

**AN EXPLORATORY STUDY
OF SUICIDE AMONGST
ADOLESCENTS IN UMZIMKULU
DISTRICT HIGH SCHOOLS**

In Partial Fulfillment of the
Requirements for the Degree

Masters Curationis

[Community Health Nursing]

by

Noluthando Edith Jozana

Supervisor: Professor L. UYS

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(i)

DECLARATION

I Noluthado Elizabeth Jozana Declare that

“ An explorary study of suicide amongst the adolescent in Umzimkulu District High Schools” is my original work .I have given full acknowledgement of the resources referred to in this text.

This work has not been submitted before, for any degree and examination in any University.

Signature :

Date :

(ii)

DEDICATION

This work is dedicated to High School Teachers and Health Professionals in rural areas.

(iii)

ACKNOWLEDGEMENT

- ◆ With sincere gratitude, I acknowledge Professor L.Uys my supervisor for sharing her expertise with me . I highly appreciated her patience, tolerance and consistency as she guided me through out the study .
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- ◆ A special thanks to my husband , Bunga for encouraging me to study, driving me through the bad roads, not for getting his financial support .This was an incomparable sacrifice, thank you .
- ◆ To my three kids, Zola , Veli and Loyi, thank you for your understanding. Special thanks to my grand daughter Thandisiwe, for her love and tolerance.

ABSTRACT

High school adolescent's suicidal behaviour caused a concern to the Umzimkulu community and the multi – disciplinary team in the local Psychiatric institution during the years 1997 - 1999 .The purpose the study was to identify and describe the characteristics of adolescents who committed suicide. Rutter's (1995) model of risk, resilience and recovery has been used as a theoretical frame work for the study.

A descriptive, exploratory case study design is most suitable for the incidence of suicide at Umzimkulu District .The case study approach was best suited as it assists in an indepth study focussing on contemporary phenomena with sum real life contexts . The distinctive need for the case study design arises out the desire to understand complex psycho-social phenomena of adolescent suicide (Yin, 1989).Each adolescent who committed suicide over the last two years in Umzimkulu District will form a case . All data about the particular person will be the case description

Adolescents who committed suicide were identified from the records at the police intelligence office of Umzimkulu Police Station . Parents, identified friends, teachers and health workers who had known the adolescents. Semi structured interviews with open ended questions were used. Interview schedules for teachers, parents and close friends differed slightly. A tape recorder for later transcription was utilised. To analyse the data, Ruttter's model was utilised to do cross case analysis.

Results according to Rutter's model, were that due to inconstant support received by the adolescents. high levels of stress in early child hood, had left them insufficiently resilient to with stand the problems they encountered during adolescence.

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CHAPTER 1

INTRODUCTION

1.1 Background to the Problem

According to the World Health Organization (WHO) there are three million unsuccessful attempts of suicide in the world everyday, and each day twenty-five million in all corners of the world find themselves in suicide crises (Fisher, 1987)

Proportionally South Africa is a significant contributor to the said and shocking figures. With its relatively small population, the community has the highest suicide rate in the world (Fisher, 1987). Most local studies of suicide behaviours among youth are however in the clinical settings. Some studies have focused on characteristics of adolescents who committed suicide. As early as 1978, Bloomsberg described suicide as the leading cause of death amongst South African teenagers (Fisher, 1987)

According to Curran (1987) underreporting is an accepted fact, occurring in a multitude of ways from a variety of motives. Physicians, coroners, pathologists, family members and the surviving perpetrators, of suicide attempts all have compelling reasons to obscure or deny suicidal behaviour.

Due to limited recent South African sources, some of the sources of reference utilized in the study are more than ten years old.

1.2 Problem Statement

Adolescent suicide is a problem, which concerns the Umzimkulu Community and the multi-disciplinary team in the local psychiatric institution.

There is a high rate of adolescents suicide in the Umzimkulu Community. From 1997-1999 the researcher knows twelve such cases.

Although suicide attempts invariably involve the medical profession because suicide usually entails poisoning or other self-harm, the basic problems which precipitate it are seldom medical. Many of these people seek psychiatric help or reach psychiatric attention although relatively small minority are psychiatrically ill or likely to benefit from psychiatric treatment.

There is very little understanding amongst community members and health professionals in the Umzimkulu community about the reasons for the high rate of adolescent suicide over the last few years. This is a section of South African community which has not been studied in terms of suicidal behaviour and the literature therefore throws little light on the problem. Why this happens and how it can be prevented this needs urgent attention.

Biskup and Wekessor (1992) pointed out clearly that literature on youth suicide has many weaknesses, most of all which are inherent in the subject itself and apply to all age groups. It is obviously impossible to study suicide from the point of view of those who commit it successfully, since they are dead. This means that most of our knowledge about committed suicide is gathered retrospectively and from secondary sources.

1.3 Purpose of the Study

The purpose of the study is to identify and describe the characteristics of adolescents who committed suicide. The risk factors are to be explored through interviewing their closer social networks, school teachers, and those health workers who had contact with the clients.

1.4 Research Questions

1.4.1 Which risk factors play a role in suicide?

- Non-shared environmental factors
- Individualized risk factors
- Temperament

1.4.2 Which protective processes are present in each case?

- Protective life event
- Positive life experience
- Coping with bad / negative experiences
- Approach to life challenges
- View of negative interplay experiences
- Planning the future

1.5. Theoretical Framework

Rutter's ,(1995) model of risk, resilience and recovery will form the basis of the study, as this has been used as a theoretical framework for the case studies. Resilience means that after experiencing high levels of stress, good psychological functioning is restored. Resilience is never total, in that scars remain. It is also particular, to that person, who may be resilient with respect to one sort of risk, but vulnerable to others.

Resilience

Rutter formulated the following principles to explain why some people, overcome stress (resilience) while others are devastated by it.

- Resilience is fostered by steps (planning) that make people feel in control of their lives.
- Protective life events are individual, and what is protective for one person may be stressful for another. Such protective influence at earlier age might influence resilience much later.
- Positive life experiences, especially positive school experiences create confidence to take steps to deal with life later.
- Coping with bad experiences. steels the individual who then tends to be better able to cope with subsequent stress.

This happens as follows :

- She approaches life challenges with a positive frame of mind, confident that she/he will manage.
- Negative interpersonal experience dealt with by incorporating it realistically into life experiences protects, while distortion and denial is a risk factor.
- Protection is in terms of processes and not in terms of factors. This means that certain intra-personal processes lead to resilience, and not certain external factors.

Risk Processes

As far as risk goes, Rutter formulated the following principles:-

- Non- shared environmental influences tend to have a greater effect than shared ones. This means that if a child shares a stress with others, it is less harmful than when he/she alone experiences it.
- Risk factors must be individualized, since no two children experience the environment exactly the same.
- Individual temperament badly handled by the environment increases risk.

Protective Processes

Protection against risk functions in the following ways:-

- Reduce risk impact by alteration of exposure like children from high risk background who are able to join and form part of a positive peer group are less likely to have adverse outcomes in adult life.
- Reduction of negative chain reaction by helping children to learn appropriate social problem solving strategies so that they can cope later with frustration, disputes with friends and competition for desired toys or activities.
- Opening up of positive opportunities through major geographical move if it is of right kind, may serve to create new opportunities of a beneficial kind.

- Developing positive processing such as accepting reality of negative experiences rather than denying and distorting what happened to focus on positive aspects and incorporate the whole their own personal schema.

1.6 Significance of the Study

The in-depth study will automatically bring up painful memories about the adolescents who committed suicide; at the same time it will help the community members to identify the different risk factors that adolescents are usually faced with.

Significant people in the adolescent social network, will also know the importance of seeking help in cases of abnormal behaviour and when indications of high levels of stress are present.

1.7. Operational Terminology

Adolescent	Youth between the ages 12 - 24 years.
Suicide	Taking of one's life through any means e.g. poisoning.
Resilience	Ability to adapt one's self to stressors
Characteristics	External appearance visible to people

For better understanding of the following terms, Risk processes, protective processes one can refer to the theoretical framework.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

Good research does not exist in a vacuum. Research findings should be an extension of previous knowledge and theory, as well as a guide for future research and activity. In order for the researcher to build on existing work, he/she should understand what is already known about a topic. A thorough literature review provides the foundation upon which to base new knowledge (Polit & Hungler, 1995).

2.2 Epidemiology

Shireffs (1982) sees epidemiology as the study of the distribution of health problems in human population. Through the epidemiology approach, a disease or health problem is identified in terms of its characteristics, its causes, or etiology, and its usual course. The objective of epidemiology is to isolate specific risk factors or precursors to the development of a disease or health problem.

Descriptive epidemiology studies answer the question: are there any characteristics present in people who have the disease that are not present in the people who do not have the disease? The epidemiological approach is based on a model that illustrates the interaction of three factors; the host; the causative agent and the environment.

Agent - The law of agent refers to the true cause(s) of health problem
disease or health problem cannot occur without a cause.

Host - The term refers to the people, and more specifically to a
susceptible group of people. Host factors such as age, sex and
ethnic group are very important. Determination of the
relationship between these factors and disease occurrence is
typically the first step in epidemiological studies.

Environment - The environment is the epidemiological term that refers to
conditions that may be favourable or unfavourable to both
the agent and the host. In summary, the agent-host-environmental
factors interrelate in extremely varied combinations to produce
disease in human population.

The epidemiology of suicide will be explored, based on factors such as gender, race
and educational status.

2.2.1. Gender

At an international conference on youth suicide, held in Tel-Aviv, 1995 presentations discussed the very large increase in rates of completed suicide in young males, especially in the 15-24 years old age range. The explanations for this phenomenon have included increased rates of unemployment, greater availability of dangerous means for suicide such as hand guns, HIV and AIDS infection, and the breakdown of parental relationships.

In addition it was pointed out that the incidence of suicide is excessively low before puberty but increases steadily throughout the adolescent years until reaching a peak in the early 20s, and that more than half of teen suicides occur after the age 17.

Other risk factors that were discussed included exposure to suicide, family history of suicidal behaviour, exposure to family violence, abuse and stressful life events (Brent, 1996).

The epidemiology of attempted suicide in adolescence is not well understood since this behaviour is heavily under-reported. There does seem to be a marked increase in the incidence of this phenomenon which more often seems to affect females.

Most studies note that female suicide attempts outnumber male attempts. Estimated ratios vary from 3.1 to 9.1 (Hawton, O'Grady, Osborn, Cole, 1982). Various researchers have speculated about the reason for this difference. Goldney (1981) states that it is a general clinical belief that young women are more attempters of lower lethality hence increasing the likelihood of rescue, whereas males are generally more serious in their attempts. Hawton et al (1982) advance three likely explanations for the excess of young females in their study.

The first is that girls may mature and face problems of adulthood, such as sexual relationships, earlier than boys. Secondly, self poisoning appears to be culturally less acceptable among boys, who also only see a reason to overdose in the face of very considerable difficulties. Finally, boys may have alternative outlets for expressing distress, such as indulging in aggressive behaviour.

Among older adolescent girls' self destructive acts tend to be viewed as "hysterical", impulsive and manipulative (this concepts is discussed in section 2.3.1)

Likewise Jacobziner (1965) postulates that women are more likely than girls to have a psychiatric disorder. It is thus apparent that there are important sexual differences with regard to attempted suicides.

2.2.2 Race and location

Suicide is more prevalent in the rural areas than urban communities. Rural communities were taken as stable communities until the latter part of the twentieth century when migration towards rural areas caused "Structural disturbance" (Wilkson & Israel, 1984), in Curran (1987). Suicide is the third major cause of death among people under 20 years of age worldwide and has become a major problem in R.S.A. Central Statistical Services provided the following figures for suicide in South Africa in 1985.

These figures give a suicide rate per 100,000 population.

Whites	566	12,4%
Asians	50	6,1%
Coloureds	85	3,0%

For the more rural or suburban adolescent this means greater social isolation and adolescents are intensely intolerant of loneliness, isolation and anomie (Curran, 1987). Depressed, perhaps suicidal, adolescents attempt to cope with this complex, some times chaotic environment in a variety of ways (Curran, 1987).

2.2.3 Educational Status

Suicide in adolescents has been associated with above average intelligence and college students.

However, others have presented findings rebutting general statement that college populations are at significantly greater risk and have offered important qualifiers. (Curran, 1987).

Most teenage suicidals are attending school though a disproportionate amount of them have found the complex and tremendous demands of high school to be too much.

Those still attending school were found to be experiencing significant and debilitating problems with attendance, peer relationships, or grades, either singly or more typically in combination. These adolescents in high school environment wear many faces and evade a stereotypic description. It can, however, be said of all that they struggle to cope with a prodigious burden because nowhere in their teenage lives is a greater or more persistent level of energy and concentration required in that typical high school experience. High schools demand of their students a high level of self-organization, self-monitoring, independence, adaptability, efficiency and self control. For example, thoughts and feelings related to home and family, self image and peer and love relations must be kept separate from thoughts related to class and curriculum. Each class must be thought of separately and organized separately.

Depressed, perhaps suicidal adolescents attempt to cope with this complex, some times chaotic environment in a variety of ways (Curran, 1987).

2.3. FACTORS CONTRIBUTING TO SUICIDAL BEHAVIOUR

There is vast difference in how both adults and adolescents respond to life stressors and adversities. Some succumb to disorders whereas others show resilience, and a few even come through negative experiences strengthened (Rutter, 1985).

2.3.1 Developmental factors

Of greater significance for the explanation of adolescent suicide are the psychological factors. In the first place, adolescence notably early adolescent, (approximately 11-15 years of age) is the phase in which, usually for the first time, certain problematic problem solving strategies are acquired, like alcohol and drug abuse, delinquent behaviour and also suicidal behaviour, which are often retained far into adulthood. The social environment plays an important role in this (Diekstra, 1987).

In the second place, adolescence is the developmental phase in which self concept and identity are formed, and often lasting attitudes towards sexuality and especially towards death are developed. Disorders during this development, such as strongly negative concept (an important aspect of depression) are demonstrably related to the likelihood of suicidal behaviour.

Broadly speaking one can state that adolescence, in psychological terms, has failed if one or more of the following three psychological states result from it,

- (1) A negative self concept
- (2) A negative picture/ expectancy of relationship with others and
- (3) Negative expectancies for the future.

2.3.2.Social factors

Since adolescents have often little cognitive control over their psycho-emotional condition, these negative developments can usually be ascribed to situational and social factors such as

- (1) Problems in primary groups to which the adolescent belongs, notably the family and to a lesser degree, the school / peer groups and
- (2) Problematic or threatening developments in a society as a whole, of which the primary groups are a part (Diekstra, 1989).

Among children and adolescents who commit suicide, there is a high incidence of parental physical abuse or neglect. Suicide is higher in single parent homes as a result of separation or divorce (Kaplan and Saddock, 1988).

Parent-child conflict has been reported is the major problem perceived by adolescents as leading to adolescent suicide.

Parental loss through death, divorce or loss of contact with parents and parent-child conflict were mentioned as circumstances that could lead to suicide. (Schlebusch, 1992)

2.3.3 Psychopathology

According to most studies, depressive illnesses are associated with feeling of abandonment, desire to be reunited with lost loved ones, and feelings of despair and hopelessness are common. Major risk factors for suicide include depression and pre-occupation with death and dying (Kaplan and Saddock, 1988).

Another stressor seemed to be associated with psychopathology e.g. substance abuse and parent-child interactions. The recognition of family risk factors for youth suicidal behaviour is an essential feature in planning interventions.

2.3.4. Stress

Adolescence is an age period in which there are several major biological and psychosocial transitions, developing love relationships, increasing autonomy from the family, and taking on the responsibilities of work. In addition, it is a time when there is a rise in many areas of psychopathology, including depression, suicidal behaviour, delinquency , drug taking, eating problems and schizophrenia (Rutter, 1993).

During the final year of their high school career, adolescents are exposed to an increase in stress. The pressures to perform scholastically and the consideration of and decision-making for their future vocation causes stress. Strained relations within the family, or suicide within the school context, disturb this delicate balance and adolescents might be psychologically at risk (Engelbrecht, 1995).

One observation about suicidal behaviour is that such behavior in children and adolescents is an impulsive action. This observation must be seriously challenged, because while the action may appear to be impulsive, one more careful study of the child and circumstances, it will be noted that the child has been enduring chronic extreme external and intrapsychic stress, stimulation and pressure. Therefore the following clarification is necessary. Although suicidal behaviour may appear to be impulsive, it is actually the result of long standing stresses on the child.

Contrary to myth, adolescents' suicide attempts are rarely impulsive reactions to immediate distress, such as breaking up with someone. Rather, adolescent who attempt to kill themselves usually have made appeals for help and have sort but have not found emotional support from family or friends (Clark, 1992).

2.3.5 General

Children's and adolescents' suicidal behaviour may be motivated by the image of peers and significant others in their environment. Children's perceptions of suicidal behaviour may provide useful information to combat later suicidal behaviour. The study shows that media played a significant role in influencing the children's perceptions and the family problems were perceived as the main cause of suicide (Pillay, 1993).

The common stressor involves loss of support because of family change caused by parental separation, divorce and remarriage. Another stressor seemed to be associated with psychopathology e.g. substance abuse and parent/child interactions. The recognition of family risk factors for youth suicidal behaviour is an essential feature in planning interventions and preventions.

Findings of a South African study to assess the attitudes of Black adolescents towards suicide, are that suicide is generally unacceptable to Blacks. A high percentage of the sample (34%) consider suicide as an option. Under ordinary circumstances 34% would not be considered significant but because the study was about self destructive behaviour it is taken to be significant thus being consistent with observations by Levin (1992) and Mkize, (1992) that there is an increase in suicide rate amongst Black South Africans Mayekiso, (1993).

Recently, several researchers have noted that adolescent suicides some times occur in clusters as if there is some sort of contagion effect. A youngster may attempt suicide, and shortly thereafter, a rush will be reported in the same school district or in nearby communities. This pattern of cluster suicides has raised concerns about the desirability of publicizing adolescent suicide and suicide attempts. It was initially thought that publicity surrounding suicide would help increase community awareness of the problem and that such news coverage ultimately would lower the suicide rate. Because a number of studies demonstrate that publicity increases the likelihood of further suicide attempts, however, this strategy is being reconsidered. Instead efforts are more likely to be aimed at diminishing the pressures, drug problems, and family difficulties believed to lead adolescents to consider taking their lives (Steinberg, 1993)

2.4. Conclusion

2.4.1 The prevalence of suicidal behaviour and self destructive behaviour increases dramatically during adolescents and early adulthood. There is therefore, considerable interest to identify precursors and predictors of this upsurge in the development of prevention programmes. Schlebusch (1992, p1) remarked that “despite some accomplishments, suicidal behaviour remains an important public health responsibility, and effective preventative measures and efforts to decrease its prevalence and incidence depend on early identification and appropriate treatment of population.”

2.4.2 According to WHO, to have even a modest chance of enduring success preventing suicidal behaviour, programmes designed to reduce that behaviour must be oriented not only to the level of the individual, but also to the levels of family, school, workplace, larger scale organisations and community context (Pillay, 1993).

CHAPTER 3

METHODOLOGY

3.1 Research Design

A descriptive, exploratory case study design is most suitable for this study. The case qualitative study approach was best suited as it assists in an in-depth study focusing on contemporary phenomena within some real life context. The distinctive need for the case study design arises out of the desire to understand complex psycho social phenomena of adolescent suicide (Yin, 1989).

Each adolescent who committed suicide over the last two years in Umzimkulu district will form a case. All data about the particular person will be the case description.

Case study protocol

According to Yin, 1989, case study protocol is more than an instrument as it also included procedures and general rules that should be followed in using the instrument. The case study protocol is used as a major tactic in increasing the reliability of case study research and is also intended to guide the investigator in carrying out the case study.

Risk factors

- Non-shared environmental influences have a greater effect than shared ones.
- Risk factors must be individualized as no two children experience the environment exactly the same.
- Individual temperament badly handled by the environment increase risk.

Resilience factors

- Feeling of control emanating from positive life experience
- Protective life experience
- Steeling experience

Protective Processes

- Reduce risk impact of alteration exposure
- Reduction of negative chain reaction .
- Opening up of positive opportunities through major geographical move.
- Developing positive processing through accepting reality.

3.2 Sampling

The researcher accessed a sample from the accessible population refers to those cases that confirm to the eligible criteria as a pool of subjects for the study (Polit and Hungler, 1993). A sample will be subset of this population.

The population of this study is all the adolescents who committed suicide in the Umzimkulu District from 1997 to 1999. The sample included in this study was made up by including studies of every case the researcher could access. This totaled six of the twelve suicides recorded during this period.

The researcher identified adolescents who committed suicide from the records at the police intelligence office of Umzimkulu police station.

The family home was visited and suitable respondents identified. Parents then identified friends, teachers and health workers if any had seen the adolescents. The social network of each adolescent who committed suicide formed the sample.

3.3 Data Collection

The interview

Interviews were conducted at different places i.e. some of the teachers and close friends at school, those for parents at their homes and health workers at hospital or clinic. The researcher identified the characteristics of the respondents explained under sample selection in this chapter to ensure they fulfill the sample criteria. Permission was asked from the prospective respondent and the main decision maker in the household. The researcher requested a place that offers privacy and provides a face to face communication.

The researcher communicated in Xhosa or Baca as the respondents so wished, based on the language of choice of each respondent. The interviews were taped and then information was transcribed into the appropriate categories of the case study protocol in English.

Interview Schedules

The interviews seemed the most appropriate method for data collecting since it enabled one to ask probing questions in cases where the respondents might not be communicating freely as the questions might bring up painful memories about the adolescent who committed suicide. The nature of the topic made it necessary to establish rapport with those interviewed.

An interview involves communication between the researcher and the subject, during which information is provided to the researcher (Burns and Grove, 1993). Interviews are essential sources of case study information. They may take different forms but most commonly are open-ended. This enables the interviewer to ask the interviewee for the facts of the matter and as well for the respondents' opinions about the matter thus using both for further enquiry (Yin, 1989).

Semi-structured interviews with open ended question were used in the study. This type of interview allows the respondents to respond to questions in their own words. A tape recorder for later transcription is utilized. The interview schedules for the adolescents' class teachers, parents and the close friends, differed slightly (Annexure 3).

According to Polit & Hungler (1995), content validity is concerned with the sampling adequacy of the content area being measured. It is also a relevant issue in measures of complex psychosocial traits.

Content validity of the questions asked was ensured according to the theoretical framework i.e there are questions about risk factors, resilience and protective processes. In annexure 2 the items of the interview schedules are classified to indicate which concept of the theoretical framework each represents.

Burns & Grove, (1993), sees reliability of the interview instrument as depending on the wording of the questions and scales.

The questions should mean the same thing to all respondents. At the same time, the interview presentation should be uniform. As the semi-structured interviews were the same though there were slight differences between those asked to students, parents and friends. Answers were taped by the interviewer. Ensuring reliability questions ran according to the theoretical framework.

The Researcher

The researcher did not wear uniform as she did not want to influence responses from the participants. The introduction to the interviewees indicated that the research is part of a course pursued by the researcher at the University of Natal in Durban, and the professional background of the researcher was be excluded in the introduction to allow critical comments about professionals to surface.

Data analysis

Analysis of data tends to be the longest section in most research studies. The researcher classified the data scientifically by placing items that have similar attributes together in one class and data were then ordered, manipulated and summarized in order to answer the question under study (Burns & Grove,1993). The case study answers have been classified according to the case study protocol, items with similar attributes were put together i.e. students, parents and friends answers with cross case analysis done at the end.

3.4 SAMPLE REALIZATION

Cases	Parent	Siblings	Other	Friend	Teacher	Health Professional
Case No. 1	Mother	Sister	Aunt	1	1	-
Case no. 2	Mother	-	-	1	1	-
Case No. 3	Mother Father	-	-	-	1	Psychiatrist Psychologist
Case No. 4	Grandmother	Brother	-	1	1	-
Case No. 5	Uncle	-	-	1	1	-
Case No. 6	Mother	-	-	1	1	-

3.5 ETHICAL CONSIDERATIONS

In view of the ethical considerations each interview guide did not bear the name and surname of the research participant. The researcher envisaged that this would ensure maintenance of confidentiality and anonymity of subjects throughout the research. Documents were labelled with case numbers.

CHAPTER 4

RESULTS

4.1 Introduction

Rutter's (1995) model of risk, resilience and recovery forms the basis of the study, thus it has been utilized and analyzing the six case studies about adolescents who committed suicide at different high schools in Umzimkulu District.

Rutter refers to resilience as never being total, but leaving scars. She further refers to a person as being resilient to one sort of risk but vulnerable to others in cases where one's good psychological functioning is restored, after experiencing high levels of stress, one is said to be resilient.

Risk factors according to the case protocol :

- Environmental influences (shared and non-shared)
- Individualized environmental stressors
- Temperament and how it is handled

Protective processes :

- Reducing risk impact by alteration of exposure .
- Reduction of negative chain reaction.
- Opening up of positive opportunities.
- Developing up of positive processing through accepting reality of negative experiences.

4.2 CASE DESCRIPTIONS

Case no 1

Summary Description

A 22 years old girl, who was a first born in the family of three children. The family was poor. The mother was unemployed and the girl assisted in maintaining her siblings by selling sweets and biscuits at school.

She was doing Std 10. Two months before she wrote the final examination, her performance was noticed to be dropping. It was shortly after her dropping performance, that she drowned herself in a muddy dam.

Before she committed suicide, she quarreled with her mother over the multiple boyfriends that she had. During the interview her mother could not give the information about the quarrel between her daughter and herself. The younger sister of the adolescent gave the information.

The mother later learnt that her boyfriend was sexually involved with her daughter. This created problems between the mother and daughter.

The adolescent told only her younger sister about the sexual abuse. It was her sister who then told the mother. The mother then blamed her for this event.

Risk Factors

Non-shared environmental influences

The poverty in the family bothered her more than anyone in the family. This was deduced from the statements she made to her friends in which she used to express her wishes of passing Std 10. This she felt would enable her to get a job that would make her able to support her family. She was the only child who took it upon herself to augment the family's income.

Individualized risk factors

She was abused by her mother's boyfriend. This caused a conflict resulting in break in the mother-child relationship. Due to the break, she could not discuss her problems with her mother. It was not easy for her to deal alone with problems that she was faced with, without the support of the family. Looking back to the time when the mother had just been released from jail, the girl initiated the idea of them (children) joining their mother.

The extended family was not very keen on this as the conditions at their home were still not promising . She insisted. When the problems came e.g. abuse by her mother's boyfriend, she never shared this with the extended family that used to support her. All this led to her depression.

Temperament

She was an introvert who smiled when scolded or screamed at. Even when her mother fought with her, she did not reacted with the expected anger. Nobody ever explored this response pattern with her. She repeatedly said, "I can be aggressive when provoked" but never showed this aggression towards others. Nobody investigated what she meant.

Protective Processes

Reduction of risk impact by alteration of exposure

While her mother was serving a sentence in jail, members of the extended family took her and her siblings and cared for them. During this time the risk factors were not active, since she did not have the responsibility over the family and she had responsible adults she could talk to. However, this protection fell away when the children were returned to their mother.

Reduction of negative chain reaction

This was not done. She was noticed to be depressed and isolating herself, but no intervention was done. Nobody advised her as to how she could deal with and solve social problems, coping with frustration, facing disputes and competition. She did not involve the extended family, though they had shown her that they were willing to help them whenever it was possible. Teachers did not intervene because they knew her to be quiet, thus did not notice any change in attitude until they noticed the drop in her performance.

Developing positive processing through accepting reality

She could not accept the fact that they were poor and acted as though they were the only poor family in the area, whilst that was not the case. She was ambitious for her family. She wanted them to be a unit and to be relatively well off. Her inability to accept reality is reflected in her insistence that the children join the mother, even though the family advised her against it.

Resilience

Positive life experiences

She had a very positive attitude towards schooling and hoped that on passing Std 10 she stood a chance of getting a good job, preferably in the police force or army. She thought the two types of jobs would enable her to support her family to her satisfaction. The drop in her performance might have threatened her dream.

Steeling

Coping with bad experiences in early childhood

Getting a chance of being protected by the extended family should have steeled her but that did not happen. However, her choosing to leave them, might have made her feel cut off from this support system.

Case No 2

Summary description

This was a 15 years old girl who was a first born in the family of four siblings. Her father and mother were working. They left her with the responsibility of looking after the four siblings. She was faced with problems of scarce resources, like insufficient food for the children. During her parents' separation, two years before, the girl took her mother's side. She was doing Std 8 and was exceptional in sport but not in academic matters. She had the usual problems like boy-girl relationship issues.

Risk Factors

Individualized risk factors

She was entrusted with looking after four siblings, she was also highly involved in the conflict between the two parents and also embarked on boy-girl relationship with no support from the mother. In her suicide note, she blamed her mother for not having taught her what was expected of her when she goes out with a boyfriend e.g. the time when she was expected to be back.

Temperament

She displayed a pleasant attitude both at school and at home. This might have been a superficial assessment of her temperament, as it did not address her being highly involved in the parents conflict and also the pressure exerted on her by her responsibilities. There seemed to be nobody who was close to her, who had any idea of her unhappiness.

Protective processes

Positive life experiences

In general she was very positive. She was aware of the fact that she was not good with theory at school and as a result wanted to pass standard seven and then she could do modeling. On seeing that the parents were on the verge of separation, she tried to intervene by asking the extended family to help, but that never happened.

This might have led her to feelings of helplessness. Her concern about the parents' relationship, showed that she had insight into how important it is to maintain the family.

Resilience

Growing up in this difficult family situation, did not seem to help her develop resilience.

Case No. 3

Summary description

This was a 16 years old male who was a first born in a family of three children. Both the father and the mother were working. His father was occupying a rank in police force and his mother was a lady teacher. He was doing Std 8. He changed schools twice with the same problem of fighting with fellow students. He justified his fighting by saying that he was provoked. He attended school at a nearby town travelling with other children in a bus. He proved to be troublesome and after several warnings was expelled from school. He became aware that he was abusing dagga.

His parent sent him to a boarding school. The authorities of the new school were not informed by the parents about the student's behaviour. It did not take him long before he was expelled again. As this happened in the last days before schools were closed, the parents took him to a clinical psychologist who had one session with him before he committed suicide. It was during the session that he complained of over strict parents especially his father.

Risk factors

Individualized risk factors

As a first born in the family, both mother and father had high expectations on their son. The father expressed disappointment and sadness that his son involved himself in practises like dagga smoking. The dagga smoking increased his health risk because it interfered with parent child relationships, with his coping ability and school performance. He still needed parents' guidance, but he rejected it, saying they were very strict.

Temperament

He showed signs of underlying aggression. This he displayed towards his siblings, where it was mistaken to be sibling rivalry. His parents thought it would disappear as he grows older, but it never did. At school he would fight with fellow students and the teachers. He repeated misbehaving, leading to repeated problems at school.

Protective processes

Reduction of negative chain reaction.

This was not done as the teachers at school concerned themselves mostly with the demanding school work together with the rules and regulations. They did not get information from the parents or other school children about the dagga smoking or they themselves were not well versed in observing behavioural changes due to substance abuse. The parents on their side were strict, but they discovered substance abuse very late. They delayed seeking professional help, thinking they would be able to deal with this, and at the same time if people would be aware of this behaviour, they would look down upon them. They only took him for professional help after the second expulsion. Even when giving history to the health professionals, it was mentioned as something recent, referring only to the time when it was noticed at home.

Reduction of risk impact by alteration of exposure

His parents were very strict as far as the adolescent was concerned. He wanted to be allowed to do his own things, his own ways. When interviewed by the clinical psychologist he said, "I wish my parents could understand the kind of human being I want to be". Sending him to the boarding school had almost the same impact as the strict parents. Rules and regulations at school were to be observed. Sharing with other children was a normal practice there and because of his behavioural changes, he could not stand that and felt to be more often provoked at school.

There might have been a bigger concentration by the parents on the dagga smoking than the adolescent psychological problems. When seen by the psychiatrist, he was adamant that he had no problem except that of over strict parents. The psychiatrists further mentioned that he was not psychotic but had adolescent psychological problems thus justifying his referral to the psychologist.

Case No. 4

Summary description

This was a 17 years old male who was a first born in the family of two children. He was born of a single parent, who because of working in Durban, left the children with her mother and two brothers. The mother just left them there and never sent maintenance for school and other needs. This made the boys' uncles decide on giving her back her children. The boy had bonded with the grandmother and had fears of staying with their mother at their age and of leaving the good support system for an unhealthy environment. They knew the mother was not well. The boy was doing Std 10 and he enjoyed schooling. It was noticed that he was withdrawn towards the examination months, but he could justify this with examination stress and late studying. The boy heard of these plans shortly before his examinations. A few days after the final examinations he hanged himself.

Risk factors

Individualized risk factors

The grandmother stated that fear of the unknown affected him more than his brother. He became withdrawn and told his grandmother that he could not imagine leaving her and all the support from her for an environment he did not know. He had no confidence in his mother because she had never showed interest in their well being. The additional stress of the threatened separation came at a time when his stress level was already high due to the pending matric examinations.

Temperament badly handled

He was a pleasant child who would avoid frustrating situations. The fact that he was withdrawn in November, needed some intervention because the problem might have been either at home or at school. When he justified his being withdrawn by late studying, teachers left the problem there as they concerned themselves with the school work and not social problems. The grandmother was aware that the threat of sending them away was disturbing the boy, and started discussing this with the boys' uncles. No resolution was reached by the time the boy committed suicide.

Protective processes

Protective life events

The environment in which he grew up was very supportive to him. The grandmother was a support system on her own together with the social support groups i.e. church choirs and gospel groups that he joined. One assumes if he had shared his problem with these groups, at least he would have been successfully supported.

Coping with negative experiences

He used to avoid frustrating situations. This caused some problems for him when faced with leaving the grandmother and staying with his mother. Because the grandmother supported him he was never taught how to tackle problems and solve them. He was still at an age where he needed guidance because his life experience was limited.

Case No. 5**Summary description**

This was a 20 years old boy who was a first born in a family of three children. He was born out of wedlock, but the stepfather pretended as though he accepted him. When the boy was eighteen years of age, his mother divorced with the father and a year later she died. He observed that his siblings in the family were favoured by his stepfather. A good example of this was that he was the only child in the family that could do wrong. He also overheard his parents quarreling over him and the stepfather said, "Take this child to his father I am no longer going to support him". He was doing Std 10 at school, and mathematics was one subject that frustrated him. School teachers tried to support him at school but he had no support system at home until his mother's brother took him and he went to stay with his uncle. A month later he committed suicide.

Risk factors

Individualized risk factors

He was not accepted by his stepfather who at first pretended that he did. At the adolescent stage he showed clearly that he did not accept the boy. Before and after the parents' divorce, he had no support from the mother because of the stress she suffered. After the divorce, the mother never recovered from ill health, and she died a year before he committed suicide.

Temperament

He grew up a very kind and obedient child but he had a negative attitude towards his siblings. One would associate this with the fact that they were favoured by their father.

Protective processes

Reduction of risk impact by alteration of exposure

This was done by the uncle on the death of the mother, so this intervention was very late. He had a problem of not knowing his real father and unfortunately the mother died without informing him. Self-identity in his culture usually affects boys because of cultural rituals that have to be performed at certain ages. Nobody ever thought of assisting him with this problem.

Resilience

In early childhood he experienced hardships that could have steeled him but they never did. The relationship in the mother's family was good but leaving out some important issues like, self-identity.

Case No.6.

Summary description

This was a 16 years old female who was doing Std 8 the second born in a family of four children. She was very good in netball but a little bit dull in class. She got involved in a boy-girl relationship early according to her mother. Culturally she was due to be taught a number of phenomena so as to avoid making mistakes in this area of her life. She labeled these interventions by her mother as interfering, and this led to frequent quarrels. This disturbed her even at school. One day she was caught by the class teacher concentrating on reading a love letter in class. Very little information was available on this client.

Risk factors

Temperament badly handled

She was very stubborn. Confrontation used to aggravate matters. This might have been due to the fact that adolescents usually defy their parents. This client felt that the mother was interfering. The mother never appealed to anybody for assistance i.e. a member of the extended family or even professional assistance, somebody that the child would listen better than she did to her mother.

Protective processes

Reduction of negative chain reaction

The client had attempted suicide before but she was apprehended by neighbours from the forest. Since she had no knowledge due to not having knowledge about professional assistance, the mother never sought any help. The mother also believed in that her daughter was bewitched. All this delayed proper intervention and as a result. She successfully hanged herself during her mother's absence.

4.3 EXAMPLES OF INTERVIEWEES' STATEMENTS

Case no. 1

Question Do you know of any particular factors that might have caused the suicide?

Aunt Her life was not at all simple, for herself and her sister to continue schooling up to high school level, she had to sell sweets and biscuits. Young as she was she fully supported both the family and herself financially. This was all due to the poverty at home.

Case no. 2

Question Tell me about --- being a student in class

Teacher She was a pleasant but shy student. She had problem with her school Work. Class work appeared to frustrate her but she was a patient hard working student.

Case No. 3

Question by a health professional How do you feel about being brought to me by your parents

Answer by the client I so wish they would let go and let me be the person I would like to be especially this strict father of mine.

Case No. 4

Question How and with whom did the child grow up

Grandmother He stayed with me, his uncles as his mother was working in Durban. I fully supported him without the mother's assistance. She would rally come home and bothered less about their support. It might have been due to her ill health and joblessness.

Case no. 5

Question How were --- relationships with the family?

Answer by Uncle He was very kind and obedient towards everybody in the family but displayed a very negative attitude towards his siblings. He was not that kind of a child that would discuss what worried him.

Case No. 6

Question How positive did--- fell about herself?

Answer by mother It was very difficult for me to discuss with her as she would rally allow any conversation to take place without quarrelling with me. We never use to see eye to eye even in straight and simple issues.

4.4 Cross Case Analysis

As Rutter's model of risk, resilience and recovery formed the basis of this study, it has also been utilized on cross case analysis.

4.4.1 Risk Factors

Shared environmental influences

All the adolescents whose social network was interviewed, had two common factors i.e

- ◆ Being adolescents in high schools
- ◆ First born in their families except one that was a second born.

Individualized risk factors

The adolescents also had factors that affected them individually. These factors included being abused by the mother's boyfriend, parents' separation and divorce, drug abuse, or rejection by step parents.

Risk factors :

Environmental influences shared. Five clients were from poor families. It was either the extended family or the clients themselves who played part in providing daily economic needs.

Case No. 1. Appeared to be concerned about her family's poverty as she went to the extent of augmenting its income.

Case. No. 2,4,5,6 were not mentioning poverty to be their problem.

Case No. 3 could not even mention poverty as he had other factors affecting him as both his mother and father were working and earning salaries.

Non-shared environmental influences.

Case No.1 and No.2 were first born in their families entrusted with looking after their siblings with scarce resources. Case No.3 was a first born faced with parents who had high expectations about him. Case No.4 was a first born in his family though together with his sibling they had a problem of being rejected by the extended family that they grew up in, he was more affected by the problem than his sibling.

Individualized risk factors

Case No.1 was abused by her mother's boyfriend. She never shared this with any one in the family. She could not share this with the mother because they were not in good terms because of her love affair as the mother was aware of.

Case No.4 The client and his younger brother were having fears of being separated from the extended family that they grew up in, supported them for a mother they had never stayed with and on top who was sickly and non-working.

Case No.5 The individualized stressor that affected him, was that of not being accepted by the stepfather observing others enjoying both parents' love.

Case No.2 The client had a problem with the separated parents, the boy-girl relationship with its cultural practices.

Temperament and how it was handled.

Case No. 1

She did not discuss everything with her friend and her family members. A good example of this was the statement she used to make, "I can be aggressive when provoked". She would never show any retaliation no matter how much the mother would scold or scream at her. Her temperament was badly handled as nobody was close to her. Even at school deteriorating performance was never looked into.

Case No.2

She displayed a pleasant attitude both at home and school irrespective of the unpleasant environment she was in because of the separated parents.

Case No.3

He showed signs of underlying aggression. He displayed these towards his fellow students and his siblings. This was never properly handled as he would justify this by saying he was provoked. He would also mention that the parents were very strict. This would thus make people unable to see the change in his behaviour due to dagga smoking.

Case No.4

He was said to be a pleasant child who would avoid frustrating situations. At school he was noticed to be withdrawn. Nobody helped the client to deal with frustrating situations. The fact that he was once noticed to be withdrawn which might have been due to the problem he had at home, he was never referred for professional help.

Case No.5

He was very kind and obedient towards adults and an opposite to his siblings. Nobody seemed interested in knowing what was causing such a behaviour.

Case No.6

She quarreled often with her mother and because the mother did not know of professional assistance, she never referred her daughter.

4.4.2 Protective processes

Reducing risk impact by alteration of exposure.

Case No.1 and Case No.3

They had this done to them as their situations demanded.

Case No.1 when her mother was serving a sentence in jail, they were taken by the extended family to stay with them.

Case No.3 Would have schools changed often as need arised.

Case No.5 He had that opportunity after his mother's death.

Case No.2,4,6 - this was never done.

4.4.3 Protective life experiences

Case No.1,2&4

All the clients grew up in families with parents, siblings and friends. In cases where actual parents were not the grandparents and extended families supported them. They were even introduced to other supportive groups like church.

Case No.5 :-

Was an unfortunate case as he was not accepted by stepfather. After his mother's death her mother's extended family took him to stay with him.

Case No.3 and 6 those were opposite cases as they were the people who did not love their parents who tried to support them. They never accepted that support and as a result never worked.

Steeling experiences

All the cases due to the ability to cope with different early childhood bad experiences, should have been steeled by these but that never happened as they ended up taking their lives.

CHAPTER 5

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 DISCUSSION

Suicide is a symptom that occurs as a result of number of biological, sociological and psychological factors . Every young person will encounter some psychological problems in the course of growing up. No life can be, or indeed should be totally free of anxiety, frustration, or conflict like joy and love, these experiences are part of being human, and without them life will lack its proper depth. During periods of rapid developmental change and social transition such as the beginning of school, and the adjustment to adolescence high levels of stress may be felt. The adolescent may experience anxiety before an important examination, occasional outbursts of anger or rebellion, become involved with others in a minor delinquent act, feel concern about his true identity.

5.2 Main Findings

5.2.1 Parent child conflict has been reported in the study as the major problem perceived by adolescents which leads to adolescent suicide. Parental loss through divorce or loss of contact with parents and parent-child conflict were mention as circumstances that could lead to suicide (Hawton and Goldcare, 1982 and Schlebusch, 1992).

In this study there were adolescents who committed suicide as an option in cases of low-relationship problems and loss of or conflict with parents. (Levin & Mkize 1992)

Parents, especially mothers, were noticed not to be close to their adolescents. This was noticed when the social network of the adolescent was interviewed. Most of the questions asked during interview, were better answered by extended families and friends than the mothers. Statements made one suspect that the adolescents need for help were not noticed. Depression was never taken as an attitude that needed intervention. Kaplan and Saddock (1988) explained the high incidence of adolescent suicide as being a result of parent separation or divorce. Schiebush (1992) also states that adolescent suicide is due to less contact with parents and parent child conflict.

Mkhize and Mayekiso (1993) in a study about attitudes of black adolescents claimed that suicidal behaviour develops from loss of love, deprivation and possible rejection by significant others. Anger and resentment result, followed by feelings of guilt, which culminate in self destructive behaviour.

5.2.2 The second factor was that the adolescents who committed suicide were first born in their families. They were faced with demanding adolescent changes together with their family responsibilities. Such as looking after their siblings with scarce economic resources.

Rutter, (1993) justifies the stress that affects adolescents by stating that the adolescence is an age period in which several major biological and psychological transitions, coincide such as developing love relationships, increasing autonomy from the family and taking responsibilities f work.

In addition it is a time when there is a rise in many areas of psychopathology including depression, suicidal behaviour, drug taking, delinquency, eating problems and schizophrenia.

Engelbrecht (1995), also suggests that pressure to perform scholastically and the consideration of decision making for future vocations cause stresses to occur, such as strained relationships within the family and that these stresses render the students' psychology at risk. The stress resulting from such major life changes undoubtedly taxes the adolescent's coping skills and contributes to the rates of suicide among adolescents aged 15-24 years.

5.3 Recommendations

Development of effective coping skills

Parents, teachers and counsellors should be able to recognize signs of potential suicide. Awareness could be increased by parents, teachers working together with available resources like counsellors or health professionals. The adolescents should be taught coping skills and stress management skills.

Parents could be encouraged to form parent groups where they could be counselled. They could further be encouraged too discuss freely the problems they encountered with the adolescents.

Adolescents could also be encouraged to form groups. They could then be counselled and get a chance to ventilate the problems they encounter at home and at school.

According to WHO, to have even a modest chance of enduring success in preventing suicidal behaviour, programmes designed to reduce that behaviour must be oriented not only to the level of the individual, but also to the levels of the family, school, workplace, larger scale organisation and community context, (Schlebusch, 1995).

5.4 Research

High school adolescents committed suicide more than those who were not at high schools. Further research is therefore recommended on why the high school adolescents were more adversely affected by the environmental factors thus ending up committing suicide.

Conclusion

This study is in keeping with clinical studies in that family problems and conflicts are common reasons given for suicidal behaviours. The common stressor involves loss of support because of family change caused by parental separation and divorce. Therefore, the recognition of family risk factors for youth suicidal behaviour is an essential feature in planning intervention and prevention. The study has shown that adolescents, as a group, need support in dealing with life stressors. This, we believe, could be done at school or in community centres.

ANNEXURE 1

Case Study Protocol

Risk Processes

- ◆ Environmental influences (shared and non-shared)
- ◆ Individual environmental stressors
- ◆ Temperament and how it was handled

Residential Factors

- ◆ Feeling of control emanating from positive life experiences
- ◆ Protective life experiences
- ◆ Steeling experiences

The Case Study Protocol has been used to structure the instrument. It is also to be utilized to classify the collected data. According to the case study protocol, each case analysis will be done.

ANNEXURE 2

Questions in interview guide used for each respondent

	Teachers	Parents	Friend
Introduction	(i)	(i)	(i)
Risk Processes			
Environmental Influences shared and non-shared	(iv) (v)	(iv) (v)	(v)
Individual Environmental stressors	(iv) (v)	(vi) (vii)	(iv) (v)
Temperament	(ii) (v) (iv)	(ii) (vii)	(iv)
Resilience			
Control-Positive life experience	(iii) (iv)	(iv) (v) (iii)	(ii) (iii)
Steeling experience	(iv) (vi)	(iii) (iv)	(iv) (v)

ANNEXURE 3

INTERVIEW GUIDE

TEACHER

(i) Tell me about being a student in class.

(ii) What kind of temperament didshow?

If negative :- How did you handle that in class?

How did respond to frustration or failure?

(iii) How much success didachieve in school?

- Academic

- Social

- Sport

(iv) What bad experiences do you knowto have at school?

- Academic

- Social

- Sport

- Discipline

(v) Do you know of any particular factors which might have caused the suicide?

(vi) How did respond to frustration or failure?

PARENT

(i) How and with whom did the child grow up?

(ii) What kind of temperament did show?

If negative – how did you handle this at home?

(iii) How were relationships with the family?

(iv) How was emotional control?

- Would express feelings of anger? How did parents handle this?

- Would express problems? How did parents handle it

(v) What would one say about contribution in:

- Life

- Church

- Social

- School

- Family

(vi) What bad experiences do you know had?

(vii) How positive did feel about herself?

- (viii) How did.....view his/her future? (Pessimistic/optimistic)
- (ix) Do you know of any particular factors which might have caused the suicide?

CLOSE FRIEND

- (i) Tell me about your friend?
- (ii) How positive did feel about herself?
- (iii) How did view his/her future? (Pessimistic/Optimistic)
- (iv) How didexpress feelings of discomfort, stress or tension?
- (v) Do you know about a major problem.....had? How did she deal with it?
(i.e. think about it, feel about it, do about it)

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