Pan and Huang (2010:7) found that Chinese adolescents had greater exposure to adverse family environments such as improper parental rearing behaviour e.g. experiencing physical punishment from parents, separation from parents, parental divorce and social problems of the

family members and parental gambling problem. These family variables are therefore generally risk factors of suicidal behaviour during adolescence, which is similar to most previous reports showing adolescent suicide attempters often suffer greater dysfunctional family dynamic environment than non-attempters.

Kwan and Ip (2007:48) found that adolescents in single-parent families are more likely to commit suicide than those living with both parents. Life satisfaction, depressive moods, poor perceived mental and physical health were identified as important factors that led to high level of suicide amongst adolescents living with a single parent.

Adolescents living in single-parent families complain that missing one parent figure leaves them in a depressive state, especially if the missing figure is a female. An adolescent boy learner in Tshwane North (D3) area committed suicide due to his father leaving all the household responsibilities to him while the father was staying nearer to work and coming home only on weekends.

Hawton, Rodham and Evans (2006:82) revealed that male adolescents living with only one parent or a stepparent were at greater risk of self-harm than female counterparts, while Joiner (2005:155) pointed out that in the USA male adolescents are approximately four times more likely than female counterparts to commit suicide, and female adolescents approximately three times more likely than male counterparts adolescent to attempt suicide at secondary school level.

Lebrun (2007:5) maintains that adolescents avoid adults who do not understand or who cannot comprehend what they are experiencing, and thus prefer to be alone.

A Middle School adolescent male learner in the Tshwane North (D3) area who committed suicide left a note which revealed that, he found himself with no one to talk to when his father left him with his siblings after his mother's death and that led him to take his own life. Lebrun (2007:5) states that the adolescent or child may think, "I can solve this on my own", "they don't understand" or "if I tell somebody I will be in trouble". The viable option they create is "I can deal with this in my own way in my own world and no one needs to know".

The above statement was made by an adolescent learner who committed suicide living with his mother after he was asked by his classmate if there was something wrong in his life. He used to respond by saying, "I am fine, just tired". Adding to the

above statement, the adolescent boy learner who committed suicide while living with his father and his siblings, when his father asked why he was so quiet, he answered by saying: "I am fine, just tired and want to be alone". The answer was revealed after his father found a Bible opened and a verse marked with a pen, under his lifeless body.

2.3.3 Parental childrearing methods

Christoffersen and DePanfilis (2009:4) found that traumatic circumstances during upbringing, such as parental drug alcohol abuse, family history of suicide, separation (death of a parent) and problematic parenting (placement outside the home in residential care) could lead to suicide and suicide attempts of young people.

Parental emotional abuse is found to be associated with offspring's self-harm, eating disorders and social problems (Christoffersen et al 2009). The lack of parental support and verbal abuse by parents are frequently seen among adolescents who have committed suicide. Christoffersen et al (2009) added that the young people who attempted suicide had experienced more turmoil in their major families.

While conducting interviews, the researcher realised that the adolescent learners were not happy about the way they had been treated during their adolescent days. They complained that their parents often forgot that they were grownups. Adolescents again mentioned that their parents yelled at them in front of their younger siblings, which made them unhappy because their siblings would continue laughing at them after the event. Lamont (2010:1) revealed that a systematic review by Evans and colleagues found a strong link between physical/sexual abuse and attempted suicide/suicidal thoughts occurring during adolescent.

Adolescent learners who are abused by their parents tend to be suicidal. Adolescent learners mentioned that this kind of rearing made them lose hope of being protected from their parents, and made them rely in their own powers. It also puts pressure on them which increases their vulnerability to peer influences with

drugs, alcohol, joining gangs for protection against bullying. The pressure adds to the suicidal behaviour of the older sibling.

2.3.4 Mother-daughter and father-son communication

Garcia, Sky, Sieving, Naughton and, Bearinger (2008:491) revealed that for all groups of ninth-grade males and females, those whose fathers and mothers were absent most of the time were significantly more likely to report a suicide attempt in the past year than were those able to talk with their parents. In addition, ninth-grade Latino-mixed males who were not able to talk with their fathers and mothers were significantly more likely to indicate a suicide attempt than their peers who were able to talk with their fathers and mothers respectively.

Among ninth-grade females, the odds of elevated levels of emotional distress were significantly higher among those with the inability to talk with their fathers and mothers. The difference may be due to the parent being absent or the student being unable talk with the parent.

The odds of elevated levels of emotional distress were 3-4 times higher among ninth-grade Latino-mixed males whose mothers were absent. Garcia et al (2008:492) again revealed that: level of parental caring was associated with suicidal attempts among all groups, with the odds of having attempted suicide being 3.4 - 9.9 times higher among students who perceived low levels of parental caring.

Samm, Tooding, Sisask, Kolves, Aasvee and Varnik (2010:457) found good communication with the parents reduced the likelihood of suicidal thoughts in all age groups. Adolescents who were satisfied with their family relationships suffered less frequently from depressive feelings and suicidal thoughts. The best environment for an adolescent was a family with both parents. Of the adolescents in "non-intact" families, those with a step-parent in the family showed suicidal thoughts more frequently than those in single-parent families.

Samm et al. (2010:461) highlighted family relationships risk and protective factors amongst boys in their study. They examined the influence of perceived satisfaction with quality of family relationships. Amongst the boys, those who were satisfied

with their family relationships had a lower risk of depressive feelings. Boys who reported easy communication with an elder sister were less likely to have suicidal thoughts at ages 11 and 15 years, compared to boys who had poor communications with their older sisters.

Good communication with an elder brother was negatively associated with a higher risk of suicidal thoughts at ages 11 and 15 years, and of depressive feelings at ages 13 and 15 years. Ease of communication with the grandparents was negatively associated with a higher risk of suicidal thoughts and depressive feelings at age 11 years. Family relationships were risk and protective factors amongst girls.

2.3.5 Parents/guardian unemployment effect the learner

Adolescent learners are generally concerned about unemployment of parents. They may be concerned that their unemployed mothers spend the day standing on the fence with their neighbours or friends. Adolescents believe that their guardians are influenced by the guardian's friend by spreading lies and gossip about them. They also believe that the way they treat them is influenced by their guardian's friends. Adolescent girls' lives become more difficult because they depend on their mother's approval for most of their decisions.

Meehan, Peirson and Fridjhon (2007:559) reported that girls are more likely to use social support, hence using active coping and reliance on others for approval. They reported being more affected by their parent's unemployment than boys and evaluated this factor as more complex. When the problem is over they tend to continue thinking about it, thus using internal coping.

Adolescents who use a more ruminative style of coping tend to be more predisposed to higher levels of suicidal ideation and what depressed them more is when their parents play cards, drink alcohol during the week, indulge in betting or running illegal gambling during the day. Maternal behaviour may cause adolescent female learners to seek social support to overcome the embarrassment. They then become ashamed of themselves and are unable to cope with the embarrassment,

even though they understand that this is also due to inability of their parents to cope with stressors of unemployment.

Israelashvili, Gilad-Osovitzki and Asherov (2006:534), referring to suicidal behaviour, state that several researchers suggested that to some extent suicidal behaviour might be triggered by adolescents' reproduction of their parents' poor coping behaviour. In this line of reasoning, it is possible to assume that suicidal adolescents' reluctance to use productive coping strategies may sometimes be a reflection of their parents' poor coping with their own stresses on daily hassles.

2.3.6 Interpersonal parents/guardian-child conflicts

Kolves (2010:115) found that interpersonal family conflicts, especially parent-child ones, are important risk factors in children and younger adults and appear more frequently compared to older adults. Kolves (2010:116) also mentioned that communication may become more difficult when parental job migration forces children to leave their established social support network; they may feel lonely and withdrawn when adapting to a new environment, which may then make them more vulnerable to suicidal behaviours.

Kolves (2010:116) cited research that found social, cultural and environmental factors can exacerbate or mitigate existing personal suicide risk factors in children (King, 2009; Greening, Stoppelbein & Luebbe, 2010). He added that economic crisis can greatly influence, and even change, factors that can be intensified by the family context. Subsequently, children may become more predisposed to suicidal ideation and acts.

This factor is an example of mental pain as a mixture of hurt, anguish, sorrow, aching, and misery in the mind, shame, guilt, humiliation, loneliness, loss, sadness dread and like. The various negative emotions and experiences turn into unbearable mental pain. The adolescent learner becomes emotionally affected by not having someone close in the family to tell what is bothering him/her. The adolescent learner sees suicide as the only option to end the misery (Briggs, Lemma & Crouch 2008:81).

Maltsberger (2008:653) also views mental pain as an instigator of suicide from a psychoanalytic perspective. The mother does not protect the girl or give her the warmth that a parent should give to a child. Suicidal patients demonstrated less warmth within their families than did adolescent in comparison families. Other researchers have found that other adolescents who report their relationships with their parents and positive communication have a lower risk of later suicide.

Walsh and Eggert (2008:349) also indicated that suicide ideation was associated with parent-adolescent conflict, and suicidal behaviour increased steadily as the number of conflicts increased. They also mentioned that high school students, aged 16-19, who had attempted suicide had poorer relationships with their parents than those who had a good communication relationship with their parents. These poor relationships cause them mental pain that leads to suicide.

Klaus, Mobilio and King (2009:246) found that one other thing that leads to adolescent suicide is family communication, recent stressors, and children's perceptions of family support and warmth have been studied in relation to parent-child agreement about these symptoms. Discrepancies in parent-child ratings of symptoms have been related to low parental warmth and acceptance. Family conflict and stressors have been associated with greater discrepancy in parent-child agreement about psychopathology when compared to families with less conflict and stressors.

Family communication has been found to impact parent identification of adolescent daughters' depression. Family support, warmth and good communication improve parent-child bonding. When talking to adolescent learners one realises that those adolescents who do not do household activities or go out frequently with parents show signs of resentment and loneliness.

2.4 POST-SUICIDAL FACTORS

Chen (2010:7) revealed that multiple suicide attempters suffer more severe suicide-related symptoms than single suicide attempters. Multiple attempters have a greater degree of deleterious background characteristics, such as history of family suicide. This group also tends to possess more psychosocial disability, such

as more severe depression and they tend to have poorer interpersonal relationship (Forma, Berk, Henriques, Brown & Beck, 2004).

2.4.1 Sub-optimal behavioural coping patterns

Zenere (2009:1) maintains that primary concern following a youth suicide is the potential for contagion that can lead to cluster suicides. Contagion is the process by which the suicidal behaviour or a suicide influences an increase in the suicidal behaviours of others. Interpersonal vulnerability of suicide and attempted suicide after the loss of the loved one plays a particularly important role, both as an immediate precipitant of adolescent learner's suicide. As noted, the breaking or disruption of significant relationships is amongst the most common precipitants of attempted or completed adolescent suicide.

Zenere (2009:1) writes that although an acute loss may serve as an important proximate precipitant, cumulative losses also appear to confer particular vulnerability. Hoffmann, Myburgh and Poggenpoel (2010:11) found that bereaved individuals' lack of optimal coping skills can hamper their exploration of appropriate behavioural coping patterns for a life without a significant other. Hoffmann et al (2010:11) again mentioned that survivors sometimes intentionally choose to avoid and/or distance themselves from close relationships in the aftermath of a completed suicide.

Many siblings maintained that when their brother or sister had died, suicidal thoughts had been actualised by the death and they reported feelings of stigmatisation, blame and guilt, and a strong experience of rejection (Dyregrov & Dyregrov 2005:719).

2.5 SOCIO-ECONOMIC FACTORS

A number of socio-economic factors appeared.

2.5.1 Peer pressure influence

Kraaij, Garnefski, Jan de Wilde, Dijkstra, Gebhardt, Maes and TerDoest (2003:186) argued that if the parent is unable to meet the requirements for comfort or protection, normal development might be impeded. The child will develop an insecure bonding relationship with the parent that is characterised by a lack of confidence in self and others.

Healthy exploration of the world and development of social skills will be inhibited. Adolescent school learners have a tendency to demand expensive cell phones and clothes from their parents or guardians to compete with their peers. If parents are unable to meet their requirements they threaten to kill themselves.

South Africa is a country with diverse culture, beliefs, languages, a history of apartheid and urban violence. There are areas of extreme wealth and poverty. Not everyone in the country has access to basic needs, such as running water, sanitation, electricity and housing. Adolescent learners are also affected by not having things that some of their peers have in their homes.

There is also a lack of positive role models increased demands due to more materialistic values and a lack of emotional security because of social and cultural transition. It is the interplay of these social, cultural, political and economic factors that impact upon the lives of adolescents living in this country and play a role in stress, depression, and feelings of hopelessness, helplessness and possible suicidal ideation. (Meehan et al., 2007:553).

2.5.2 Community influence

Doan, Roggenbaum, Lazear and LeBlanc (2012:1) found adolescent suicide is a serious health problem, which has the potential to affect a large number of families

and communities across the country. They also mentioned that in order to effectively combat adolescent suicide, schools, administrators, and policymakers must understand that adolescent suicide is a real and serious threat and that this threat is not isolated to other schools and/or district.

No school is immune to adolescent suicide. By implementing and maintaining an effective, comprehensive, community-based prevention programme, a community may be able to minimise adolescent suicide and suicide attempts.

2.5.3 Socio-cultural influence

Peltzer and Pengpid (2012: 4) mentioned the following behaviours as contributors to adolescent school going suicidal ideation:

- Lack of parental attachment
- Lack of peer support
- Truancy
- Exposure to bullying
- Substance use variables
- Physical inactivity
- Obesity
- Sexual behaviours

Roen, Scourfield, and McDermott (2008:209) support what the girl learner said by revealing that studies investigating young people experiences of suicidal feelings suggest that it is the very nature of being young in a particular socio-cultural context that leads to a lack of meaning and sense of worthlessness that may underline youth suicide, the way that 'youth' carries with it various negative connotations that may contribute to a sense, among young people, of not belonging, not been valued, and feeling hopeless (Bourke, 2003:235).

Sociability is defined as the ability to create satisfactory personal relationships, engage in social situations, and acquire the beliefs, habits, accepted made of behaviour and values of society, primarily through the socialization process. Depression can be due to social isolation and loneliness caused by too little

integration with the community. Kim, and Kim, (2007:222) noted that an increasing number of studies have examined the extent to which social, family, personal and environmental factors contribute to suicide risks in young people.

They found most studies which examined the associations between measures of social disadvantage, suicide and suicide attempts had reported on increased risk of suicidal behaviour among individual from socially disadvantaged backgrounds characterized by low socioeconomic status (SES), limited educational achievement, low income, and poverty. Given this, it is worrying that an increasing number of teenagers are using the Internet and social networking sites as their primary means of communication.

Time spent “socialising” online is spent away from the real world, so teenagers have forgotten how to have real conversations with real people and this leads to them feeling more disconnected and alone. (South African Depression and Anxiety Group 09.2009)

2.6 POST-TRAUMATIC STRESS DISORDER FACTOR

Wilcox, Storr, and Breslau (2009:1) highlighted recent reports that suggest post-traumatic stress disorder (PTSD) is associated with elevated risk of a suicide attempts. Depression on the other hand, is a medical condition characterised by long-lasting feeling of intense sadness and hopelessness associated with additional mental and physical changes.

Hoffmann et al (2010:1) reviewed a number of studies among adolescents and university students that found depression to be the common emotional response to the suicide of a significant other. It included feelings of apathy, fatigue, emptiness, despair, crying, sadness and exhaustion (Dyregrov & Dyregrov 2005; 175; Feigelman et al 2008:191).

Depression plays an important role in survivors’ tendencies to lose weight or overeat, as well as in their tendency not to form new relationships due to low self-esteem. Prager (2009:2) added that potential risk factors of depression are many, ranging from generic leading to tumultuous life events. However, it is the

interaction between biological vulnerability and environmental stress that takes centre stage.

2.7 ENVIRONMENTAL FACTORS

A number of environmental factors exist.

2.7.1 Suicidal ideation

Hoffmann et al (2010:1) mentioned that people's thoughts often focus on the suicide victims immediately after a completed suicide, but the real victims of such an event are those individuals who are left behind to cope with the aftermath of the suicide. Otsuki, Kim, and Peterson (2010:2) found that one quarter to one-third of youth suicide victims make attempts prior to their completed suicide. Anxiety lowers the likelihood of one-time suicide attempts but increases the likelihood of repeated suicide attempts.

Prager (2009:2) found environmental risks factors included abuse or neglect; parental substance abuse; material problems; low socioeconomic status and education level; loss of a parent, sibling, or close friend; and stress related to adolescent developmental or issues of sexuality, e.g., homosexuality. He also added that generic risk factors seem to play a greater role in adolescent depression than in parental depression.

Du Plessis (2012: 24) argued that environmental factors such as the quality of interpersonal relationships between adolescents, and their family members (parents and siblings) and friends can be a major resource for adolescents, but can also serve as major stressors, especially if conflict occurs within these relationships that can lead to adolescent suicide or suicide attempts. He also mentioned that relationships outside the family, namely peer and romantic relationships, have also been implicated as contributing to suicidal behaviour.

2.7.2 Bullying as influenced by the environmental factors

Bullying, especially chronic bullying has long-term effects on suicide risk and mental health that can persist into adulthood (Arsecneault, Bowes & Shokoor, 2010). Suicide Prevention Resources Centre (2011:2) revealed that both victims and perpetrators of bullying are at a higher risk of suicide than their peers. Children who are both victims and perpetrators of bullying are at the highest risk (Hay & Meldrum, 2010; Kaminski & Fang, 2009) all three groups (victims, perpetrators, and perpetrators' victims) are more likely to be depressed than children who are not involved in the bullying. Depression is a major risk factor for suicide.

2.7.3 Drug abuse

Murray, Farrington, and Sekol (2012: 7) revealed that frequent, heavy alcohol use is linked to feelings of depression, hopelessness, and suicide ideation as well as suicide attempts. Murray et al (2012:7) found that 36% of murders committed in 2000 by someone younger than 24 involved alcohol consumptions.

2.7.4 Depression

Davies (2011: 11) reported on other researchers who revealed that depression and other mental illnesses, as well as substance abuse disorders are major risk factors one should consider when connecting risky behaviour to the increase of suicide risks. When an adolescent suffers from depression it puts an emphasis on negativity, impacting self-worth. It affects the adolescent's way of thinking and because the adolescent mind is clouded, he or she thinks in such a way that he or she does not see when a problem can be overcome. This results in the teen resorting to suicide which is a permanent end to a temporary problem (Kelly et al 2011).

2.7.5 Chronic illnesses

Greydanus et al. (2010:1) reported on research suggesting that chronic illness is a risk factor for depression in adolescents that may induce suicide ideation and attempts; however this risk may be increased even more in young adulthood if the underlying causes of depression are not resolved.

2.7.6 School and community violence and victimisation

Nickerson and Slater (2009:12) revealed that boys who carry weapons and engage in physical fights in school and community settings are at increased risk of suicidal behaviours, and that these may be possible indicators of a suicide attempt. Peltzer et al. (2012:7) also noted that studies of adolescent suicidal ideation are important because thoughts about suicide are associated with intention to commit suicide and actual attempted suicides.

2.8 CAUSATIVE FACTORS IN SOUTH AFRICA

Family connections are particularly important in promoting happiness for adolescent learners. Adolescent learners are likely to suffer depression when changes in family relations are brought about by circumstances or situations such as divorce, the partial absence of a known father, and remarriage, which create great feelings of rejection and unhappiness (Cutler et al., 2011:14). Depression can be caused by other family factors, peer pressure factors and social factors and that can lead to suicide and suicide attempts of adolescent learners.

Meehan et al. (2007:554) added to the above statement by stating that children in South Africa commit suicide for a number of reasons. These include depression due to high level of violence in the family due to problems caused by the abuse of alcohol and drugs and also the availability of fire arms in the home. Other risk factors include extreme poverty, unemployment, and lack of social infrastructure, providing inadequate educational, health, housing recreational, and transport facilities.

Other researchers such as Beekrum et al. (2011:68-69) also mentioned factors such as intrapersonal factors, interpersonal factors and socio-cultural factors as the most proximal level influences adolescent learners to commit or attempt suicide.

2.9 CAUSATIVE FACTORS INTERNATIONALLY

Borden, Casper, Hawkey, Hawkins, Koch, and Kuhl (2014:1) suggest that a variety of factors are associated with the increased risk of suicidal behaviours among adolescents. Those who experience or are exposed to more than one risk factor, are at an increased risk of engaging in suicidal behaviours. Risks associated with suicidal ideation include biological, environmental, and psychological factors. Biological risk factors include gender and ethnicity.

Environmental risk factors include family stress and conflict, poor social skills and low self-concepts, whilst psychological risk factors include mental health problems and diagnosed psychiatric disorder, poor coping skills and substance use or abuse.

2.10 GUIDELINES AND STRATEGIES TO REDUCE ADOLESCENT SUICIDE AND SUICIDE ATTEMPTS

The school is regarded as a system in which learners can be taught holistically. If the education department can follow proper strategies when fighting adolescent suicide and involve relevant stakeholders, adolescent lives could be saved. The following guidelines and strategies are intended to fulfil the outcomes as stated in chapter one and directed to the school system.

2.10.1 The school

To explore causative factors of suicidal behaviours within the school system which could act as a causative factors of suicide and attempted suicide of adolescents learners in order to prevent suicide and suicide attempts from occurring, the school as the place in which the adolescent learners are taught holistically is viewed as a weapon that can used in the following ways.

2.10.2 The educators

Educators need to be trained about the causes of suicide or attempting suicide so that they will be able to reach learners and so prevent a possible suicide. They need to be motivated to reach out to adolescent learners through the Life Orientation learning areas to make them aware of causative factors.

Educators, through the help of subject advisors and coaches create space in the timetable to make possible integration of learning areas to be able to talk about causative factors of suicide in classroom, sports time, during cultural activities and when they see the need. Educators should be trained to be learner welcoming and make them feel free to talk to their educators about their thoughts, especially if they are afraid that they may be suicidal.

2.10.3 The peer group

Peer groups (buddy systems) should be encouraged in all schools and be trained to have fruitful discussions, support and make them aware of causative factors of suicide, and to look out for their buddies.

2.10.4 The parents

Parents should meet and make others aware of the causative factors of suicide so that they can prevent suicide after having identified the causative factors. They

should help sensitize parents and run parents' guide workshops. An educator psychologist will use parents' meetings to guide parents or guardians to understand the causative factors of suicide amongst adolescent learners and allow them to be able to identify causative signs in adolescent on time.

2.10.5 Siblings

All siblings are encouraged by educators to join buddy groups and to hold discussions about how to support each other so that they can monitor any siblings who might be suicidal.

2.10.6 The community

Community leaders, religious leaders, police forums and other stakeholders within the community are to be encouraged to workshop each other in identifying causative factors of adolescent suicide at the community gatherings. Volunteering from different stakeholders should be encouraged to start activities around school premises, in order to keep adolescent learners busy after school and during weekends. Those who work as adopted school social workers to work with the community leaders can organise adolescent's suicide awareness campaigns on causative factors of suicide amongst adolescent learners in the community halls.

The effect of adolescent suicide and attempted suicide on a student's mental health can affect academic performance, whilst depression and other brain conditions can interfere with the ability to learn. The impact of adolescent suicide holds both fear and a fascination for many people, but the anguish people who are suicidal feel is not exclusive to them.

The aftermath of suicide spreads in a ripple, touching families, friends and the communities. The act has the power to propel those who are left in its wake with emotional numbness and pain. The individuals who survived the death of their loved ones, especially an adolescent by suicide, are often left feeling confused and inadequate. A student suicide significantly impacts other students, the entire school and the community.

Suicide is a tragic event that has an immense impact on families and communities in South Africa and internationally. The community, through the consultation process, seeks an approach to suicide prevention that addresses national unique context through local community influence and delivers most suicide prevention effort locally.

The following strategies can be used to reduce the impact of suicide and attempted suicide within South Africa and internationally.

Community: Engage a Project Officer from the department to oversee the development of community action guidelines and suicide prevention standards which will outline the methodology for ready communities to come together and work to reduce suicide prevention from within their local community. They can hold media, mental health and suicide symposium to engage the suicide prevention network with local community media.

Combined sectors can also commission the development of a comprehensive evaluation and data collection frame work for the suicide prevention strategy. Health desk can play a major role by extending this awareness within the local clinics. Local clinics may use their suicide prevention training plan as a way of communication between the adolescent and the health personnel. This strategy may be used to network with the entire adolescent in the neighbouring community.

They can engage different stakeholders in the community to work with specific industries to increase literacy in suicide prevention, support community sector organisations to develop performance indicators for various forms of suicide prevention activity and build these in to funded community sector service contracts.

School: Kaslow (2014:12) recommended the following for the school system to alleviate adolescent suicide and attempted suicide. They could collaborate with schools on the development of peer gatekeeper programmes related to identifying at-risk peers and encouraging them to seek help, work with the local sections of national organisations to have optimal suicide prevention programmes available in the community and identify students at possible risk of suicide for referral to appropriate services.

They could also educate parents regarding suicide and mental health promotion and screen students at possible risk, if possible, provide training and suicide awareness education for key staff, administration, and side-based partners as well as responding appropriately to suicide death. They could also educate and involve student in mental health promotion and suicide prevention efforts (Joshi, Ojakian, Lenoir, Hartley & Weitz 2013: 9).

2.11 CONCLUSION

The above literature shows that the death of an adolescent learner is the most painful experience that can strike a family and a community. Death by suicide makes it difficult to cope with the painful reality and parents or guardians, siblings, friends, classmates, educators and members of the community take time to move on with their lives after the funeral. It becomes difficult for the whole family to accept, with disbelief, turmoil and disorganised bereavement.

Tshwane North (D3) area, like any other part of the country, has lately experienced many suicides and attempted suicides of adolescent school learners. It was realised that when the deceased is an adolescent school learner the community is shocked and learners of that particular school experience grief. It may be difficult to imagine the anguish experienced by the parents, siblings, relatives, peers and friends of an adolescent learner who has taken his or her own life. The grief caused by the unusual death of adolescent learners requires a look for what really causes them to commit or attempt suicide.

This chapter has attempted to reveal main factors that cause adolescent learners to kill themselves, and the factors are similar to those in other areas, the rest of the country and internationally. The continuation of suicidal behaviour of learners in South Africa suggests that suicide and attempted suicide amongst adolescent learners around the world still need to be researched and work done on the school curriculum that will save suicidal adolescent learners.

Causative factors of suicide and attempted suicide amongst adolescent learners of Tshwane North (D3) area will be researched by means of qualitative methodology in the following chapter.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

Saunders, Lewis and Thornhill (2009:600) defined research strategy as “the general plan of how the researcher will go about answering the research questions”. Saunders et al. (2009:110) mentioned that an appropriate research strategy has to be selected based on research questions and objectives, the extent of existing knowledge on the subject area to be researched, the amount of time and resources available, and the philosophical underpinning of the researcher. Moreover Collis and Hussey (2009) in Wedawatta, Ingirige and Amaratunga (2010:4) identified methodology as the “overall approach to the entire process of the research study”.

In chapter two, a search for the answer to the research question “*what causes adolescent school learners to commit or attempt suicide in Tshwane North (D3) Area?*” by means of a literature study has been discussed. This chapter dealt with the ways in which the qualitative research methodology was followed in order to find the answer to the above mentioned research question.

3.2 THE ROLE OF THE RESEARCHER IN THE RESEARCH

Leedy and Ormrod (2010:95) also indicated that qualitative researchers seek a better understanding of complex situations. Their work is sometimes exploratory by nature and they may use their observations to build theory from the ground up. The researcher’s main role in this study is to establish the causative factors of suicide and attempted suicide of adolescent learners of Tshwane North (D3) area. Another role was to accept that the researcher is part of the study (Speziale & Carpenter, 2007:18).

The direct participation of the researcher in a qualitative inquiry subscribes to the principle of “disciplined subjectivity and reflexivity” (McMillan & Schumacher 2001:16). The authors state that the two principles involve self-examination of the researcher’s role throughout the entire research process.

Even though there is subjective bias in qualitative research, authors such as Speziale et al. (2007:18) argue that the rigour of objectivity is mostly determined by the participants. The participants in this study are to question themselves as to whether they recognise that the researcher is accurately reflecting what causes the adolescent learners of Tshwane North (D3) area to attempt or commit suicide.

During the research, the researcher may assume different roles, and as Strydom and Delpot (2002:284) argue, it may have to be negotiated and renegotiated as the project proceeds. The researcher may assume different roles in the study, may be an observer, interviewer or an interpreter of the various facets of the investigation (Speziale et al., 2003, 2007:18). For the researcher to get to answer the research question, interviews were held with all the relevant stakeholders, that is, the victims’ friends, parents or guardians, siblings, class mates and educators.

3.3 RESEARCH DESIGN

A research design is a plan or map indicating how the researcher will collect and analyse data when answering the research question.

3.3.1 Research approach

The researcher adopted a qualitative approach. Qualitative approach will allow the researcher to use different data collection tools (e.g., field notes, audio recordings, video recordings and paper clippings). In qualitative approach sources of evidence are tracked, with materials organised to maintain an appropriate chain of evidence (Given, Winkler & Wilson 2014: 5).

There are some issues that participants will find difficult to express but by using the above tools with the participant's consent it made easier to find the answer to the research question as qualitative research focuses on opinions, deductions, points of view and insights. The data is normally comparable but is less open to statistical measurement. Mouton (2004:100) maintains that a qualitative approach has the potential to supplement and reorient our current understanding. The qualitative approach studies people in terms of their own definitions of the world, focusing on the subjective experiences of individuals and what is going on in their everyday lives.

3.3.2 Sampling

Purposive sampling was used to obtain better representatives for the success of the study (Elmusharaf, .2012:10). The selection was based on prior information obtained from the educators and the researcher's own judgement.

Because of the intensive data collection required by this study only three schools were selected for this study. The strategy was to select the schools which were not far from each other and to include the school with the recent case of adolescent learner suicides. The high school experienced more suicide and suicide attempts than the other two. The selected schools were situated in a multicultural community, consisting of Zulu, Northern Sotho, Tswana, Swazi, Tsonga, Ndebele, Xhosa, and Venda speaking people.

Using this kind of selection the researcher believed that the causes of suicide and attempted suicide of learners would be properly identified. The schools were also near to each other and the researcher's site of work, allowing the smooth running of the research concerning time and financial costs.

3.3.3 Data collection

In order to achieve the goal of this study, semi-structured interviews, individual interviews and focus groups were used to collect data. The DVD that was taken during one of suicide's victims funeral and suicide letters were also used.

3.3.3.1 Semi-structured questionnaires

Semi-structured questionnaires were used for chosen grades of adolescent learners, namely those vulnerable to suicide and suicide attempts. The researcher gave Life Orientation educators questionnaires for distribution to all learners in Grades 9 and 10. The educator then collected them and returned them to the researcher. Questionnaires have the advantage of being flexible and ensure that the respondents fairly understand the questions and purpose of the study. Teachers and parents also completed the questionnaires. The questionnaires assisted the researcher to establish if there were adolescent learners who attempted suicide and committed suicide in that particular school.

3.3.3.2 Face-to-face interviews

Individual Interviews were conducted with the attempted suicide victims, families, their close friends and learners with suicidal thoughts, in order to get to the root of the problem. Learners who have attempted suicide and those with suicidal thoughts were identified by the Life Orientation educators after checking all returned questionnaires. Interviews were used to obtain information about the behaviour shown by the adolescent learners before they committed or attempted suicide from other participants, the loved ones of the victim of suicide, attempted suicide or those with suicidal thoughts.

The interviews took place at the homes of the participants, or at a place of their choice. By allowing them to choose the venue they felt more free and open. Adolescent learners from the chosen schools in Tshwane North (D3) that attempted suicide and their friends were included in the study with the permission of their parents or guardians.

3.3.3.3 Focus group interviews

The researcher opted to use focus groups interviews because they were a useful way of capturing the responses of a small group of people. The participants felt more valued when involved in a focus group. It was suitable for focus group to be used in this study because it assisted the researcher in acting as a facilitator of the group and the researcher used triggers, prompts or specific questions to develop active discussion. This assisted in digging deeper into relevant answers for the research question.

The purpose of the group leader was to provide the necessary level of direction and structure to ensure the desired outcome of the focus group session was met within the time available (Minichiello et al 2010:215).

A total of twelve victims of attempted suicide or suicidal adolescent learners were chosen from Grades 9 and 10 learners from the questionnaires distributed by the Life Orientation educators. The second group of nine consisted of two friends, two peers, and five classmates who used to sit around the succeeded suicide adolescent's desk, were brought forward by the class register educators of the victims of suicide.

In this study, twenty one primary school educators who participated in the focus groups were asked by the researcher to volunteer. Educators were asked to participate in this study as the former educators of adolescent suicide victims and attempted suicide victims from the chosen high school. The primary school also experienced the trauma of losing learners due to suicide and some educators where directly involved with learners who attempted suicide.

The primary school is the feeder school of the chosen middle school in this study. Adolescent who had committed suicide or attempted suicide at the chosen middle school, previously attended the same primary school too. Educators were of great help in this study because of their above experience.

The group also included the school manager. The manager was practically involved with the researcher in helping a Grade 6 learner, who attempted suicide during the period of the research. More importantly, the researcher knew all the participants as colleagues.

3.3.4 Data analysis

The study employed the thematic method of data analysis. The researcher used an audio tape recorder and the data was later transcribed. Tape recordings and handwritten notes were collected. After transcription, the data was organised into easily retrievable sections, such as by interviewee number or code, and field notes into sections identified by date. Interviewees were given code numbers and a secure file was used that links these to the original work, which were kept in the researcher's file safely and confidentially. These were destroyed five years after the completion of the study.

Handwritten sheets were photocopied to avoid losing data when the analysis stages began. The researcher listened to the tapes and watched video material, read and re-read the data, and summarised before the formal analysis began. After familiarisation with the material, preliminary coding took place, especially if there were any similarities in the participants' stories. This will be easier after reading through the entire data more than once (Braun & Clarke 2006: 16). This is known as 'open coding' in grounded theory, and is conducted by highlighting the lines that seem to have similar meanings (Charmaz 2012).

The Data Protection Act 1988 requires that data held on a computer must be accurate and up to date, and allow the participants to view data relating to them and to correct any errors if they so wish. The participants were coded and no real names were used so as participants' responses were not identifiable. The researcher respected the human right of free choice and ensured informed consent forms were completed before carrying out any interviews.

The findings and results presented were those of actual issues stated in the interviews. All participants' experiences and perceptions were portrayed as they had been expressed in the interviews, with no false information or accusations included in the final report. Brizee, Sousa and Driscoll (2012:1) states that ethical issues may arise at any point during any study regardless of the scrupulous planning, therefore it is important that possible ethical issues be identified, prevented, and reviewed as best as possible prior to, during and after the study.

Adolescent and adult participated in focus groups, interviews was voluntary and with informed consent. Confidentiality was also assured by the researcher and participants informed that they could withdraw from the research at any time, without repercussions (Brizee, et al 2012:1). The researcher was the only one with access to the raw data.

3.4 ETHICAL CONSIDERATIONS IN THE RESEARCH

De Vos, Strydom, Fouche, and Delport (2002:75) state that ethical issues come to the fore in human sciences research when conflict arises between the values of the community in matters such as freedom and privacy, and scientific methods that are aimed at generating data of the highest quality. However, as Dane (1990:58) stated, the final responsibility rests with each individual researcher to eventually present a study that meets all ethical requirements.

The letters used to ask permission for educators and learners interviews were personally submitted by the researcher and wait for the school governing body's response in writing, before interviews could start. Learners' letters were also submitted personally by the researcher to their parents. This was to make sure that the correct information would be gathered from the relevant participants with their permission.

3.4.1 Informed consent

Most research studies present a number of ethical and moral dilemmas which must be identified and addressed prior to carrying out a study so as to protect participants from potential harm. The study's findings should benefit and not cause harm to the participants or society. The psychological status of participants was monitored by the researcher because of the sensitivity of the topic. The researcher reminded the participants of their right to withdraw if they felt threatened psychologically.

Brizee, et al (2012:1) further mentioned that ethical principles provide direction to the possible issues not answers. The researcher made sure that no harm could come to any person as a result of the research by way of being word-sensitive and avoiding difficult questions during interviews. The anonymity of the participants was the primary ethical consideration in this study.

Stringer (2008:46) writes that in many contexts protocol requires those facilitating research to engage processes of informed consent. This requires the researcher as the facilitator and others engaged in data gathering to:

- Inform each participant of the purpose and the nature of the study
- Ask whether they wish to participate
- Ask permission to record information they provide
- Assure them of the confidentiality of the information
- Advise them that they may withdraw at any stage and have their recorded information returned
- Ask them to sign a short document affirming their permission (Appendixes A and B)

Lessing and Schulz (2003:18) advised that researchers use recording media with written permission from the participant.

3.4.2 Confidentiality/ Anonymity and Privacy

Privacy and confidentiality were maintained at all times as the researcher and the research supervisor were the only ones who had access to the raw data and all findings were presented in a confidential manner, with no personal or identifiable information recorded or printed in the study. Audio-taped interviews were transcribed, thus no real names were used during the interviewing process.

In order to avoid the violation of privacy, anonymity and confidentiality, it is judicial and appropriate to obtain prior permission to use recording devices such as tape recorders, video cameras, microphones and any other recording equipment when collecting data. The names and the home address of the participants, especially victims of suicide and attempted suicide, were strictly confidential hence their real names and their physical addresses do not appear in the dissertation. Strydom et al (2002:69) argue that under no circumstances should the use of concealed recording devices be used without the knowledge and consent of the participants.

McMillan et al (2001:198) stated that one of the most important principles of concern to educators conducting research is confidentiality and anonymity. The information obtained must be treated as confidential and only the researcher must have access to the original data or the participants on the request. The ethical care is considered to deal with the beliefs of others about what is wrong/proper or improper/good or bad. The above ethical considerations were taken into account by the researcher before approaching the participants.

Real names of the participants were not used, only the events, places, founders of the place and the community names, but participants' real identities were hidden. Participants were referred to as Adolescent Boy 1, 2, 3, friends, class mates, parents/guardians and siblings. The names of the Life Orientation educators, primary, middle, high school and class register educators of Grades 9, 10, 11, 12 and adolescents and educators who took part in this study (Appendix C) were also hidden.

3.4.3 Exposure of respondents to harm

The researcher should not in any way expose participants to any sort of danger, emotionally or physically. They should be protected from physical or mental discomfort, harm and any danger. If any of these risks are possible the researcher should inform the subjects of the risks. (McMillan et al 2001:197).

3.4.4 Violation of privacy

Lessing and Schulz (2002:18) also mentioned that whenever the researcher uses recording media, written permission should be sought. It is advisable for a researcher to ask permission before recording of any kind.

3.4.5 The choice of the participants

As stated in chapter 1, participants were from the three schools chosen for the research, based on their being likely to give the best information needed for the study.

3.5 TRUSTWORTHINESS OF RESEARCH

According to Jeanty and Hibel (2011: 641) to ensure trustworthiness of the study several of data collection methods need to be used. In this study the researcher used dependability, transferability, triangulation, credibility, and confirmability as methods to answer the research question.

A fine writer on WordPress.com (2012) also said that trustworthiness refers to the “truth value” of the study’s findings or how accurately the investigator interpreted the participant. The researcher was one of the staff members of Primary School teachers’ participants and personally taught some of the victims of suicide and attempted suicide in the other schools. In that case the researcher was able to interpret the participants accurately.

Sparks (2013:10) mentioned that again to ensure trustworthiness the researcher should be involved in the study that has extensive qualitative research experience to assure accuracy and so as to reduce the chance of error in transcribing and categorising the data into themes

3.5.1 Dependability

Shenton (2004: 71) mentioned that in order to address the dependability more directly, the processes within the study should be reported in detail thereby enabling a future researcher to repeat the work, if not necessarily to gain the same results.

In this study the researcher tried to follow proper research practices and depended on participants for most of the information to answer the research question. Participants were the ones who knew victims of suicide well. On the part of attempted suicide victims, adolescent learners who attempted suicide were used, but with pseudonyms to protect their anonymity.

3.5.2 Triangulation

Triangulation may involve the use of different methods, especially observation, focus groups and individual interviews, which form the majority of the data collection strategies of qualitative research (Shenton 2004:65; Onwuegbuzie & Leech 2007: 239). The choice of method is influenced by the nature of the research problem (Carcary 2009:13). The strength of the qualitative research is derived from methodological intent to build accounts that more clearly represent the experience, perspective, and voice of those studied.

In this study the researcher used in-depth interviews that were audio-taped. Media was also used to gather more information as well as newspaper clippings to provide a media perspective. Evidence that the qualitative researcher has undertaken 'triangulation' is frequently seen as demonstrating rigour, through gathering and analysing data from more than one source to gain a fuller perspective on the situation one is investigating. As a way of gaining different

insights into the same situation, the researcher has used combined techniques that balance each other out (Kennedy 2009).

However, triangulated data should not be simply used to 'check' the conclusions from one data source against another. Often the data from one source will contradict or question the findings from another. Triangulation should also be used for checking the most common or the most insidious biases that can steal into the process of drawing conclusions (Huberman & Miles 1998:198).

3.5.3 Credibility

Credibility is one of the methods used by qualitative researchers to establish trustworthiness by examining the data, data analysis, and conclusions to see whether or not the study is correct and accurate. For qualitative researchers, credibility is a method that includes researchers taking on activities that increase probability so that there will be trustworthy findings (A fine WordPress.com 2012)

Lincoln and Guba (1985) argue that ensuring credibility is one of most important factors in establishing trustworthiness. Credibility is the alternative to internal validity and seeks to show that the investigation was carried out in such a way that ensures that the subject was accurately identified and described (De Vos et al 2002:351).

In this study, all participants were identified from the same area in which the researcher was working and that made the identification of the participants more accurate. Different questionnaires were written and distributed according to categories of the research allowing the researcher to be able to select correct participants. The correct choices in participants lead to the correct findings to answer the research question.

Qualitative research is easily open to biased processes that merely reinforce the biases and perspective of those in control of the research processes. They may also review and record the following features of the research process to provide evidence of rigorous procedure, which enhances the possibility of their findings (Lincoln & Guba, 1985).

Anney (2014:276) defined credibility as the confidence that can be placed in the truth of the research findings. Credibility also establishes whether or not the research findings present plausible information drawn from the participant's original data and is a correct interpretation of the participants' original views (Lincoln & Guba 1985).

3.5.4 Transferability

Transferability is another method used by qualitative researchers to establish trustworthiness. In qualitative studies, transferability means applying research results to other contexts and settings in order to get at generalization. Qualitative researchers use this method to provide a detailed description of the study's site, participants, and procedures used to collect data in order for other researchers to assess whether or not applying the results of one study is a good match, and sense to generalize (A fine WordPress.com 2012)

Transferability is the alternative to external validity (De Vos et al. 2002:352). It carries the notion that the qualitative research results can be tested against generalisation or applicability of the research result to another setting or context. The transferability of qualitative research results can prove to be difficult but can be counter challenged by referring to the original theoretical framework to show how the data collection and analysis were guided by concepts and models.

According Anney (2014:277) transferability refers to the degree to which the results of qualitative research can be transferred to other contexts with other participants. The "researcher facilitates the transferability judgement by a potential user through 'thick description' and purposeful sampling" (Bitsch 2005:85)

3.5.5 Confirmability

According to Streubert & Speziale (2007), confirmability refers to the documentation, or paper trail of the researcher's thinking, decision, and methods related to the study. Confirmation can also be made by retained recorded information that can be made available for review.

This information includes raw data such as notes made by the researcher during interviews, photographs, and diary entries from one of the attempted suicide victim, original suicides notes and other artefacts. A reduction and analysis products are also included, as well as plan and report derived from the study. This information enables participants to be able to confirm that the research is accurately and adequately representing their perspectives presented in the study. This confirmation enhances the trustworthiness of the study.

Confirmability entails the notion of objectivity (De Vos et al. 2002:352). The research results are tested to gain assurance of the reflection of the subjects and the inquiry itself, rather than the creation of the researcher's biasness or prejudices (Schulz 2002:79). The research study's objectiveness can be established by a second study placed solely on data consideration (De Vos et al. 2002:352). The author sets the criteria for objectivity by questioning whether the data helps confirm the general findings. One can then be assured that the research is free from the bias and prejudices of the researcher. This then means that objectivity in research has been attained. Shenton (2004: 72) mentioned that the concept confirmability is the qualitative investigator's comparable concern to objectivity.

3.6 DATA MANAGEMENT

During the research process data management is the first step in data analysis away from the site of data collection (De Vos et al. 2002:343). Schulz (1999:60) mentioned data management is a system of storage and retrieval of data during the research project.

In this study a storage file was designed and placed in a safe place prior to the actual gathering of data and any new information gathered were filed in it promptly. The research literature provides a number of ways of gathering data. According to McMillan et al (2001:482) qualitative data management can be handled by manual, computer techniques or both.

The data were collected manually (written notes) and electronically by means of voice recorder. These include the use of highlight pens, the use of cards and the

colour coding of pages in left margin (De Vos et al 1998:336).In this research study, data management followed the basic technique of highlighting, underlining and colour coding key aspects that arose in the interviews.

3.7 CONCLUSION

This chapter looked at the qualitative methodology and research design, data collection strategies and techniques used in collecting the data for an in-depth study of causative factors of suicide and attempted suicide of adolescent learners in Tshwane North (D3) area.

CHAPTER 4

PRESENTATION OF FINDINGS AND DISCUSSION

4.1 INTRODUCTION

The focus of the previous chapter was on research methodology employed which included the research design. This chapter focuses on the presentation and the discussion of the research results. Overall results shows that adolescent learners cannot cope with life stresses and as result they tend to be suicidal. The following possible themes of suicide or attempted suicide amongst adolescent learners of Tshwane North (D3) have been identified.

4.2 CAUSATIVE FACTORS

There are a number of causative factors, as outlined in this section.

4.2.1 Family factor

In the next sections family factors were revealed as the causes of adolescent suicide.

Adolescent learners not considered by parents / guardians in making decisions

Adolescent learners felt that: "When decisions are made in the house we are not involved, even if it concerns us." It is more unbearable to orphans or adolescents with only one parent or those staying with one of their parent's relatives. Adolescent mentioned that: "We are restricted to visit some of our relatives without being told why we are not allowed to visit our own parents when there is divorce or separation involved". The other adolescent learner also mentioned that: "Sometimes we are taken by surprise, for example if they tell you that you must take a bath now and you have to go for a visit for a day or more. That interrupts our plans for those days".

Adolescent learners said that: “We feel embarrassed and this leads us to not being trusted by our friends”.

Adolescent boy 4 added to the above statement by saying that: “Sometimes it causes us to lose our friendships and is a blow to us and we become depressed and cannot focus on other things in our adolescent life”.

This really shows that when making decisions about adolescents, there has to be a consultation with them because the decisions will affect them.

The adolescent learners want to be respected and allowed privacy

Adolescent boy 2: My siblings went through my belongings, removed or shifted them without my permission. When I complain we end up with quarrels and fights or the exchanging of words that left me with a feeling of not belonging to that family as my privacy had been violated.

Similarly, adolescent learners felt that: “We need to be respected by our younger siblings and our parents/guardians. We also want to be recognised as grown-ups and our views, privacy, choices, even our decisions should be considered too. We need to be allowed to experience and discover who we are and what we really want on our own”.

Adolescent girl 1 said that: “We also feel threatened by educators who are unable to keep secrets and embarrass us in front of our peers or classmates. After the embarrassment we can no longer play freely or socialize with others as they would call us names and that result in broken relationships”.

Adolescent girl 2 added to that by saying: “You would not feel free in your own community as they would laugh at you on the streets or at parties, and even over the fence of their homes which meant there is no place to hide”.

Adolescent boy 1: “Yes it is true. My mother listens to my sister all the time and they do not trust that I can be alone in my bedroom. My sister always busts into my room without knocking”.

Adolescent boy 3: “We might have our own bedrooms but are often interrupted, especially when friends visit. I wonder why parents and younger siblings like doing so.”

Teachers revealed that: “Adolescents feel that when parents talk to them or give instructions in front of their siblings they talk to them as if they were not grown-ups. For their siblings to laugh at them or lose respect, even repeating unacceptable terms they had heard from their parents, such as ‘stupid’, ‘fool’, ‘lazy’ or ‘crazy’ makes them very upset and feel shame. They think that they are valueless and not needed”.

Adolescent boy 1 mentioned that: “One day my mother searched my school bag while I was away and when I came back she just shouted at me in front of my younger sister. I felt so embarrassed and sobbed. I said nothing to her and went straight to bed without food that night”.

Adolescent boy 4 also mentioned that: “As teenagers we develop mixed feelings of hatred and anger, feel neglected with no one to turn to in our own home. We feel alone with nothing to live for hence the only answer is to take our own lives especially when your own parent embarrasses you in front of younger ones”.

The main thrust of the statements above reveals a need for privacy and confidentiality. Like everyone else, adolescents need to be respected.

Sibling rivalry

Adolescent learners mentioned that: “the lack of brotherly or sisterly support when we are upset or seek advice when parents or guardians take the side of younger siblings in arguments is disappointing and we lose trust.” Siblings may reveal their private affairs to a parent in trying to gain more love from them, condemning the sister or brother and also lying about them to gain favours.

An adolescent girl 5 mentioned that: “Giving a sibling’s friend wrong information or influencing them badly about their siblings will result in rejection, teasing, laughing, undermining or loss of hope. He/she feels hopeless and believes he/she is the only one around or in the community who has differences with his/her siblings”.

Adolescent learner boy 3 said that: "I personally feel ashamed to discuss what is bothering me with friends because I think that it is a personal matter and no other families experiences that. I am afraid of what will happen if my personal experiences are out in the open. I will probably be unable to sleep. Whatever they think they know about me will be out in no time".

Adolescent learner boy 3 continued by saying: "most of the time I am refused to visit other families on holidays. I fight with my siblings almost every day. I did not know that my friends are experiencing the same problems as mine. More importantly that some other siblings when they fight later they manage to forgive each other".

The adolescent learner boy 3 also said that: "I even saw my parents being less interested in me, hence taking sides when solving problems between me and my siblings. I became more agitated when I was not listened to or treated like a liar".

Adolescent learner girl 6 added to that by saying: "It becomes worse when the child is somehow different from others, e.g. weight, gender, darker or brighter in colour or ill health. I feel that being different in colour (too dark) makes my siblings to take me as not one of them".

An adolescent girl learner attempted suicide more than twice because of her uniqueness in weight and ill-health. The above situation led her to a feeling of hopelessness because of experiencing similar situation again and again. It became too much for her to handle.

Everal, Bostik and Paulson (2005:695) revealed that adolescents develop a personal fable, exaggerating their importance in the world and viewing themselves and their importance in the world and their feelings as unique.

Adolescent learners as a group agreed that the lack of life experience to see that others have survived similar problems with positive outcomes results in stressful situations being viewed as unique and inescapable.

Adolescent learner girl 4 added to that by saying: "We as adolescents are vulnerable to feelings of hopelessness, we are unable to cope with life stresses, and not knowing what others are experiencing leads to us taking wrong conclusions".

According to the research family factor plays a very important role on the life of an adolescent. Due to the adolescents complaints that they are not given space to discover life on their own show that they are yet to discover their identity. Parents need to understand what to say, how, when, when they communicate with an adolescent child. It is also important not to discriminate siblings and guard that they not use their uniqueness against each other.

4.2.2 Peer pressure factor

Teachers mentioned that: "Adolescent learners like material things more than what is really worth living for. If their parents or guardian fail to buy what their peers have they become uncomfortable and feel worthless, seeing themselves downgraded and become ashamed to associate with their peers because they will be taken as the poorest".

Adolescent learners agreed that if they are able to touch or use their friends' objects they feel better. They borrow their friends' clothes to show other friends that they also have that kind of clothing but if something happens to the clothes he/she is forced to replace those clothes. Failing to replace the clothes he/she must join the gang and go by their rules.

The Life Orientation teacher mentioned that: "Adolescent learners become pressured by former friends and the group that he/she joined because of the love of material life and end up alone. Staying alone causes an adolescent learner to feel angry towards his / her parents / guardian for being poor. For the adolescent to loose friends and the gang lead to loneliness, hopeless and rejection. Later the adolescent learner resort to taking his / her own life because they think there is nothing more to live for and nobody to turn to".

De Pison (2006:16) wrote that the feeling of failure occurs also in relationships with hopelessness, particularly among adolescent suicides, which is another cause of suicide brought about by bypassed shame.

Primary school teachers mentioned that: "The feeling that one's life is or has been a failure, with added consequence of a sense of hopelessness, aggravates suicidal thoughts on adolescent learners". Teachers further mentioned that:

“Adolescent learners are unable to cope with the loss of a friendship. When they are in relationships they do not want guidance from the parents and when at a later stage things do not go well they are unable to return to their parents for comfort”.

Adolescent learners in their group voiced out with disappointment that: “it becomes unbearable if our parents meddle or interfere with our relationships, especially if the relationship was disapproved earlier and we decided to continue on our own and the relationship fails. This leads us to feel hopeless and ashamed because we will get the words like “I told you so” from home”.

De Pison (2006:16) continued by saying that suicidal thinking or behaviours may be considered manifestations of integral feelings of shame. “Maladaptive” efforts ameliorate the feelings of shame and prevent further deterioration of the sense of self. Suicidal behaviour can also be used as a last ditch effort to defend against being overwhelmed by unwanted emotions. Learners feel guilty for not listening to their parents’ or elders’ advice when in trouble and this finds them unable to turn to their parents because they feel shame and regard themselves as failures in life.

Everall et al. (2005:374) stressed that adaptive coping allows adolescents and young adults to moderate negative emotions through a variety of responses aimed at minimizing distress. The failure to succeed brings about negative emotions and when they become intense and overwhelming may increase adolescents’ vulnerability to suicidal feelings.

It is clear that peer pressure can affect the life of an adolescent positively or negatively. Adolescent learners are unable to cope with pressure of failure. The learners become more depressed if the consequences were foretold.

4.2.3 Social / personality factor

The following factors are related to the social or personality factor.

4.2.3.1 Rape

The Life Orientation teacher mentioned that the learner who became a rape victim was traumatized by the incident and was unable to socialise after it and was full of self-blame. They expect sympathy from parents and loved ones. If they do not get that there is a sudden feeling of loneliness. The teacher further mentioned that: "At least the one who agreed to be interviewed got support from her parents".

An adolescent victim said: "It is more painful to think of illness that you may have contracted after the rape. On the other side unable to forgive yourself if people especially the one you trust and love think that you deserve that punishment because of how you behaved before the incident".

She further mentioned that: "When it was time for a check-up I felt the need to lie when asking for transport money to go to the clinic and when asked why I needed the money I pretended that the money was for something else. Even though my parents supported me after the rape I still felt that it was my fault; I still blame my actions before the rape and I take no comfort, only sad memories. I even think that my parents pretend to be nice to me to make me feel less guilty. The adolescent girl learner continued by saying she felt guilty and hates herself. "I think everybody sees that I was raped. When I pass a man I become frightened that I will be raped again, especially at night. I am afraid to walk alone and associate with others. I am alone and depressed. I still think the only way to escape the humiliation, frustrations and end this misery is to take my own life."

The effects of rape can be traumatizing to the adolescents, it is important for victims of rape to talk to someone they trust so that their depression is reduced and suicide attempts are avoided.

4.2.3.2 Relating to the personalities of learners

Everall et al (2005:694) added that mentoring and socializing is an inconsistent cognitive development for normal social and physical changes and abilities to cope with increasing stress in various circumstances.

Shy and unable to socialize

Parent of the suicide victim boy 4: "The youth of today cannot handle challenging situations. Once their daily lives become unbearable, instead of facing the situation with clear minds, they panic and lose sight. Situations that make them miserable lead them to depression and this worsens when they are in the adolescent stage. The parent continued by saying "If this is left unresolved, learners may consider taking their own lives and this is more likely when the learner spends most of his/her days alone". When people ask the adolescent why they are acting the way they are, the adolescent responds by saying: "it is nothing, I am ok."

A friend of the adolescent boy suicide victim 1 revealed that: "The adolescent boy who committed suicide two weeks after his close friend committed suicide was unable to socialize; even after he told his friend that he was fine. It came as a surprise to the other boy who thought he was the close friend of the one who committed suicide first, to learn that the other adolescent boy was his close friend too. He only knew that they would sometimes socialise or sit together in the same group in the classroom".

According to the rest of the group and the classmates: "Victim of suicide boy 2 did not reveal to anyone how he felt except write the name of the deceased in a book or on a piece of paper. His mother knew that he was close to the deceased but had not seen him with others in a group".

According to the victim of suicide boy 3's mother the boy was a loner. After his friend's death he spent more time indoors listening to a CD they used to listen to together. Even the day he committed suicide, he was listening to the CD in the backroom".

The mother said: "I was planning on taking my boy for counselling because he was not expressing that he was hurt. I thought he played the CD only to remember his friend and not that he was seriously affected and needed help urgently."

Teachers and parents need to observe the behaviour that is displayed by adolescents after the suicide of a friend; this could help in preventing more suicide attempts.

Unable to say good bye

Friends of adolescents who committed suicide regret that they were unable to say goodbye, that is clear in the following statements.

Adolescent boy 4 said that: "It is not long since my friend's death. I still don't believe he did that. I think of him the whole day especially when I see others hanging with their friends, not really about his death but of the time we spent together. When I am at home I still miss him, sometimes expecting to hear his whistle or a knock on my door. I sometimes wonder if I was really there for him. If yes why did I not help him? .What makes matters worse is not only one friend is gone but even the other two of his friends are gone too. How am I going to get the other side of the story?"

Victim of suicide adolescent boy 1's friend said surprisingly: "Was I really his friend? What about those who followed him? Maybe they knew something I did not. That is one question that I have and which will never be answered regarding their death. I will never truly know why he did it. Was what he wrote on the suicide note the only cause? And also if I knew that it was so painful for him, could I have helped him? I guess I like to fool myself into thinking that he never meant to do it, that he really wanted to be alive".

The research revealed that having had friends who committed suicide increased the likelihood of suicidal ideation and attempts amongst friends. Socially isolated friends were likely to be suicidal by way of facial expression. You can hear from their tone of voice that they are really hurt.

4.2.4 Chronic illness factor

The following factors are related to chronic illness.

4.2.4.1 Asthma, diabetic, epilepsy and seizures

Physical illness and chronic pain are important risk factors for suicidal ideation and behaviours (Coughlin and Sher 2013: 5). Teachers mentioned chronic pain as a possible factor that can lead a person to commit suicide. Especially a condition or neurological disorder such as epilepsy makes an adolescent learner feel shame, more if he/she wakes up after seizure in front of peers, friends or classmates.

Teachers further mentioned that: “learners find themselves even more embarrassed if the seizure happens while in the presence of other learners, in the school bus, taxi or in the schoolyard. That implies to each and every child in respective of age. The other adolescents/leaners like to imitate their actions and make fun of them”.

The other teacher added to that by saying: “The same problem is experienced by asthmatic adolescent learners and this problem leads to stress and major depression, academic failure, loss of friends, social isolation, and substance abuse.”

Jacobs, Baldessarini, Conwell, Fawcett, Horton, Meltser, Pfeffer, and Simon (2010: 41) revealed that disorders of the nervous system are associated with an elevated risk for suicide. The association between seizure disorders and increased suicide risk was particularly strong and consistently observed because of its close association with impulsivity, mood disorders, psychosis, and temporal lobe epilepsy.

Jacobs et al (2010: 41) further revealed that suicide attempts are also common among individuals with epilepsy.

Adolescent learners in their conversation made remarks about the type of illnesses. They talked lengthily about their experiences concerning the behaviour of other adolescents towards their fellow schoolmates and classmates during attacks. One of the adolescent who looked worried even said that: “I am not

epileptic or asthmatic but I feel pain when somebody is laughed at.” They furthermore mentioned that adolescent learners feel threatened by these types of chronic illnesses because they do not feel comfortable during the attacks especially during seizure. Anything can happen to them or they may behave in a manner that they become embarrassed when they recover. Other adolescents make fun of them after the recovery and even imitate the actions they portrayed during attacks. This makes those who are in the situation wish for death because of the pressure they experience from their peers.

The parent of the epileptic suicide victim said that: “Adolescents tend to leave their medication, I wonder why?” The parent continued saying: “Few days before the incident I reminded my child to go and collect the medication. Later I realized that the medication is still not there. I reminded him again to go fetch his medication after school. After a couple of days I realized that the medication is still not on the side board where my child usually placed them. I confronted him about why the medication was not collected but I was just given a cold shoulder”.

4.2.5 HIV / AIDS

When an adolescent realises that he or she is HIV positive can make him commit suicide not realising that one can still live a fulfilling life even if he or she is diagnosed positive. An adolescent girl learner who discovered that she was HIV positive said that: “When I discovered that I was HIV positive I felt my life came to an end. I started to yearn for my past life. I began to hate the person whom I thought infected me. I also wanted to find out where I went wrong to deserve such a punishment.”

The adolescent girl learner continued by saying: “I really blame myself for this. I wish I could have been more careful. Anyway it is just a wish now. I hate myself now coz I do not see myself working the job I wished for. I will not Mam, coz I will be sick in the near future and worse, who will be taking care of me by then. This illness has already killed me and I have no hope for the future. I imagine the future with pain and disgrace to my family, and with this in mind I tried to spare the long life of unhappiness by taking my own life”.

The adolescent girl learner again said: “My parents took me for counselling and I am very happy for that because that made me be able to come to school. I was not interested in anything. I do not believe I could have made it up to so far. With you also on my side I am thankful”.

According to the research HIV/AIDS is a threat to an adolescent’s future. When all of a sudden an adolescent discovers that he/she is HIV positive he/she sees the end of everything. Life become meaningless to them and feel hopeless, frustrated, humiliated and in pain. An adolescent thinks that the only way to end the misery is to commit suicide.

4.2.6 Rearing factor

The following factors are related to rearing.

4.2.6.1 Being a parent at young age and baby sitting

Learners who became parents at a young age feel the pressure of missing their youth lifestyle. They become pressured into taking care of their children and managing their school work. They miss partying with friends and peers and they share what they could be getting from their parents with their child. The learner blames the father or the mother of their baby for messing up their future.

The adolescent goes to the extent of trying to determine what led them to the pregnancy, then blaming and hating that too. When the responsibilities become too much to handle the learners thinks that the only way to run away or hide from their responsibilities of being a parent is to take their own life.

4.2.6.2 Parents/ Guardian Child relationship

Connor, Jennifer, Rueter, and Martha (2006:144) noted that negative or hostile parenting characteristics are also related to subsequent adolescent emotional

distress and suicidal tendencies. This is caused by parent-child conflict, rejection by parents, hostility and lack of rewards.

Victim of suicide boy 1's mother offered the victim's funeral DVD to the researcher to watch at home. Watching the victim's funeral DVD and listening to what the family, friends and educators said about the life of the victim, made the researcher conclude that one of the things that contributed to Boy 1 taking his own life was the parent-child relationship. The adolescent and the mother did not agree on certain issues. This was made clearer when the mother and sibling, who found the victim hanging, were interviewed.

Victim of suicide boy 1's siblings mentioned that: "My mother was very harsh to my brother. She did not approve my brother's relationship with the mother of his child even before they had a baby. She used to embarrass him even in front of his friends and peers".

The sibling went on saying that: " I am so afraid. I cannot close my eyes at night. When I close my eyes I see my brother still hanging on the rooftop (while busy talking the mother came shouting and the interview was disturbed) that was what I was trying to tell you".

Connor, et al (2006:144) also mentioned that negative or hostile parenting characteristics are related to subsequent adolescent emotional distress and suicidal feelings.

4.2.7 Grieving factor

The following factors are related to grieving.

4.2.7.1 Too late to say goodbye or feelings of guilt

Rodriguez, Caldera, Kullgren, and Renberg (2006:693) wrote that having a close friend with a history of suicidal behaviour can increase suicide risk, in particular during adolescence. This has also been shown in a USA study where the most

powerful risk factor for suicide attempts among male and female youth was having a friend who had attempted or completed suicide.

Everall et al (2006:370) also found suicidal thoughts and behaviours were indicative of serious emotional difficulties and a significant risk factor for completed suicide. Learners who lost a friend by suicide felt lonely, hopeless and were full of hatred, so they kept asking themselves why they were left behind. They also felt guilty for not helping their friends during time of need.

It happened that one of the boys (Boy 2), who had committed suicide, was pressured by not having time to be close to the Boy 1. He became depressed due to not having a chance to say goodbye or show how much he was hurt by his death. It was difficult for him to cope that he hanged himself after Boy 1's funeral.

The adolescent learner (Boy 3) at the funeral realized that the victim was close to him and he did not realize that before. He needed something to hold on to the deceased memories so he used the CD they used to listen to together (Boy 1). The learner thought that he would be connected to his friend with the intention of to be relieved but instead it developed into more stress. It seems he had less experience of death or dying, felt useless and ashamed that he was not there when he needed him the most. He did not show any of the signs that something is wrong. As he was a very quiet boy (Boy 3) he could hide his feelings very easily and yet could not even express himself when asked about his feelings concerning his friend's sudden death.

According to the suicide victims' classmate the victim confided in him by saying: "I feel that there is nothing left to be happy about because there is no one to enjoy life with as my real friend is gone. My room is empty there is no life in it". The victim's classmate further explained that the suicide victim (Boy 3) after a few days after the funeral said: "last night I had some nightmares about my friend" and he committed suicide soon after he told the classmate about a dream.

Adolescents as a group mentioned that there was a rumour stating that Boy 3 told his mother and other friends that he dreamed about his friend calling him to come and join him because he was happy where he was. Furthermore one of the adolescents in the group said: "I feel lonely and sad that we are losing more friends due to suicide".

According to the adolescent's opinion, the victim of suicide (boy 3) felt that his friend was alone and needed him, so for him to be with his friend and the only thing to do is to die. He hanged himself, succeeding out of fear of the future without his friends. It goes on with other friends blaming themselves for not reporting the behaviour of the second suicide in time. Learners now start to blame themselves for causing more than one suicide in the same school, grade and class.

Page, Yanagishita, Suwanteerangkul, Zarco, Mei-lee and Miao (2006: 593) also found hopelessness or pessimistic attitude about the future to be associated with suicide. Haatanien, Tanskanen, Kylmä, Honkalampi, Koivumaa –Honkanen, Hintikka and Viinamäki (2004) identified hopelessness as an important risk factor of suicide and attempted suicide.

De Pison (2006:79) wrote that death and dying, like many other important experiences of loss in human life, is not necessarily shameful events in and of themselves, nor have they always been so experienced in the past. However, in today's Western society generally families and relationship when faced with these existential experiences feel ashamed to express their innermost feelings and emotions: they hide, deny, repress or cover them up. That was what the boy (Boy 3) did when he took his life.

4.2.7.2 Hidden feelings after friend's death

Life Orientation teacher mentioned that: "Some learners are so shy and feel worthless that there is no one to represent them. Once something about them comes into the open they are not free to walk or talk to anyone. It becomes far worse when they lose their loved ones. The adolescent learners try to hold back their tears and become shy to tell anyone about how they feel about the loss to ease their grieving modes. The adolescent learner reaches the stage of locking themselves in the house and feels no need to face the world. To them death becomes their only option".

The Life Orientation teacher went on saying that: "This year (2008) an adolescent school boy learner (Grade 10) committed suicide and his friend tried to hide his

feelings about what had happened. Most of the learners in his class showed the signs of depression and concern but he was just silent and when asked if there is something bothering him he would only say: I am fine". Hiding his true feelings of his loss had tragic repercussions".

Again the Life Orientation revealed that: "The learner became vulnerable to suicide and indeed at the end he committed suicide within one weekend after his friend's funeral. This happened during the weekend of the funeral of the friend who was not attending the same school as them. This also proves that when an adolescent learner commits suicide and their friend hides their true feelings about the loss the friend will become vulnerable to suicide".

During the interviews it was discovered that the boy who attempted suicide had an uncle that committed suicide few years earlier. The other uncle was worried that everyone in the family thinks that suicide is the only solution to solve problems. "This indicates that one suicide may lead to further suicides". The cause of his uncle's suicide was not revealed to the researcher. The other uncle's sibling only said that: "I was so angry that my brother was gone without saying goodbye to us. He knew he was the only one who understood me and who is going to understand me now?" It looks like the boy was still angry at the time of the interviews and when the researcher went through his questionnaires it was discovered that the learner was suicidal.

Suicide victim's class-mates said: "When we look into this suicide thing we see a never ending story. How long has this been going on?"

One of the suicide victim's friends said that: "I think it was before my birthday. What makes me nervous is that in just less than two weeks three people I know have taken their own lives? So how many adolescent learners out there whose lives are in their own hands?"

One of the suicide victim's friends said that: "I think it's like doing the best u can to fix your problems if nobody around you cares".

The girl who sat next to the suicide victim in class said the following: "What worries me a lot is that suicide victims did not think about the pain they leave behind, the trauma they are building to their families. The truth is I am angry at them. If it was possible for them to come back I was not going to talk to them again anymore."

The boy who was a friend to suicide victim's boy 2 again said: "The whole situation makes me sick. In fact, I don't want to talk about it at the moment. How long has this been happening to adolescent learners who are loved? What about their future? But nothing is being done to avoid that? Maybe it is because those who are on top, their children are saved."

4.2.8 Educational factor

The following educational factors emerged from the research.

4.2.8.1 Inability to cope in the classroom

Adolescent learners said that: "We feel ashamed when we fail a test or assignment. We feel more stressed when educators show how poor we are in front of our classmates or peers".

Teachers mentioned that: "Learners who are in Grades 10, 11 and 12 are more sensitive when they have to repeat a class. They are afraid to face their new classmates and siblings doing the same grade. They cannot handle the way their parents compare them with their siblings and even see them as failures or stupid. Learners believe that they will not make it and feel worthless on earth and also not needed. They feel different and uncomfortable".

Teachers again mentioned that: "Parent taking a child as a possible failure, and even making the learner aware of their inability to cope, makes them feel useless and less important to society. This makes the adolescents believe that is how they are and that they will never change"

Adolescent learners complained that: "Educators expect an adolescent learner who performs well in sports to do the same academically. When they make mistakes they are revealed in front of friends or classmates. Educators always tell us in front of the whole class that we would not pass our grades because we were incompetent."

Male adolescents revealed that they were unable to cope with failure in the classroom, especially if they had a girlfriend there. They were unable to face peers after failure. The parents' pressure on adolescent learners to obtain good marks forced them to follow the stream they did not like. They end up having lack of concentration and feeling that there is nothing to write. They experience a feeling of not needing to go through the exams if already having failed other subjects, more so that they even dislike the learning area and are only pressured by parents to do it.

The above factors turn adolescent learners into an orphan state with a feeling of loneliness and hopelessness and feeling no one cares. The learners believe taking their own lives is the best option to end the nightmares.

4.2.8.2 Verbal abuse/bullying

Verbal abuse or verbal bullying starts with calling names but can end in despair and suicide.

Teachers mentioned that: "Some educators labelled learners according to how they behaved. Even if a learner tried to change their unacceptable behaviour the pejorative name followed them. The learner later feels that there is no need to change. Calling an adolescent learner names in front of other classmates, peers, siblings on its own results in other adolescent learners laughing at him/her and using that name to tease or insult them". The other educator continued by saying that as time goes on they feel shy when that name is used in front of new learners and feel that they cannot tolerate it any longer. The learner feels defenceless with nothing to remove shame other than taking their own life.

Adolescent boys expressed their feelings about educator's verbal abuse. "This is one of the painful punishments that can hurt a learner than physical punishment especially if loved one is around. Teachers are very much aware of that hence they like using it".

Adolescent learners (especially adolescent boys) expressed that: "Most of us enter the same school or even the same class with our siblings. Educators have a tendency to compare our performances to that of our siblings and speak about our

work with the other sibling while the whole class listens to their remarks. When we are at home they say whatever they want to say and when you talk back they refer you to your performance”.

4.2.8.3 Physical punishment at school level

Teachers argued that: “Physical punishment is cruelty to learners at secondary and high school level. Learners in those grades are in the adolescent phase and are very fragile. If the physical punishment happens in front of other adolescents it becomes traumatising and humiliating”.

Secondary school learners agreed that physical punishment in school and at home, especially in front of peers, girlfriend, boyfriends or young siblings, is unforgivable. It makes them lose dignity and become the talk of the town. It makes the person feel shame and embarrassment for the rest of the life. After the punishment they feel weak and hide from being laughed at. This is a stressful situation and those who are not strong enough turn to suicide to hide for ever. It becomes even more complicated when managers at school and parents at home do not take them as responsible learners. They punish them without listening to their side of story”.

Adolescent learners felt that if you are physically punished at this age it shows that you are still seen as irresponsible and young. They felt that there is no difference between them and the primary school learners if they are physically punished without being asked why they did what they did. Punishing them in front of others, especially when their girlfriends or boyfriends are around, makes them feel humiliated and downgraded.

Adolescent boy learners complained that girls laugh at them when they see them being punished and even imitate their reaction towards pain. This results in losing their intimate friends as they become ashamed of them. It also causes stress that leads to anger and later they see nothing worth living for.

4.2.8.4 Bullying at school

Bullying is an unwanted, aggressive behaviour among school aged children that involves a real or perceived power imbalance. The behaviour is repeated or has the power to be repeated overtime. Bullying includes actions such as making threats, spreading rumours, and attacking someone from a group on purpose. Bullying can occur in person or through technology (Centres for disease control and Prevention 2014)

Teachers said that: “Adolescent school learners who are often bullied at school turn to live with fear and feel insecure around the school premises. The adolescent learner bunked school and classes trying to run away from the bully. He or she later felt that there was no need to go to school because no one cares for him/her. The only thing the adolescent learner thinks of is to take his/her own life trying to run away”.

School bullying is a major public health problem that demands the thoughtful attention of school system, teachers, health care providers, policy makers, and families. The school system can collaborate with teachers, parents, students and the community to deal with bullying problems in their school, and come up ways to respond to it effectively (Shireen, Janapan, Rehmatullah, Temuri, & Azim, 2014).

4.2.9 Behavioural factor

Factors below related to behaviour.

4.2.9.1 Orphans/guardian and behavioural problems

According to Schenk, Michelis, Sapiano, Brown, and Weiss (2010) at three rural sites in South Africa, a Horizons study found out that orphans were more likely to leave school than non-orphans and were more likely than their peers to cite financial constraints and sickness as the reason for dropping out.

Orphan adolescent learners revealed that: “The grants for orphans are used by the guardians for their own purpose and the needs of the orphans are neglected. Guardians do not buy enough clothes and school uniform for the orphans. Our guardians do not give us lunchbox or money to buy food at school, sometimes grounding us by not giving us supper or breakfast. Orphans work hard before they can get something.” The adolescent continued by saying that: “our peers and friends tease us for babysitting and not having time to socialise. We feel trapped in our homes and are forced to babysit our siblings”.

Similarly the other adolescent mentioned that. “I am not an orphan but I am aware that guardians drink alcohol or buy fancy clothes with their child support grants and orphans are most of the time reminded of their parents and of how they died or left them when they have done something wrong and asking for help or money. The old ones carry the burden of the siblings and are blamed for their behaviour. They do not get enough time to be with their peers as their siblings will report them and they will be reminded that they could be expelled from home or even if there is a misunderstanding they are told to go to their parents grave to ask their parent for whatever they need”.

The adolescent said that.” It is really ...reallyreally true. Guardians talk negatively about the adolescent’s deceased parents and compare the child with their deceased parents in an unacceptable way. Orphans work harder than the guardians’ own children but are not considered in decision making like the other children in the house. They are mostly blamed for the malfunctioning of household’s appliances or any breakage around the house and are physically disciplined in front of the young ones. This leads to the biological children being disrespectful to the adopted ones”.

The adolescent continued by saying that: “Some of the teenagers are overworked, especially firstborn or orphans. They are sometimes not even given a chance for their studies or to socialise with peers or friends.” Furthermore the adolescent said that when their parents went out they left them with their younger siblings who needed care without any arrangement with them. They worked more and would babysit until late. When they tried to complain and ask to be relieved from part of the work they would be threatened and told that they would be chased out of the house. When the burden became unbearable one particular teenager chose to

take her own life because being chased from home felt like the end of the world. She felt suicide was the only solution to be free at last.

According to the conversation it was clear that there is much to worry about the life of orphans. To the adolescents this is very depressing and enough to drive an adolescent to attempt suicide.

4.2.10 Parenting styles factor

Factors relating to parents are as follows.

4.2.10.1 Step parent

Suicide attempts by adolescents can be associated with experiences of parental divorce or loss and therefore with changes in one's social support system, which can be seen as critical life events (Donath, Graessel, Baier, Bleich & Hillenmacher 2014).

An adolescent learner mentioned that: "Parents after divorce or after the death of a partner bring different partners home and force the children to respect them as their biological parents. Parents, especially female ones, allow the partners to punish the child or verbally abuse them if they do not agree with some of their rules".

Furthermore the adolescent mentioned that: "By parents not giving the child sufficient attention leads to the child and the partner not liking each other. That may also lead to the couple refusing the adolescent from visiting their biological parents. Stepchildren feel that they are grounded by their stepparents unnecessarily to such an extent that they are not allowed to talk or make friends with the biological parent's family and friends".

Teachers agreed by saying that: "There is a tendency of adolescent stepchildren being abused (verbally, physically or emotionally) by stepparents while their real parent or close relatives do not believe them. Adolescent step children feel that their biological parents take sides by choosing a partner over a child and calling

the child a liar. With no one to believe him/her, the adolescent become lonely and depressed, with lack of trust and so leading them to taking their own life”.

4.2.10.2 Parental separation and single parenting

The Life Orientation teacher said that: “Parents use their children to win sides and forbid adolescent learners from choosing who they want to be with. The adolescents are usually not involved in decision-making. While parents are separating or fighting the adolescents are neglected during the process. The adolescent learner thus changes lifestyle which may include getting less of what he/she was used to getting from both parents. The challenges lead to the adolescent joining gangs and abusing drugs to in an attempt to fit in because parents have less or no time for their needs”.

Capuzi, D. and Golden, L. (2013: 222) mentioned that the weight of the evidence indicates that family disruption, whether by death, separation from one or both parents at crucial periods of development must be considered an important developmental signature.

Teachers agreed that: “Single parents use their children to replace the wife or husband figure and ignore the child’s needs. Teachers believe that an adolescent learner living under the supervision of a single parent family is at risk of suicidal behaviour, especially when the learner has been taken as the replacement of the present parent spouse regarding housework”.

Teachers continued by saying that: “Most of the time suicidal behaviour may stay unnoticed till it is too late usually after the learner has already taken his/her own life. If the child is living in a single-parent family then the behaviour has a specific impact on suicidal behaviour. In the case where a child commits or attempts suicide in a single-parent family, the first reaction of the parent is guilt and self-blame. Adolescent learners from single-parent families live a lonely life due to missing one parent”.

The father of the suicide adolescent boy learner strongly stated that: “Adolescent learners who are mostly regarded as adults or turned into substitutes for the missing partner are at risk of committing suicide. The adolescent learner is forced

by the divorce, separation or the death of one parent situation to take care of siblings at an adolescent stage. Later the parent turns to realise that after the suicide or attempted suicide, that the adolescent was already consumed by depression because of the dissatisfaction of not living the life of an adolescent but that of an adult”.

The parent again with a low-tone voice said: “It was too late for my son. He was so responsible that I forgot he is still a child and that he needed some time to play with his friends. I got consumed with work that I was spending days sleeping out. I gave him too much responsibility paying house bills, buying groceries and even of taking care of his siblings. I regret it badly now”.

4.2.11 Identity and cultural factors

The several factors related to identity and cultures are as follows.

4.2.11.1 Hidden identity (finding out of real parents on one’s own)

Teachers mentioned that: “Adopted children or children who are left by their parents at a minor stage because of cultural issues, mother still being a minor, dumped by mothers and cared for by grandparents or relatives and not being told the truth about their real parents have emotional stress. Adolescents develop uncontrolled anger after finding the truth on their own. If the truth was revealed because of bad situations the pressure becomes worse. They develop hatred to those who had hidden the truth and towards their biological parents”.

Teachers further added that: “The child tends to not accept themselves and hate themselves. Their behaviour changes in many ways at school, with friends and peers, and at home. Their performances at school drop and they feel hopeless with nothing to hope for their future. Once the child feels hopeless they feel that there is nothing to live for, the learner leans towards suicide”.

A lady teacher from the group revealed that: “Her mother’s younger sister got married while her first born was an infant. Two of her other children were born into

the marriage and none of the three siblings knew that they were not fathered by the same person. All those years the father was very abusive even towards the mother. The other two siblings thought that the treatment was different towards the oldest sibling because their sister was the biggest she was the oldest”

She further narrated that: “The truth was revealed after their mother passed away by one of the relatives when she introduced the first born, who was already a mother and working, to her father. It was a very serious blow to both siblings because they knew the man as one of the relatives”

4.2.11.2 Culture, norms and race

The Life Orientation teacher mentioned that: “Adolescents, during the Life Orientation classes said that they are bored, they have nothing to do. They lack facilities in the community to keep them busy. They live like adolescents with no hobbies or lack of purpose in life and are ashamed. In this sense, youth boredom translates to meaninglessness, cultural attrition and lack of social role.” Although these problems stem from colonization, many community members believe that youth boredom, suicide and other bad outcomes are currently their own fault.

Register class teacher further mentioned that: “It happened that a boy at the age of 11 who was living with his grandparents under the care of his aunt tried to jump from a tree and threatened to kill himself. The school and the researcher intervened by having talks with the grandparents and stepfather. Finally the boy was given a transfer and reunited with his mother and siblings within five days”

Register class teacher revealed that: “The boy who was left in the hands of his aunt was seriously depressed by his mother leaving him behind that he attempted suicide by trying to hang himself with his school tie on a tree. The neighbour saw the boy before he could jump and saved his life. He is now afraid to visit his grandparents because he does not trust the grandparents and his mother as he thinks that they might leave him there again”.

Life Orientation teacher mentioned that: “An old village is an area in which people of different beliefs live and where most learners do not stay with their parents but mostly with grandparents or guardians. Learners are forced to follow their

traditional rituals and are not allowed to choose the church they like. The children find themselves disowned by the grandparents because of not understanding the learners who are dominated by Western and technological influence. When the learners try to report to their parents, the parents take sides with the grandparents”.

The teacher continued saying that: “This leaves the adolescents feeling unloved by their parents and left with nobody to turn to. The child turns to friends and peers and this often leads to them being misguided and their expectations for their future ruined. Most of the learners become depressed and see suicide as the key to their solution.”

Learners nowadays have difficulty with parents who still do not believe in intercultural relationships. The community included in the study is ruled by kings and is underdeveloped. They have mixed races and cultures that still follow their own roots. Some learners feel threatened to follow certain rituals. This leaves them depressed and cogenerated if they do not agree to what they are asked to do. On the other hand they are forced to be black outside and white inside. Firstborn illegitimate children are faced with the problem that when their mothers get married to men that are not their biological fathers, they must be left with their grandparents or get married too.

The children find themselves being neglected by their mothers and their siblings not taking them as one of their own. Sometimes they even prohibit them from visiting their mother because of cultural issues. When their grandparent dies children live like orphans and move from home to home while they have siblings who live with their biological mothers. The learners in their adolescent stage begin to view this as not being loved and feel life is not worth living for.

4.2.12 Neighbourhood influence factor

Adolescent learners believe that: “Neighbours influence our parents running our lives, especially when they visit frequently. The neighbours become our watchdogs and sometimes report wrong information about us to our parents. Our

parents end up disciplining us without finding out what the truth is. This leads to misunderstanding and division between us and our parents”

Teachers similarly believe that: “The above situation prevents adolescents to be open with their parents when they later come across problems. They find themselves alone and unable to seek help from their parents, sometimes if they do try to invite them into their lives parents tend to have no confidence in them. This kills an adolescent’s will to live. When they later fail, with no one to turn to, they blame their neighbours and turn to suicide”.

4.2.13 Post-traumatic stress disorder

The National institution of mental health (2011:1) indicated that Post-traumatic stress disorder (PTSD) is a real illness contracted after living through or seeing a traumatic event. PTSD can cause problems such as flashbacks or feeling that the event is happening again, sleeping problems or nightmares, angry outbursts, feeling alone, feeling worried, guilty or sad. It starts at different times for different people.

According to Roen, Scourfield and McDermott (2008:2091), when people are asked to respond to the news of a suicide in their community, shock was often the immediate answer. How this idea was framed suggests more than shock alone. Shock incredulity may serve to push suicide away, removing it to a safe distance so that one does not have to deal emotionally with the reality of death.

Teachers agreed that shock becomes embedded in the cultural value systems. They locate suicide as against the community’s religious beliefs, as not happening in “normal families” but as something expected from “druggies” and not in the “nice street”. The trauma caused by a sudden death due suicide brings negativity in the community.

There is more emotional impact of suicide and attempted suicide of adolescent learners on friends, family, the community and the school system than people can think off. Losing a loved one by suicide is considered one of the most stressful life events which may lead to other adolescent learner’s attempting suicide too as can be seen in the cases in the study. Although grief is a fundamentally healthy

reaction to bereavement, health problems following losses include posttraumatic stress disorder, major depression and anxiety disorders, declining physical health, premature mortality, suicide and suicide attempts of other family members and loved ones exist. Really this affects the smooth running of education system.

Teachers were worried that: “For us to continue hearing about adolescents and young ones who have taken their own life was traumatising as school teachers. It makes matters worse to hear on the media about a Grade 2 learner (just a child not even an adolescent) who hanged himself with his raincoat rope on his classroom window in front of his classmates. Sometimes this also places us in difficult situations and is also traumatic to classmates and peers too. The adolescent phase is a fragile stage that needs to be tackled with care”.

Furthermore the teachers mentioned that: “Adolescent learners are emotionally aroused quickly and also quick to take actions not considering their loved ones. An adolescent who commits or attempt suicide put his psychological skeleton in the survivor’s emotional closet, loved ones are left traumatized. After a suicide, many people, including the siblings of the deceased, are left behind in deep grief and with after-effects that may last for years. This can also cause suicide and suicide attempts in a later stage of life (tertiary or early adulthood) if the emotional factor is not addressed properly at an adolescent phase”.

Suicide victim’s younger brother (15 years old): “My brother is cruel. He lied to me all this time saying he is going to take care of me. How can he leave his child behind while the child is so young and I am young? I am young and our father passed away too. What was he thinking? My mother is not in good health too. He lied again in his suicide note that he will always love us”.

Teachers agreed that: “Another aspect that evokes anger towards suicide victims is the emotional hurt that they leave behind for the survivors to deal with. When the suicide victim is a sibling of an adolescent survivor, the one left behind often becomes the focus of the family’s attention, expectation and unrealistic demands. All their expectations are now directed towards the remaining child; the idealised characteristics and unrealised potential of the victim is redirected towards the survivors”.

Teachers again said that: “We realised that people in the community are often reluctant to speak about death by suicide especially if it is of an adolescent learner. They are shocked and wonder who will be next. Maybe this research will lead to minimizing it so that one does not have to deal emotionally with the reality of adolescent death by suicide as much as before. The way the community handles these incidents is rather saddening”.

Teachers went further by saying: “The community views the family as the only one with the problem. This worsens if suicide was committed in the family before. The cultural value systems locate suicide as that against the family religious beliefs, as if it cannot happen in another culture or another religion either than that one”.

Thorlindson and Bernburg (2009: 134) in their literature revealed that imitation-suggestion is an important risk factor in adolescent suicidal behaviour. Therefore, imitation-suggestion may play a role in mediating the contextual effect of community instability on youth suicidal behaviour. Adolescents who live in communities where social structural instability is common, are more likely to associate with suicidal others, which increases the risk of suicidal thoughts and suicidal attempts.

Teachers: Community members look the other way instead of getting involved in other people’s issues. Without community involvement, it is no wonder adolescents are roaming out of control.” The participants said that members of the community do not understand what to do to help control adolescent moods and to read suicidal signs. If they knew, they would help. Suicide prevention is therefore an urgent call for community action with a clear direction.

According to other researched study: “Adolescent survivors have a higher tendency than other survivor groups to engage in suicidal thinking and suicide attempts in the first year following a significant other’s suicide. The choice of victims to take their lives puts pressure on the mind of the survivors. Suicide of a loved one leaves bad memories that one in the family has taken one’s own life. Suicide sometimes leaves survivors to deal with memories of a last anger interpersonal exchange. Suicide survivors mostly experience a greater sense of rejection than survivors of any other causes of death. Survivors interpret and

perceive the suicide as an intentional punishment to the love ones and deliberate rejection to themselves”.

4.3 CONCLUSION

This chapter analysed the data that was collected and presented the findings supporting and answering the research question. Selected findings were classified and discussed fully in this chapter. The causative factors of suicide and suicide attempts were compared to findings from the literature study and findings related to the research data. Recorded transcriptions sample (see appendixes F2 -K) were kept as the proof of the interviews. Because of the number of participants who took part, not all transcription notes were placed in the appendix.

In the next chapter, a summary of the different chapters, summary of the findings from the literature and the empirical study, recommendations regarding further research and conclusions on the ***causative factors of suicide and attempted suicide of adolescent learners in Tshwane North (D3) area*** as well as the limitations of the study, guidelines and strategies, remarks will be discussed.

CHAPTER 5

SUMMARY OF THE FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

In this chapter, the findings of the study are presented, derived from the research objectives used as sub-questions to find the causatives factors of adolescent suicide. Participants used in this study are from three schools in the same village. There are quotations used in this study as evidence and to reflect the voice of the participants especially in chapter four.

As mentioned above the schools used in this study comprise of a primary, middle and high school, purposely selected to conduct an in-depth investigation. The study aimed to find the causative factors of suicide and attempted suicide amongst adolescent learners of Tshwane North (D3) area.

Participants were involved in the study either as a victim suicide survivor, family member, friend or an educator as a holder of a viewpoint on causes of adolescent learners committing or attempting suicide. The literature reviewed in this study also indicates that there are several causative factors depended on individual adolescent suicidal behaviours that where discussed in detailed in chapter two.

5.2 SUMMARY OF THE FINDINGS

The researcher in this study realized that there are many causative factors of suicide and suicide attempts of adolescents learners around the area. Although there have been significant advances in suicide research as well as increases in the treatment of people who have attempted suicide, the rate of suicide and attempted suicide remains high (Nock, Hwang, Sampson, Kessler, Angermeyer, Beautrais, Borges, Bromet, Bruffaerts, de Girolamo, Florescu, Gureje, Williams

2009:3). It is clear that secondary schools require a school based psychologist to allow learners access to assistance. Learners who are shy and who do not feel free disclosing problems to their educators will be able to consult the psychologist as psychologists have oath of confidentiality.

This study also revealed that family factor is one of the main factors that seem to be engaged in suicidal behaviours of an adolescent from an early age. It shows that children who did not get family support at an early age become suicidal at their adolescent age. Good parental engagement is important to adolescent learners. Parents need to be guided on how to listen to their children especially the adolescents. It is also important for families to maintain good relationships especially amongst siblings. Good relationship amongst siblings allows the adolescents who are not in good terms with their parents or guardians to understand how to control sibling rivalry.

A support group should be formed in the communities and sponsored by NGOs or government to help victims. There should be facilities available for learners to use during their spare time to avoid boredom and allow them to clear their minds when depressed. Depressed adolescent learners turn to suicide easily when their minds are idling, especially when they feel that they are worthless and not needed.

Below is a list of the researched factors identified on what causes adolescent learners to commit and attempt suicide.

5.2.1 Family factor

Psychological problem: Parental divorce affects the adolescent psychological well-being the most. This causes a problem when the adolescent is confused by love from both parents and having to choose sides.

Parental child rearing method: There are traumatic circumstances during the upbringing of a child. An adolescent who finds themselves in a drug controlled parents' hands are exposed to emotional abuse, lack of parental support and sibling rivalry. These are commonly found in adolescent learners who committed suicide or attempted suicide.

Single parenting: Adolescent learners living in a single parent home often reflect the signs of missing the other parent figure. They mostly experience life dissatisfaction, depressive moods and poor mental and physical health.

Mother/daughter and father/son communication: It was discovered that adolescents who lack communication with their parents find themselves taking risky decisions on their own due to lack of trust or lacking the chance of talking to their parents. They mostly experience low level of parent caring.

Parent/guardian unemployment effect on the learner: Adolescent learners are mostly affected by their parent's unemployment. During this period of their lives they are competing with their peers and friends. It was revealed that most of unemployed mothers spent their days with friends and neighbours playing cards. Sometimes they spent their day drinking alcohol using support grant money. The adolescent learners are afraid of their parent's friend's influence on their upbringing.

Interpersonal parent/guardian child conflict: The adolescent learners are unable to handle situations where they find themselves unable to confide in their parents when they have life stressors.

5.2.2 Post- suicidal factor

Suboptimal behavioural coping patterns: It is revealed that the bereaved mostly lack coping skills. When an adolescent learner commits suicide there are chances that another victim follows suit. The siblings of suicide victims mentioned that they always blamed themselves for their loved one's decision. They consider doing the same in order to ease their pain.

5.2.3 Socio-economic factor

Lazaratau, Vlassopoulos, Kalagerakis, Kassotaki, Hountala, Rotsika, Dimitris, and Anagnostopoulos (2014:1) mentioned that socio-economic change in Greece may influence the children's and adolescents suicide behaviour.

Page, Lewis, Kidger, Heron, Borough, Even, and Gunnel (2013) identified the below factors as socio-economic position (SEP) during childhood and parental social outcome in adolescent and adulthood.

Peer pressure: Adolescent stage is the stage where a youngster needs identity and belonging. When he/she realises that he/she cannot fit into a certain group because of a lack of resources, they feel shame and disappointment. The adolescents threaten to kill themselves or attempt suicide to threaten their parents.

Community influence: Lack of facilities in the community that can keep the adolescent's mind busy leads to an increase in suicides and attempted suicides. When they are stressed they need to calm their moods by playing and socializing with other peers to control whatever is bothering them.

Socio-cultural influence: Socio-cultural contact that leads to a lack of meaning, sense of worthlessness, feelings of not being valued and hopelessness contribute to adolescent suicide. Participants revealed that the above moods make one think there is nothing to live for.

5.2.4 Post-traumatic stress disorder factor

Hamblen (2012:2) revealed that children and adults may be diagnosed with PTSD if they have survived natural and man-made disasters and if exposed to emotional and physical disturbances of any sort. Below are some of the disturbances that could lead an adolescent learner to commit or attempt suicide.

Traumatic experience: Traumatic losses such as the death of loved one by suicide are outside of what we normally expect in life. The reactions of suicide survivors often include and go beyond normal grief reactions in severity and duration (Alliance of Hope for suicide survivors 2011).

An adult who has been exposed to **Bullying** during childhood was associated with symptoms of posttraumatic stress disorder (Murph, Shevlin, Elkit & Christofferson 2014).

Family violence: Exposure to violence was positively related to PTSD (Salami & Uganda, 2010:105).

Substance abuse: Adolescents dealing with the effect of traumatic stress or PTSD may turn to alcohol/drugs as initially it may seem to be alleviate distress either through the avoidance or intense emotions that may follow stressful experiences (The National Traumatic Stress Network 2008:3).

(Shilling, Lawless, Buchanan, and Aseltine 2014, National institute of mental health 2011) also mentioned post-traumatic stress disorder as an illness that can contribute to adolescent suicide and suicide attempts.

5.2.5 Environmental factor

McDermott, Baigent, Chanen, Frasser, Graetzer, Parikh, Peirce, Proimos, Smalley, Spence, and Beyondblue Expert working committee (2010:4) stated that the causes of depression are complex, with a range of risk and protective factors thought to be involved, together with the context in which they are either expressed or mediated. These factors can be specific to the person, a product of the environment or result from interaction between the person and the environment.

Suicidal ideation: Environmental risk factors such as neglect or abuse lead the adolescent to suicidal ideation (Prager 2009:2). This increases when there is bullying, drug abuse, depression, chronic illness, victimization and community violence.

5.3 LIMITATIONS OF THE STUDY

The nature of the study is a dissertation of “limited scope” hence the result of the study is that the findings cannot be generalised so that it is applicable to all South African adolescent learners.

The fact that only three schools were used in Tshwane North (D3) area community, could verify a limitation. The study is also limited by the fact that most of the adolescent learners participated were selected because they were former learners of the researcher. That made participants to feel free and safe to say

whatever they wanted to say without fear. The other reasons for this study to be taken as limited will be answered by suggestions for further research in chapter five.

In this chapter the research approach and the data collection strategies were outlined and the scope of the study is limited to the causative factors of suicide and attempted suicide of adolescent learners in Tshwane North (D3) area where only three schools were selected.

5.4 SUGGESTIONS FOR FURTHER RESEARCH

Doan, Leblanc, Roggenbaum, and Lazear, (2012: 1) revealed that suicide was the leading cause of death among 15-19 year olds in United States in 2009. It was further mentioned that school districts have and can be sued for inadequate suicide-prevention program.

Adolescence stage is a time of great change and often a time of confusion, but studies have shown that there exists an abundance of far more serious problems than these in today's high school-aged individuals and such problem is suicide related behaviour. Adolescent behaviour need to be further researched and included as a theme in the Life Orientation subject from grade R.

Although the Department of Education is trying to develop Life Orientation Education Programs in schools to equip educators to be able to make learners understand life in totality. Learning about suicide and attempted suicide at an early age will allow learners to be free to communicate with their educators when they encounter some problems (Christians 2006). Suicide prevalence rates in young people in South Africa in all major ethnic groups are a significant cause for concern.

It is worth mentioning that Schlebush and Governdor (2012:182) study revealed that: Adolescent learner's suicidal behaviour should be taken by the department of education as a major problem that need to be attended seriously at all times. It seems there is still much to be done to understand what goes through the minds of an adolescent learner especially those in high school. During this research

more causative factors of learners suicide and attempted were discovered by the researcher while conducting interviews.

There is a need to extend the present findings due to the fact that most research done on adolescent suicide is out-dated; however, suicide continues to remain a problem. It is as if there is something missing from the findings that could minimize suicidal behaviour. Adolescent suicide targets any adolescent regardless of race, colour, culture, gender or area even though it varies from community to community.

Due to the fact that the present findings were obtained from a relatively small sample from one community in Tshwane North (D3) area, the study covers what other researchers had found in other areas. The study also provides more information on the ***“causative factors of suicide and attempted suicide of adolescent learners to be followed up by other researchers”***

As this study was based on a certain community with recent adolescent suicide experiences, it is suggested that, further research be done in other areas but should base on the solution to reduce the ***“causative factors of suicide and attempted suicide of adolescent learners”***.

At a broader level, the fact that suicidal dynamics are likely to vary as a function of race, gender, and geographical area. It is suggested that there is a need for further in-depth qualitative research designed to explore patterns of suicidal behaviour among different South African communities. Ultimately, an informed understanding of such community-specific suicidal patterns is essential if we hope to develop prevention strategies that are appropriate and responsive to the socio-cultural realities of all South Africans.

5.5 RECOMMENDATIONS

The present findings would appear to have implications for solutions and future research for what really causes suicide and attempted suicide of adolescent learners. At the level of primary prevention, the study findings suggest that adolescents in the Tshwane North (D3) area and other areas around would benefit

from preventive efforts designed to improve communication and problem solving skills based on adolescent problems.

Such preventative measures could take a number of forms including help-lines, public awareness and educational programmes, school-based initiatives, school based support team with interventions needing to be sensitive to the specific social and cultural needs of adolescent learners. Interpersonal conflict and, particularly interfamilial conflict were identified as major influences on suicidal conflict resolution skills in most suicide and attempted suicide cases.

At this stage the primary prevention appears to be a clear need to educate parents, friends, educators, adolescent learners and the rest of the community regarding the dangers of suicidal behaviours on adolescent learners. In all the workshops the ways that are likely to reinforce communication between both parties as an effective strategy for achieving interpersonal goals should be of most concern. All these actions are aiming at minimizing most of the causes of suicide and suicide attempts of adolescent learners in the Tshwane North (D3) area.

It is clear that adolescent learners need guidance. They have fear of the future but always think that they are in control of their own lives till they cannot stand the heat caused by adolescent depressive life situations. Above all it is also clear that there are signs that could be visible before an adolescent attempt to take his/her own life most of the time act and save lives.

The following are few important signs that could be watched to assist to save adolescent lives, empathy, withdrawal, moodiness, hopelessness, signs of depression, change in eating patterns, sudden change in behaviour, unusual preoccupation with death and the giving away of valued personal possessions.

Being on the alert of the above visible signs or others reflected in this study future adolescent life will be spared. The families should also be careful when dealing with an adolescent who is suicidal. People should never be sure whether it is just an attention seeking strategy or really that the adolescent wants to take his or her own life.

5.6 CONCLUSION

Adolescent behaviours are influenced by peer pressure and how they compete between the groups. That may play a role in mediation of the contextual effect of community instability on youth suicidal behaviour. Adolescents who live in communities where social structural instability is common are more likely to associate with suicidal behaviours which increase the risk of suicidal thoughts and suicide attempts.

In this study there are certain conclusions that can be drawn about the causative factors of suicide and suicide attempts of adolescent learners. The result from the study shows that causative factors of suicide and attempted suicide of adolescent school learners in Tshwane North (D3) Area are more or less the same as other areas which are having the same characteristics as theirs.

It is also revealed that when adolescents experience problems they are confused and turn to suicide as their solution to try run away from the problems that depress them. This again shows that it is clear that adolescents live in their own environment where they think in the present and make decisions based on the present situations when they are depressed.

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APPENDICES

APPENDIX A

Enq: Rev M.M. Kgosana
073 227 5285
083 607 6006

MAGU-A-Flow P.S

Kgosana M.M
Special Needs Education
05 September 2008

Department of Education
MAGU-A-Flow Primary School
P.O. Box 100, Mafikeng
2008-09-15
Principal
MAGU-A-Flow Primary School

SGB & Staff members

Request for permission for your ^{educators} to participate in a research study

Your permission is kindly requested for your staff members to participate in a study regarding the topic of suicide and attempted suicide of learners. The aim of this research is to find out what causes suicide among learners of secondary schools in Moretele Area.

We ^{Study for} ~~MAGU-A-Flow P.S~~ school grant permission for our staff members to participate in the study and be included in the interviews and questionnaires. This will include approximately one to two sessions arranged at a time that is convenient to the school and the educators. Interviews will take place on the school property.

Kindly mark your response with an X.

Yes

No

Thank you for giving this matter your immediate attention. Your co-operation is highly appreciated. Please feel free to contact me should you have any questions or concerns.

I will be glad if the response is also accompanied by the suitable date for interviews.

19/09/2008 - at 12h30

Yours faithfully

Kgosana M.M
Special Needs Education

We need only 6 educators for about ± 60 minutes
We encourage voluntarism.



11. ~~W. P. ...~~
12. ~~...~~
13. ~~...~~
14. ~~...~~
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APPENDIX B

Enq: Rev M.M. Kgosana

071 485 4182

083 364 8427

Kgosana M.M

Inclusive Education

05 September 2008

CONSENT LETTER

Dear Parent/Guardian

Request for permission for your child to participate in a research study

Your permission is kindly requested for your child to participate in a study regarding the topic of suicide and attempted suicide of learners. The aim of this research is to find out what causes suicide and attempted suicide amongst adolescent learners of Tshwane North (D3) Area.

The selection of your child to participate in the study was due to his/her friendship with or being a schoolmate or classmate of a learner who committed or attempted suicide. Please be assured that the identifying information of your child will be kept confidential and will not be divulged in the study.

We/I.....parent/guardian grants permission for my child..... to participate in the study and be included in the interviews and filling of questionnaire schedules.

This will include approximately one to two sessions arranged at a time that is convenient to the school and your child. Interviews will take place on the school property after contact lessons.

Kindly mark your response with an X

.

Yes

No

Thank you for giving this matter your immediate attention. Your co-operation is highly appreciated. Please feel free to contact me should you have any questions or concerns.

I will be glad if the response is also accompanied by the suitable date for interviews.

Yours faithfully

Kgosana M.M.....

Inclusive Education

ST NO: 0871 265 4

UNISA

APPENDIX C 1

ADOLESCENT LEARNER'S INTERVIEW SCHEDULE

Have you ever felt life was not worth living?

.....
.....

Have you ever felt so alone or stay alone? If yes. why?

.....
.....

Have you ever wished you were dead, for instance that you could go to sleep and not to wake up?

.....
.....

Have you ever felt unwanted in one way or another?

.....
.....

Have you ever thought of taking your own life even if you would not really do it?

.....
.....

Have you ever reached a point where you seriously considered taking your life or perhaps made plans on how you would do it?

.....
.....

Have you ever made an attempt to take your own life?

.....
.....

Have you ever talked to someone about your feelings of committing suicide and how did they take it and what were your feelings after that?

.....
.....

What can you say about learners who committed suicide?

.....
.....

What can you say about learners who approach you and want to commit suicide?

.....
.....

What do you feel about the loved ones after the one they love committed suicide?

Committed suicide:

.....

Attempted suicide.....

.....

If you have to choose between life and death, what would you choose?

.....
.....

What is your relationship with the following:

Friends:.....
.....

Peers:.....
.....

Siblings:.....
.....

Parents/Guardian:.....
.....

Educators:.....
.....

Do you carry a weapon? If yes why?

.....
.....

Have you ever felt somehow that you can't explain how and why?

.....
.....

Do you take any drug or alcohol or ever did that?

.....
.....

Do you feel insecure, not confident or withdrawn? Why?

.....
.....

What is the real cause of your school mate's suicide? Elaborate.

.....
.....

APPENDIX C 2

EDUCATOR'S INTERVIEW SCHEDULE

Have you ever gone to the funeral or memorial service of a learner who committed suicide? If yes could you explain how you felt i.e. what did you experience?

.....
.....

Can you at least explain what you have realised when you see the friends of suicide victims and hear what they say about their friends when giving speeches at the memorial or funeral services.

.....
.....

In your own experience what do you think should be done to the victim's friends, school and class mates?

.....
.....

What do you feel about the learner whom you have taught previously i.e. at primary school or middle school commit or attempt suicide?

.....
.....

If you can be approached by a learner who is suicidal or has life threatening problems, how will you handle the learner and what advice will you give to the learner?

.....
.....

What do you think causes learners at secondary school to commit or attempt suicide?

.....
.....

How do you feel about learners in general who commit or attempt suicide?

.....
.....

What do you think should be done to learners who attempt suicide?

.....
.....

As a teacher what will you do if a learner who attempted suicide approach you and threatened to try it again?

.....
.....

What do you think may help to eliminate the problem of suicide at schools?

.....
.....

In your own view, is the government doing enough to help in this matter and what do you think they are supposed to be doing?

.....
.....

What else can you say about suicide of learners?

.....
.....

How do you feel as a principal losing a learner or more of suicide?

.....
.....

Can you spot suicidal behaviour/signs to learner and what do you do?

.....
.....

In your general view, what is the real cause of learners' suicide?

.....
.....

APPENDIX D 1

INTERVIEW QUESTIONS FOR SUICIDE VICTIM'S FRIENDS

How do you feel physically, mentally and spiritually these days?

.....
.....

How do you cope in the classroom in the absence of your friend?

.....
.....

How do you feel about learners who commit suicide?

.....
.....

What do you think about who are left behind after the loved ones committed suicide?

.....
.....

Have you ever thought about committing suicide yourself? Elaborate on your answer.

.....
.....

If a friend appeared suicidal and asked you not to tell anyone, what would you do or say?

.....
.....

If a friend said he/she was thinking of suicide and seemed like he/she is just saying it to get sympathy or attention from you, what will you do or say?

.....
.....

Will you counsel a suicidal friend without getting any help from someone? Elaborate on your answer.

.....
.....

If a friend comes to school in a bad mood and has the feeling that his/her family is better off without him/her, what advice will you give your friend?

.....
.....

If a suicidal thought crossed your mind, what will you do?

.....
.....

What do you think a learner should do when he/she feels like taking his/her life?

.....
.....

What do you think is the problem that made your friend to take his/her own life?

.....
.....

Can you tell me more about your friend's life?

.....
.....

How do you feel about this interview?

.....
.....

APPENDIX D 2

INTERVIEW QUESTIONS FOR ATTEMPTED SUICIDE VICTIMS

Researcher: I would like to thank you for being willing to be here today. Before we start i would like to ask you for permission to use the information that you share with as part of my research and for taping his interview. Secondly, feel free to express yourself in the language you are comfortable with.

Researcher: Thank you. Could you please start by telling me a bit about yourself so that I can get to know you better?

.....
.....
.....

Researcher: Follow up questions

When you get home after school what do you normally do?

.....
.....
.....

How do you feel about yourself today? Can you explain the feeling to me?

.....
.....
.....

Tell me about your relationship between you and your;

Mother:

.....
.....
.....

Dad

.....
.....
.....

Siblings

.....
.....

Any relative member

.....
.....
.....

Peers, classmates etc.

.....
.....
.....

Do you have a girl/boyfriend and how is your relationship at this moment?

.....
.....
.....

What is in your thoughts?

.....
.....
.....

What goals and plans do you have for the future?

.....
.....
.....

What do you do when faced by a situation that really needs your attention or involves you?

.....
.....
.....

Do you feel comfortable when working alone without any interference?

.....
.....
.....

What kind of person do you want to be and why?

.....
.....
.....

Do you have friends? Can you elaborate on your life with them?

.....
.....
.....

Do you get frustrated easily and what do you do when you are frustrated?

.....
.....
.....

Do you tend to worry more often? If yes, what do you worry about?

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.....
.....

What do you do when something troubles you?

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.....
.....

Are you easily influenced by emotions or are you in control of them?

.....
.....
.....

Do you have any hobbies? Can you tell me more about them?

.....
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.....

What does "living life the fullest" mean to you?

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.....

When coming to advices, do you take the advice that comes from parents, educators or friends?

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.....

According to you, how should a perfect person look?

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.....

What really contributed to you to try and take your own life?

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.....

What do you think a parent should do when a child tells them about their problems?

.....
.....
.....

Do you still think of committing suicide? Elaborate more on your answer.

.....
.....
.....

What else can you say to me in connection with learners who commit suicide?

.....
.....
.....

After this session is there anything else you want to say to me?

.....
.....
.....

NB. Once more I would like to say thank you for taking your time talking to me. If you feel you have something again to say while I'm not available please tell your

L.O. educator to contact me. I will gladly come and see you at school or at home.
Thank you. Is there something else you will like to say?

.....
.....
.....

APPENDIX E

AN INTERVIEW WITH A GRADE 4 LEARNER WHO ATTEMPTED SUICIDE

Interviewer: I will start by thanking you for your participation. I promise you that no real names will be used during the transcription. You are free to say anything in connection with the research or ask any questions and your own views. Do you allow me to record this interview? **(All questions were asked and answered in SETSWANA language)**

Participant: yes

Q. Can you tell me what happened on Wednesday (13.04.05)?

A. My Auntie's friend came to my home in the morning while I was ready to go to school and just started to beat me with her shoe on the head and the back. When she finished she went to ask my Auntie about her ID book. Then when she came out of the house I asked her, "Are you going to look for the ID book?" Then, instead of answering she said, "You exactly, you are undermining me" and she started beating me again and again on my leg, head and on the back. When she finished my Auntie came just passed and knocked me on the wall and then she left to school. My auntie's friend went home too.

Q. What did you do then?

A. I then went to sit on the tree and tied a wire on the tree and rope and I sat on the wire while I was busy. Then another man (next door neighbour) came and cut the rope and I jumped to the ground. I was wearing a school tie; he then said I was hanging myself with it but I was using a rope and not my tie.

Q. What did you do next?

A. Then I stood there for a little while and ran away and he chased me and asked other two men to chase me and they caught me, he said, 'Do you want to kill yourself'? I didn't answer and he told the two men to hold me and told them that I want to kill myself. Then they started beating me with the belt, my Auntie saw

them and she turned back to take me into the house. Then she started beating me and asked me more and more times what I was trying to do but I didn't answer her.

Q. After the beating what did you do or say?

A. I told her that I was dirty because she bumped me into the wall when she and her friend were beating me up, so I wanted the key for the house to change into clean clothes.

Q. Why didn't you call her and climb the tree instead?

A. I thought she was too far and she won't hear when I call her.

Q. So what did you do?

A. I climbed the tree and tried the rope on the tree and just sit on the tree and hold the tie with my hands.

Q. Why did you do that? What were you having in your mind?

A. I was trying to see where she is.

Q. What were you going to do when you see her?

A. I was going to tie my neck and scare her so that she comes back and gives me the keys.

Q. Were you really trying to kill yourself?

A. Not exactly but I wanted to do something to hurt her because I was very angry with my auntie's friend. She was calling me names and she also likes beating me up and my auntie always stands for her.

Q. Tell me again what really happened when you were fighting with you auntie's friend i.e. were you fighting or she was just beating you up?

A. She was bumping me through the walls and beating me with shoes and whatever she could lay her hands on, so I had to defend myself too.

Q. What did you do to defend yourself?

A. I ran to the kitchen to get le panga (a big knife like a butcher knife or like the one mostly used by thieves) and a knife trying to fight back and that is where my auntie came and held me i.e. just grabbing me forcefully. She managed to take the le panga and I was left with the knife. I couldn't stab her with the knife because she was running around and my auntie was always on her side. I went outside the house and my auntie just locked the door and left to school. So as I was so dirty I couldn't go to school so dirty like that.

Q. Since that day of the accident, how do you feel now?

A. Not ok.

Q. Why not ok? What is wrong now?

A. I am still angry to my auntie and her friend who still reminds me that I was trying to kill myself.

Q. If that man did not see you what you could have done or say?

A. Tie myself with the rope or run away.

Q. Do you really think that killing yourself or run away is the solution to your problems?

A. Yes.

Q. Why do you say that?

A. Because the problems will go away if I kill myself and also if I run away I won't see anyone anymore.

Q. Now that you are okay, can you still try that if another problem arises?

A. I don't know.

Q. Why did your neighbour bring you here and not your auntie or yourself?

A. My auntie said she is going to school and the man must bring me here, as he was the one who saw me on the tree.

Q. What do you really want, that can make you happy?

A. I want to go to my parents.

Q. Where are they?

A. They are at Pietersburg together with the other children.

Q. Why did they leave you behind?

A. They said I must stay with my grandparents because they have no one to send to the shops and other places.

Q. If we call your father, will you be able to tell him that you want to be with them?

A. Yes. But they don't listen to me. I always go there on holidays but they bring me back against my will and I really don't want to stay here anymore.

Interviewer: I will try to call your parents and hear what they say! But, we will have to wait for your grandparents if they manage to come to school today then I will try to talk to your parents after.

APPENDIX F

Grandparents–Grandmother and grandfather

GRANDPARENT'S INTERVIEWS ABOUT THE LEARNER WHO ATTEMPTED SUICIDE

Interviewer: I will start by thanking you for your participation. I promise you that no real names will be used during the transcription. You are free to say anything in connection with the research or ask any questions and your own views. Do you allow me to record this interview? **(All questions were asked and answered in SETSWANA language)**

Participant: Yes

Q. How was the child behaviour from birth?

A. Very naughty from birth. Not listening but very honest. When you send him to shop, he will come back with all the change. Not stealing, very trustworthy and when you ask him to do any work in the house, he will do it exactly and fast.

Q. When did he start this behaviour?

A. During 2002.

Q. How is he behaving recently?

A. Bullying other children in the house and neighbours on the street.

Q. Who stays with him in the house?

A. Grandparents and auntie. 4 in the family – only one child

Q. Is it the first time he tried to kill himself?

A. Yes

Q. What did he try next to show that he has problems?

A. Last week his grandfather beat him and he packed his clothes at 20h00 saying he want to go to his own parents.

Q. What did he do to deserve punishment?

A. He was complaining of little bread they gave to him with according to his grandmother thought it was enough and while I was beating him I said I am going to take you to your parents.

Q. What made you to want to take him to his parents last week?

A. He is always fighting with other kids and disrespectful to me.

Q. What did he do/or his reaction after telling him that he will be sent to his parents?

A. He just jumped there and laughed.

Q. What happened yesterday that made the boy try to hang him?

A. We were not there, we really don't know, what we know is what they told us.

Q. Where exactly are his parents?

A. Seshego. (not real name)

Q. How many are they in the family?

A. Mother and father, his younger siblings, he is the first-born child and they are also staying with his younger auntie.

Q. Does he know where they stay?

A. They don't really come to take him for holidays he is only going there if his auntie takes him there, but after holidays they bring him back.

Q. What are their reasons for living him to live with you?

A. The mother was not yet married i.e. the lobola was not completed. Then the parents and the family agreed to live him till they finish the labola, till now the labola is not yet finished. They promised they would come and finish at the end of this year (2005)

Interviewer:

Ok! Now that the child want to live with his mother and he proved that by trying to take his own life, will you still wait for the lobola or try to solve that later, allow him to go and stay with his siblings?

Grandparents:

We can allow him to take him home but we don't know if his stepfather will agree to that or not. We can give you his number to call him maybe he will understand you and they don't even know about this incident yet.

Interviewer:

OK, then I will try to tell your son in law about this and hear his side of the story, if he agrees. I will then talk to the school manager to let your grandson go.

NB. (After the talk between the grandparents and the school manager they agreed that the father should be called and the manager did that on researcher's behalf. The learner was given a chance to talk to his parents through the phone. While he was talking he cried and said that he wants to come home. The school manager asked the father to come and fetch him during the weekend).

Transfer forms and anything needed was given to the grandparents.

APPENDIX G

AN INTERVIEW TRANSCRIPTION WITH THE AUNTIE WHO WAS STAYING WITH THE ATTEMPTED SUICIDE VICTIM LEARNER

Interviewer: I will start by thanking you for your participation. I promise you that no real names will be used during the transcription. You are free to say anything in connection with the research or ask any questions and your own views. Do you allow me to record this interview? **(All questions were asked and answered in SETSWANA language)**

Participant: Yes

Tape transcription – Original Setswana

Q. What happened on the 4th month of this year in connection with the boy?

A. the boy woke up early in the morning, washed his whole body and dressed in school clothes and instead of going to school he started crying. Then I asked him, "Why are you crying instead of going to school?" He said, "I want money to eat at school." I then gave him R2.00 even I had already given him lunchbox to eat. But when he got out of the gate he insulted me. I then asked him, "Why did you say that?" He then said, "You don't take care of me you only take care of Thabiso, you care less about me." I then said to him that I take care of everyone the same in the house, but he continued with the insults to me. I then chased him and beat him. After beating him, I instructed him to go to school. He refused. When I asked him, "Why are you refusing to go to school," he answered, "I want to kill myself." I said, "You are wasting time and I want to go to school too. I am getting late. Then I left to school.

Behind my back the boy climbed the tree and while on the tree he was seen by our next- door neighbour who called me and said, "Come and see the boy was hanging himself". I came running then I asked him, "Why did you do that?" He

said, "Auntie I want to live with my parents because I am not living well, my parents don't love me." I asked him, "Why don't you talk?" He said "I can't talk because when I talk my mother and my father won't listen to me."

I then asked him, "But why do you do this?" He said, "They took all their young ones and they all living with them and go to school with the transport." So I said to him, "Ok I am going to call your parents." I then called his father and told him that the boy is here trying to hang himself and they promised me to come and indeed they both came i.e. my sister and the boy's father.

When they finally arrived they asked him why he did that. He answered his father that, "You and my mother you took those who are younger than me. You stay with them and you left me behind. So that shows you don't love me." His father asked him, "Why didn't you tell us that you want to stay with us?" He answered by saying, "I knew that you wouldn't agree that I come to leave with you.

You will say that it is good for me to take care of my grandparents and you only want to take care of the young one, even when school are closed you don't even won't come and take me to stay here with my grandparents."

Q. So what was his reaction when you beat him?

A. He was trying to beat me too and I was telling him, "Don't do that, I am your auntie." He said, "No, you are not."

Q. So after you finished fighting and he came back to school what did you say to him?

A. I tried to tell him that what he did was wrong and he must not repeat that. He then said, "No auntie, I want to live with my parents. Then I said, "Ok I am going to call your parents."

Q. When he hear that you are going to call his parents what was his reaction?

A. He jumped, smile, cried and asked me, "When will they come?" And I said, "Next week."

Q. What did he do when he started smiling and crying?

A. He said that he can't wait and he went to pack his bags.

Q. I understand that there was a fight between him and your friend. What was really happening there?

A. He was throwing her with stones.

Q. You say he was throwing stones to your friend. Why?

A. He was insulting him too and saying what she wants in his home and when she told him not to say that, he then went to the kitchen and took (le phanga) and the knife.

Q. He wanted to stab your friend with (lephanga) and the knife?

A. Yes.

Q. Did somebody instead of you bring him to school?

A. Yes.

Q. Why was he brought by somebody to school not you?

A. He was very angry to me.

Q. He was very angry to you so he chooses to be taken to school by a neighbour instead of you. Why?

A. He thought I was still going to beat him on the way to school so he asked the neighbour to take him to school.

Q. Do you always beat him like that?

A. No

Q. Was that the first time you beat him?

A. Yes.

Q. So why was he so afraid to come with you to school?

A. I was very angry.

Q. So you were still angry?

A. Yes.

Q. So he saw that you are still angry so he thought that you would still beat him again on the way?

A. Yes.

Q. What happened when he came back from school?

A. There was nothing wrong. He was very happy that at school they called me and asked for his father's phone numbers. And when his grandparents came back I told them what happened and that at school they said they must come with him. They did that and at school they gave him a chance to talk to his father and he promised him to come to collect him the same weekend. His grandparents were already having his transfer forms

Q. So what was his reaction when realizing that his stepfather is coming very soon?

A. He was very scared from his father.

Q. Why was he very scared when he wanted him to come and collect him?

A. He knew that his stepfather would beat him.

Q. If he was scared of his stepfather why did he want him to come and take him?

A. He knew that there were many things that he was doing and we were calling and informing him. So he knew that now that he is coming he is going to beat him. That's why he was so scared from his father.

Q. What was his reaction when his stepfather came?

A. He was so happy and asked them when they are going to leave.

Q. What was his reaction when they finally live?

A. He was crying and wanted me to go with them to take care of him as his mother doesn't take care of him so much. So I said that I can't go and live your grandparents alone and go and stay with you. I also said to him that his mother would take care of him. If she doesn't take care of you, you must make a call. So my younger sister packs and lives with them to stay with them at Neil.

Q. So he wanted to go with you and instead your younger sister went with them?

A. Yes.

Q. What is his relationship with his mother if he doesn't want to be cared by her?

A. It is not good.

Q. His mother is not good to him?

A. Yes.

Q. How do you feel about this whole situation that did end up the child trying to take his own life?

A. I don't know what to say because I think it was going to be good if I was the one who is going to take care of him. His parents are not really good to him. Even during the year they will only come on December holidays and returned him on January when school re-opens. This is why he wanted to kill himself, so that he could rest because at his home they love those three only and they even don't mind about him.

Q. So what is the exact thing that contributed to him trying to hang himself?

A. It is because he wanted to stay with his stepfather and maybe if he stays with him they will mind what is going on with him.

Q. Now that he is living with his stepfather do you think he still needs a therapy?

A. Yes.

Q. Why do you say he still needs a therapy when you say he is well with his parents?

A. Because right now he is using a special transport to school and they say he was fighting with the driver saying he is not comfortable in the taxi and he is also beating other children in the taxi.

Q. Is he still continuing his behaviour even where he is now?

A. Yes.

Q. Do you believe that if he could have being given a therapy before he went there he could be well by now?

A. Yes.

Q. Why do you say that?

A. Because when I talk to him and say do this don't do this he listen to me.

Q. So if we give him therapy now do you believe that he could be cured?

A. Yes.

Q. Why do you say that?

A. Because he is a good person and when I tell him to do this he does.

Q. When you say he is a good person what is that you say it is good about him?
What do you see on him?

A. He understands me and listens to me and does exactly what I want him to do.

Q. So do you still say he needs a therapy?

A. Yes.

Q. Ok since he went to stay with his parents have you ever asked him about what had happened?

A. No, because since they took him I have never met him and he hasn't come to visit yet.

Interviewer: Ok, thank you for your time; it was a pleasure to hear your side of the story.

APPENDIX H

Interviews transcription about the adolescent who committed suicide

An interview with the sister who found her brother hanged in the garage roof.

Interviewer: I will start by thanking you for your participation. I promise you that no real names will be used during the transcription. You are free to say anything in connection with the research or ask any questions and your own views. Do you allow me to record this interview? **(All questions were asked and answered in SETSWANA language)**

Participant: Yes

The sister

Q. What really happened week before last at your home that you won't forget for the rest of your life? Who was with you on that day?

A. I was with my brother..... Joel.....” ***moment of silent with a tearful face but no tears coming out***”

Q. What happened?

A. We found my brother hanged in the garage.

Q. Who saw him first?

A. My brother John.

Q. What did he do?

A. I was outside and he came out of the garage and said: “**Joe**” hanged himself. I am coming. I am going to call my father.”

Q. What did you do then?

A. I was just sitting and my cousin came passing. I then told her that my brother strangled himself and she called the next - door neighbour and they came inside.

Q. What did you do again?

A. While I was just sitting there my brother came back and said that the number doesn't work, so while we were talking my daddy arrived and called the police.

Q. How did you feel about this whole situation?

A. My heart was in pain and was just surprised and not crying by then.

Q. Was there any time that you cried since this happened?

A. Not at all.

Q. How did you feel on Saturday evening when he came for the night-Virgil?

A. I was not at home because they took us to Sohanguve (not real place) on Friday night and we only came back Sunday morning before the funeral.

Q. How did you feel when you arrived home?

A. I was not feeling good, but I didn't cry and I haven't cried till now. (19 days later)

Q. How do you take it when people are talking about this incident/happening?

A. It makes my heart saw.

Q. How did your younger sister take the whole situation?

A. She started crying immediately when she saw him hanging and she cried again on Sunday on the funeral.

Q. How do you feel when you think about this situation?

A. I feel hurting; I really don't know what to do.

Q. Do you need a professional counsellor to come to talk to you and your younger sister? If yes why?

A. Yes, so that I must not think about this situation more and more even though that I am not thinking about it, even in my dreams when I am sleeping and I want one who can give me food and clothes.

Interviewer: Ok, thank you for your time. I will try to talk with your father about the clothes.

APPENDIX I

TRANSCRIPTION OF THE INTERVIEW WITH THE FATHER OF THE ADOLESCENT LEARNER WHO COMMITTED SUICIDE

Interviewer: I will start by thanking you for your participation. I promise you that no real names will be used during the transcription. You are free to say anything in connection with the research or ask any questions and your own views. Do you allow me to record this interview? **(All questions were asked and answered in SETSWANA language)**

Participant: Yes

Q. How was the life of the deceased at his early ages?

A. Truly the boy was a jolly person and while he was still young I left with him to Durban. He then came back after a while and started his schooling here.

Q. What was his illness while he was still young?

A. He was just a healthy child.

Q. How was his behaviour while he was playing with other children?

A. Like any other child. He was a little bit a violent child.

Q. How was his relationship with his brothers and sisters?

A. He was an impatient child. He could do something to others but when they do that back to him he would take it badly.

Q. How was he showing his impatience?

A. He was having anger, when he was angry he will keep quiet and he was not forgiving easily or completely.

Q. So when he was angry you will see it by his quietness?

A. Yes, he won't say anything. I will only know after asking what happened and they will tell me if they were teasing each other and he got angry when they turn on him.

Q. How was the relationship between him and his mother?

A. I will not be able to say that because we were separated while he was still very young and they moved from here to Temba but they were kept on coming to me even while her mother was with another man.

From there her mother got ill and died then social workers came to tell me that the owners of the place want it back so I had to come and take the children.

Q. How was the relationship between you and his mother?

A. She was just coming to visit me not so much of a problem.

Q. So were you not married to his mother?

A. We just walked halve way with marriage, we couldn't match.

Q. Was he the first or?

A. To my side he was the second born but to his mother he was the 4th.

Q. How many are they? Does he have younger sisters and brothers i.e. how many are they in the family?

A. He has 3 big brothers and 1 younger brother.

Q. How was his behaviour from last year till now before he could do this? Was he different or not?

A. Last year he was just fine only this year I saw some changes i.e. sometimes he didn't want noise or he wanted to stay alone. He was also a friend of the bible. Sitting on mat in front of the TV which was a new thing we saw him doing. That is where I finally realized that there is lot of changes about him. Like I bought Hi-fi and they were using it nicely till he complained about noise and want me to lock it in my room because it was making a hell of noise and his big brothers doesn't want them to watch TV.

Q. How was the relationship between you and him?

A. It was very good. He was the one child I depended on. When I was not around I knew that there was somebody at home to look after everything I was going to look after. His young sisters were safe I could give him money to pay everything and keep all the receipts save. As I was very forgetful, I was relying on him. Now with him gone I am so lost and really don't know how I am going to cope without him.

Q. These last past few days before the incident what have you noticed which was extra different about him?

A. These past days he hated noise more than anything. He was really quiet and hated noise to such extent that I asked him if he is feeling well. He will sit and watch TV or do homework and sometimes I help him, as I usually do. It happened that two or three days before he did that. He broke up for a while and when he came back he said he is ill and then I saw him on the last minute because I work shift. I came back home and I found him not with other kids.

When I asked him about his whereabouts they just said he said he is ill. I went to check on him and asked what is wrong. He said, "**My stomach is burning,**" so I needed to help him by taking him to the doctor or to the clinic, but it was already

late. So I called his big brother to go and buy milk, as I wanted something to help him fast. He runs fast to buy the milk. I don't know if he did drink that milk or not because I went to bed. In the morning I woke up early as I usually do but I did call him and asked him how he was feeling. He said, "***I am better.***"

At 3 o'clock I called him again and asked him how he was feeling. He still said he is fine.

In the morning I woke up and knew that they all going to school for that day only to find that he made an apology not to be present at school for that day. I then took some money to pay my depts. But at 8 o'clock I started feeling somehow, I thought of going to the doctor but dismiss that and lie a little on the bed. That kept on mixing up my body for the whole day. I stayed up to 4.30 then I thought of taking the bus so that I must go and sleep for a while.

Just when I entered the sleeping ground my body became worse that I hurried up to sleep, while I was starting to sleep the message came through the cell phone. I then got angry that who is disturbing me but I than dismissed that and think about children and that I haven't seen him to see how he was feeling. So I checked in coming message.

When I checked the message I found that it comes from my cousin, I was surprised because he is not used to call me. It shows that he didn't even waste time. He said he was also not well for the day and thought of checking on my kids because he knew that most of the time they are alone. That is when he fined what happened. When he got to my home he found my kids messed up and alone and they were looking at the body of their brother.

They saw him late at about 5 o'clock because he closed the house well and placed the keys where they usually put them as if there is no one inside the house. He then entered the garage closed the door from the inside. So they thought he was not around. The younger sister was the one who alarmed them about his absence.

His older brother thought that he was in the kitchen and while he went to check on him he changes his mind and said, "***Let me go and check at the garage.***" When he pipped inside the garage he saw my child hanging and that was when my

cousins arrived and things started there. That means when that one saw the child the cousin was already there.

Q. So you woke up in the morning without talking to him or seeing him before going to work?

A. I said that is how he was feeling. That means that morning I didn't sleep home because I worked in the night and when they go to school I come back to work, and also that means I talked to him through the phone.

Q. Is there any note he wrote or anything he told you about his problems?

A. Hay! That is what I need. What I only found was the bible that was opened on the book of Psalm 18.

Q. Have you tried to read the verse trying to find out about its message or if it can lead you to what he was trying to tell you?

A. The message is too difficult to understand. It talks about many things. Somewhere it talks about "being afraid of dead". There is somewhere where it talks about "going through his sins" and the third part is about "being saved in the hands of god". That worries me because I can't digest exactly what everything on that page means and that it is why I am so down hearted. Why he just opened the bible instead of telling me something. Where will I get the answers because he is now gone and I cannot understand his clue.

Q. On that bible where there words he ticked, shaded or what?

A. He didn't make some lines he just took something to mark from the beginning and at the end of the chapter like this. (***The interviewee used his figure to show the researcher by drawing a line on the file he was holding on his lap.***)

Q. So that message is between all those verses in Psalm 18, is that how it is?

A. Well I am trying to follow it. There is a manner I trying to find out. I.e. I am still in a process to find out that I taught my kids that when we are together there is no secret and there is no father or child, we are all friends and big happy family. But he started hiding something from me and the rest of the family.

Q. So you haven't talked to his closest friends about what happened?

A. His close friend doesn't want to say anything. She says that they were sharing ideas but when I asked him what were you sharing she doesn't want to come up with the truth and there is something troubling me but because it is the hearsay. It has no truth. I don't know.

That very same girl she talked with other guy." ***I am sure you know him because he likes walking around***". He told the guy that, he gave her a letter and said that she must open it after three days but she doesn't talk.

Q. What girl?

A. A friend, she was the one who was sitting with him on the same desk and the girl refuses us news.

Q. So where is the letter?

A. The girl said she was not given any letter when I asked her. I tried to ask her I even prayed to her to give me that letter but I failed. I even told her that we really need to know what ate the boy and that could help him in future too because you can also do the same and it can help you too, but she refused.

Q. Who said there is a letter?

A. The same girl.

Q. But now she doesn't want to give it to you?

A. Yes she refuses and before the news spread about the death she asked the boy that it is true that there is death in that house and when the boy says yes, she said, ***"It means he was telling the truth."*** That means there is a problem that we don't understand and the girl may be the only one who have and information about it.

Q. You mean there were signs it is just that you didn't understand them?

A. Yes these things of refusing noise and change the behaviour like a born again person and refusing this and that. He became a person that keeps on watching TV. I will even come back home late and found him still watching it. I will ask him have you paid the bill, this and that and he will just say "yes" and keep on watching and ends up there. He was the child of jocks and teasing but he was no more doing that. When other kids made a mistake he will jump up. He didn't like any mistakes.

Q. Was he like that before or recently?

A. No, just recently. He was really timing me or who ever done a thing I will know before I fall asleep. He made me to focus on that so that I must not see him when he plans this.

Q. How are you taking this whole situation? How are you feeling about all these?

A. I was hurt painfully even now I am having physical pains. I can still see him when I am alone. That means I must always be with people. Even before I could sleep, I must take the radio high so that I must not think too much and when I am alone I couldn't sleep so most of the times I stay between people because it is painful and heavy.

Q. How did he take his mother's death?

A. There I can't tell because he was still young and I was not with them, as I was not staying with them. The one I know it took him bad was his elder brother he was really taken.

Q. So when you see his brothers and sisters how did they take this whole situation?

A. This thing in reality it is still on them just like it is on me. When we are together it is ok but when I live them and go to bed they start to be in fear, i.e. they have trauma. It was like this, when they were together they were joking about if I die I will be a ghost so the other problem is a ghost because they think about what he was telling them as he was joking.

Q. When you see, do you think that if they can get a therapy will they be cured?

A. I can't say that they will be ok or won't be. Just that when social workers do that they may accept as they are still small and even when I am nearer to them.

Q. So do you want them to get a therapy?

A. Yes I want them to get it and I also want it for me too.

Q. So the whole family needs a therapy?

A. Yes we all need it.

Interviewer: Thank you for your time hopes you will be fine. Just take care of yourself and your family. God will keep an eye on your family.

APPENDIX J

Acknowledgment of Language Editing

Date: Thursday, 12 February 2015

This is to certify that preliminary language editing has been carried out on the following:

AN IN-DEPTH STUDY OF THE CAUSATIVE FACTORS OF SUICIDE AND ATTEMPTED SUICIDE AMONGST ADOLESCENT LEARNERS OF TSHWANE NORTH (D3) AREA

by

MONGALO MARIA KGOSANA

Subject to assurances that the author would subsequently attend to a number of issues brought to his/her attention

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