



**Factors that contribute to attempted suicide
among students in the Mafikeng area of the
North West Province**

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Declaration

I the undersigned declare that, "***FACTORS CONTRIBUTING TO ATTEMPTED SUICIDE AMONGST THE STUDENTS OF HIGHER LEARNING INSTITUTIONS IN THE MAFIKENG AREA OF NORTH WEST PROVINCE***", is my original work and that all the sources that I have used or cited have been indicated and acknowledged by means of complete references.

Signature: _____ **Date: 05/12/2017** _____

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Abstract

Suicide ideation and suicidal behaviours which is the focus of this study are common in the youth population especially among the students. It was observed that high levels of depression, suicidal ideation and hopelessness made participants to be vulnerable to suicidal behaviours. This was observed by the researcher since 2009 that there was a trend of attempted suicide by students in the Mafikeng area. Females between ages of 18 and 35 years were mostly affected. The objectives of the study were to explore and describe factors that contribute to attempted suicide among the students in the Mafikeng sub-district of the North West Province as well as to make recommendations in order to support these students at their institutions to cope with their stressors. The study was qualitative, descriptive and explorative. Permission was obtained from the University Research Committee to conduct the study and from the institutions of Higher Learning where the study was conducted. Purposeful sampling was undertaken to get a sample from the population of students who attempted suicide in the Mafikeng area of the NWP. Data was collected by means of in-depth individual interviews in order to explore and describe factors that contributed to their attempted suicide. Data analysis was done according to Tesch's content analysis method. Ethical issues were adhered to according to the ethical standards for nurse researchers. Trustworthiness of the study followed the criteria of credibility, transferability, dependability, conformability as well as authenticity. Results after in-depth individual interviews and data analysis yielded four categories namely, stress due to financial factors, stress due to social factors, stress due to psychological factors and stress leading to mental problems. Conclusions were made based on the results included as factors contributing to attempted suicide amongst the students. Limitations have been acknowledged. Recommendations were made for nursing education, nursing research and nursing practice, particularly for nurses working at higher learning institutions.

Key words: Attempted suicide; higher learning institutions; students.

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List of acronyms

AAS	American Association for Suicidology
DENOSA	Democratic Nurses Organisation of South Africa
HBM	Health Belief Model
HEC	Health Ethics Committee
LGBT	Lesbian, Gay, Bisexual and Transgender
NSSI	Non-suicidal self-injury
NWP	North West Province
NWU	North West University
SABC	South African Broadcasting Corporation
SAMR	South African Medical Research
SANA	South African Nurse Association
TVET	Technical Vocational Education and Training
UK	United Kingdom
USA	United States of America
WHO	World Health Organisation

CHAPTER 1

RESEARCH ORIENTATION

1.1 Introduction and Background

The World Health Assembly has adopted the first ever Mental Health Action Plan of the World Health Organisation in May 2013 (Butler & Malone, 2013:324). This statement showed that finally the mental health aspect has now been taken into consideration just like other non-communicable diseases such as hypertension. Mental Health is regarded by WHO, as an essential component of health (Kulsoom & Afsar, 2015: 1713). Butler and Malone (2013: 324) did a study for many years on mental health problems and discovered that there was inconsistent terminology of suicide and self-injury, and that the concept of self-injury arose from Kreitman's term 'para-suicide' to label all non-accidental, self-poisonings that did not result in death, regardless of the intention of the act. Studies done on attempted suicide were ultimately included in the Diagnostic and Statistical Manual of Mental Disorders five (Butler & Malone, 2013: 324) as it will be mentioned in the following paragraph.

Non-suicidal self-injury (NSSI) has been proposed as a new diagnostic category within the Diagnostic and Statistical Manual of Mental Disorders Five (DSM V) as indicated by Butler and Malone (2013: 324). Over a period of time of study the term 'deliberate self-harm' replaced para-suicide. However, more recently the word 'deliberate' was no longer in use as it was felt that it was insensitive on the part of the patient or sufferer (Butler & Malone, 2013:4). Scholars such as Klonsky et.al, (2013:231) studied and examined the association of NSSI and established suicide risk factors as well as attempted suicide in four samples; these were adolescent psychiatric patients, adolescent high school students and University undergraduates. Fifty six percent of this population were females and a random-digit dialling sample of United States (US) adults.

It is further stated that in the United States of America (USA) 'attempted suicide' is a more commonly used term to refer to acts of self-injury with or without suicidal intent rather than "deliberate self-harm" (Butler & Malone, 2013: 324). Confusingly, within the USA the phrase 'deliberate self-harm' often refers to repetitive superficial bodily harm without suicidal intent, which is more frequently termed 'self-injury' in the United Kingdom (UK) (Butler & Malone, 2013:324). Richards (2016:2) reported that even though official statistics on attempted suicide were not available, the American Association for Suicidology (AAS) estimated that for every young person in 2014 who completed suicide in the United States, one to two hundred (1 – 200) additional young people attempted and survived suicide, which makes suicide attempt survivors a much larger segment of the population than those individuals who die by suicide.

According to Bertolote and Fleischmann (2002:7) no information was available from the WHO African region about suicide, and little information from South-East Asia and the Eastern Mediterranean regions on suicide was obtained. According to Toros, Bilgin, Sasmaz, Bugdaci and Camdeviren (2004:367), epidemiological studies suggest that the lifetime rate of suicide attempts among high school students ranges from three per cent to fifteen per cent (3%-15%). They further indicated that in twenty three per cent (23%) of attempted suicide cases, patients were under twenty five years old.

According to Nock, Borges, Bromet, Cha, Kessler and Lee (2008: 133) suicide is more common amongst men whereas non-fatal suicidal behaviours or suicide attempts are more common in females who are young and unmarried. In addition to that, suicide ideation and suicidal behaviours, which is the topic to be researched in this study, are common in the college population (Wang, 2013: 4).

Klonsky et al. (2013:231) further stated that all samples were found to be or have NSSI, suicide ideation, and suicide attempt. The first three samples presented with depression, anxiety, impulsivity, and borderline personality disorder and that in all four samples, NSSI increasing had a relationship to attempted suicide, and they further indicated the following distinction between NSSI and suicide attempt.

The authors here are making the distinction to avoid confusion. It was stated that NSSI can be understood as a signal of psychological distress, which could increase the risk for attempted suicide (Butler & Malone, 2013:324). NSSI and attempted suicide can occur in isolation yet they may also co-exist; for instance, an individual may present with NSSI and later attempt suicide, though these two are not the same (Butler & Malone, 2013:324).

Butler and Malone (2013:324) further stated that high levels of depression, suicidal ideation and hopelessness made participants vulnerable and engage in either NSSI or suicide attempts. When compared with those who engage in NSSI, those who attempt suicide present with more anxiety, depression and suicide ideation. The person who attempts suicide is under a stressful situation in so much that she does not think clearly when she or he tries to or attempt suicide. Like for example, in the case when she or he overdose with pills which is a common method for attempting suicide as stated by Butler and Malone (2013, 324). This may be due to traumatic experiences such as NSSI and child abuse thus making a suicide attempt more likely.

The rate of attempted suicide could also be attributed to the upbringing of an individual. In general maltreatment of children and neglects predispose them to attempted suicide and self-mutilative behaviour in later life as stated by Akwus, Sar, Kugu and Dogan, (2005:268). In their study, they reported that between sixteen point five per cent and nineteen point five per cent of suicide attempt of adolescents may have been exposed to juvenile molestation. Leebede & Alem (2007:35) found that for most of the attempts, about sixty six per cent occurred when participants were under twenty five years of age. Nock et al. (2008:133) indicated that, irrespective of treatment of suicidal persons over a period of a decade, the incidence of suicidal behaviour remained largely unchanged.

Appleby (2016:17) carried out a study on the youth who once attempted suicide. This study was done over a period of six months and it was discovered that fifty four per cent (54%) of them were once subjected to physical abuse, and thirty five per cent (35%) experienced sexual abuse, in comparison to forty per cent (40%) and twenty five per cent (25%) of those who were not suicidal who experienced the same abuse.

In Iran a systemic review was done on suicide and attempted suicide and the result was that attempted suicide was common amongst adolescents (Bazrafshan, Sharif, Molazem & Mani, 2016:21).

Several factors contribute to the risk of attempted suicide according to Leebede & Alem (2007:35). They further indicated that attempted suicide is one of the main possible causes for accomplished suicide and that it is linked with psychiatric conditions. Abuse has been observed to be one of the predisposing factors for attempted suicide in some youth. In their study, Leebede & Alem (2007:35) stated that a history of abuse is linked with an increased possibility for a suicide attempt. In their study of suicide ideation and attempts conducted in Addis Ababa, the same authors found that the attempts occurred when participants were under twenty five years of age.

According to Rudatsikira, Muula, Siziya and Twa-twa, (2007:67) a life-time prevalence was reported of suicide ideation among the first year students admitted to Makerere University, Uganda as a global health problem.

In South Africa, studies were done regarding medical students which found that three in ten South African medical students have thought of killing themselves (Van Wyk, 2012:10). A total of eight hundred and seventy four (874) students, most of them being in their second or third year of study, completed an anonymous questionnaire. The researcher found that nearly seven per cent (7%) of the students had attempted suicide. Van Wyk (2012:10) indicated that this is almost three times higher than the national prevalence of suicide attempts, which is two point nine per cent (2.9%). About one hundred and forty five (145) of the participants had a previous diagnosis of depression, and forty one had been diagnosed with some psychiatric disorder. Young adults come from different background to come and further their dreams in higher learning institutions but not being aware of challenges that might threaten their dreams. This happened irrespective of poor or good background.

There are psychosocial factors which predispose youth to attempt suicide. Du Toit, Kruger, Swiegers, Van der merwe, Calitz, Philane and Joubert, (2008:20) mentioned that these factors include behavioural problems such as impulsiveness, depression and

bipolar disorder. Social problems such as academic, conduct and socio-economic problems and recent exposure to a suicide attempt are also included. Family problems may include conflict with parents, parental absence, abuse, substance abuse and a family history of suicide. Whitlock and Broadhurst (2008:353) indicated that psychosocial factors are especially prone to elicit suicidal behaviour in young people, and they further postulated that people making suicidal attempts would have encountered violent experiences at some stage in their life.

Appleby (2016:17) mentioned that the risk for suicide among the youth is significantly increased for those with a parental history of suicidal behaviours and psychiatric illness. It was found that attempted suicide may be inherited and that suicide ideation may in some way be genetic. The scholar further found that childhood trauma, while present in many of the interviewed youth with or without suicidal behaviour, was strongly associated with the likelihood for a future suicide attempt.

People with suicidal intentions are mostly observed or noticed by their decreased communication and not sharing their problems with others, as indicated by Beck and Alford (2009:358). They further stated that the notion that the person who talks about suicide will never carry it out is untrue, because people with suicidal intent or even who talk about suicide should not be taken for granted. This means that this person will ultimately attempt suicide and that a previous unsuccessful suicide attempt greatly increases the probability of a subsequent suicide attempt. A recent incident from an Institution of Higher Learning in a South African Province where a female student threw herself from the sixth floor and died immediately was reported on the South African Broadcasting Corporation (SABC) news (15/10/2017). The report followed from the family that confirmed that the student had mentioned suicide several times but was ignored because of a common belief that someone who mentions suicide is just threatening and would never commit it.

It has been observed that an unhealthy relationship is one of the precipitating causes of attempted suicide (Hawton, 2009: 179). The most frequent problems faced by the students at the time of their attempts were failed relationships, especially difficulties regarding partners, followed by academic problems. It is further stated that problems

are particularly with on-going course work rather than with the final examinations. Approximately twenty five per cent of students had psychiatric problems, with personality disorders and depression being most common. At least thirty per cent had a history of previous suicide attempts (Hawton, 2009:179). According to Kazan, Alison, Calear, Phillip, Batterham, (2016: 585) the separation in relationship and poor relationship are likely to be risk factors for suicidal thoughts and behaviours. They further indicated that the population that is at risk of suicidal behaviour is the one below thirty five (35) years of age as well as the lesbian, gay, bisexual and transgender (LGBT).

It was also observed that the youth who are from poor backgrounds are more prone to mental health problems (Hefner & Eisenberg, 2009:491) compared to those coming from middle to high income families. Students with inadequate social support were more likely to experience mental health problems, including risks of depressive symptoms, in comparison to those who are from a good financial background. In some instances, to some students it was triggered by the fact that there was history of psychosis and depression. Beck and Alford (2009:358) stated that the risks of attempted suicide are high during a major depressive episode in those with psychotic symptoms, previous suicide attempts, a family history of completed suicide, and concurrent substance abuse.

Emotional stress as mentioned earlier affects almost everybody especially the youth, irrespective of whether they are students or not, depending on the precipitating causes as mentioned by Hunt and Eisenberg, (2010:3). Mental disorders are as prevalent among college students as among non-students of the same age, and these disorders appear to be increasing in number and severity. Mental health problems are highly prevalent among college students. They further stated that students do not open up about their problems as they mentioned that one in ten (1:10) students reported "seriously considering attempting suicide". Medication overdose was the most frequently used method of attempting suicide (Le Pont, Letrilliart, Massari, Dorleans, Thomas & Flashault, 2004:282). The study was conducted in different countries focusing on age and sex. People who unsuccessfully attempt suicide were more frequently

younger and female. The most common para-suicidal behaviour is overdosing on sleeping pills and other medications (Leebede & Alem, 2007), and that hanging was the preferred method for men and poisoning for women. Appleby (2016:19) stated that some suicidologists hypothesise that females select methods of suicide that are less likely to disfigure the face or head. Often para-suicidal attempters do not use lethal methods.

Since the beginning of 2009 the researcher observed that there has been a problem of overdose with tablets amongst the students of Mafikeng sub-district in the North West Province. On monthly bases, there were two to three (2-3) reports of attempted suicide amongst the students of these Higher learning institutions. Commonly tablets such as anti-depressants, analgesics, anti-inflammatory pills and household substances like hair dye were used by these students. In other instances prescribed medications which belong to their family members were used.

Problem Statement

The researcher has worked at the University Health centre and hence observed that on a monthly basis there are reports of attempted suicide, mostly by females, and also across the board in the institutions of the Mafikeng sub-district. According to Wang, (2013:4) five per cent (5%) of students in four Universities had attempted suicide and twenty four per cent (24%) were reported as having thought about attempting suicide. It was observed that students at higher learning institutions consider themselves as failures once they become emotionally stressed. During the study the researcher realised that suicide rate was much lower as compared to the rate of attempted suicide. Studies on attempted suicide amongst students of higher learning in this area, was not readily available.

In view of the above problem statement the following research questions arise:

- What are the factors contributing to attempted suicide amongst the students in the Mafikeng sub-district of the North West Province?

- What could be recommended to assist these students to prevent attempted suicide that could predispose them to future suicide?

1.2 Research Objectives

In order to address the above research questions the following objectives were developed:

1.2.1 To explore and describe the factors contributing to attempted suicide among the students in the Mafikeng sub-district of the North West Province.

1.2.2 To make recommendations that could assist these students to prevent attempted suicide that could predispose them to future suicide.

1.3 Paradigmatic Perspective

Paradigmatic perspective is “a basic set of beliefs that guide the study”. These beliefs have been called paradigms (Creswell, 2007:19).

1.3.1 Selecting a Paradigm

The first step unique to the qualitative process is to select a paradigm and consider the place of theory and literature review in the research process (De Vos, Strydom, Fouche' & Delport, 2007:261). The first thing a researcher must outline is the paradigm that underpins the study. The researcher's point of view or frame of reference for looking at life is understanding reality. A paradigm is the fundamental model or frame of reference we use to organize our observations and reasoning. In this study the researcher applied the Health Belief Model (HBM).

1.3.1.1 Health Belief Model

Health Belief Model is a psychological model that attempts to explain why people are proactive when it comes to their health like seeking medical help, taking prescribed medications and engaging in exercise programmes (O'Connor, Martin, Clinton, Weeks & Ong, 2014: 2578). The authors further indicated that it depends on susceptibility to illness and the level of taking action in terms of reducing severity and susceptibility. In this study, the participant's ability to take action into their health is non-existent. They cannot take action to try and reduce what is coming for them of what threatens their health. It is further stated by O'Connor *et al.* (2014:2578) that this behaviour is common in adolescents and young adults which is the case in the study.

The researchers make an interpretation of what they find, then to make sense (interpret) the meanings participants have about the world. This is why qualitative researchers are often called "interpretative" researchers (Creswell, 2007:20). In this study the researcher involved herself in discussion with the participants through open-ended questions during interviews so that the participants elaborate freely about their feelings. The researcher listened to them carefully so as to understand the meaning they attach to their world and made some interpretation associated with their attempts to take their lives.

1.3.2 Paradigmatic Perspective

The following meta-theoretical, theoretical and methodological statements state the paradigmatic perspectives and limitations within which the researcher conducted the research.

1.3.2.1 Meta-theoretical Assumptions

In this study the meta-theoretical expectations are based on the researcher's own point of view of man and his or her world. In Ray's Theory of Bureaucratic Caring for Nursing Practice (Tomey & Alligood, 2006:124) the expectations concerning nursing, person, health and environment are described as follows:

1.3.2.1.1 Person

According to Tomey and Alligood (2006:125), a person is a spiritual and cultural being. They further state that people are made by God (males and females), in God's image. A person is an organised human being with transcultural relationships to find meaning and significance. In this study a person is a student who has attempted suicide in the Mafikeng sub-district of North West Province

1.3.2.1.2 Health

It is further alluded to by Tomey and Alligood, (2006:125) that health is a form of sense for individuals, families and societies. Health is not considered to be just the result of a physical state of being. The emphasis of this study is on the mental health of these students, and what meaning they bring before attempting suicide.

1.3.2.1.3 Environment

The environment is a multifaceted spiritual, ethical, ecological and cultural phenomenon (Tomey & Alligood, 2006: 125) and that nursing practice in environments represents the basics of the social structure, spiritual and ethical caring patterns of meaning. The researcher has the belief that the environment belongs to God, and that human beings have the duty to look after it. For the purpose of this study, environment is the situation the participants found themselves in and the challenges they were facing during their studies.

1.3.2.1.4 Nursing

Tomey and Alligood, (2006:124) refer to nursing as caring spiritually, psychologically and ethically that pursues the good of these students or participants toward their fulfilment in a multifaceted society, and bureaucratic cultures. In this study, nursing refers to holistic caring of these students in the Mafikeng sub-district who cannot cope with their stressors.

Central Theoretical Argument

The central theoretical argument of this study is about students of higher learning institutions in the Mafikeng sub-district who attempted suicide due to stressors within their environments whether previous or present.

Conceptual definitions

Attempted suicide is defined as an action with every intent to kill oneself but where the 'modus operandi' was ineffective or the person was interrupted from completing the suicidal act, for example, an individual who is prevented from being run over by an oncoming train (Exner, 2007:133).

Suicide is defined as taking one's own life intentionally. If one does not succeed in ending one's life, the attempt constitutes non-fatal suicide (Exner, 2007:133).

The Oxford dictionary (2004:906) defines students as "person studying at a University or other place of higher education"

Higher learning institution is education or academic accomplishment at the college or university level, (The free dictionary, 2018).

1.4 Research Design and Methods

1.4.1 Research Design

A qualitative, explorative, descriptive and contextual design and method was followed to explore and describe factors that contribute to attempted suicide among students of students of higher learning within their contexts. Qualitative research design refers to a broad range of research designs and methods used to study phenomena of social actions and of which we do not have an understanding (Brink et al., 2012:121). Explorative is a design to increase the knowledge of a field of study and not intended for generalization to a larger population. It provides the basis for confirmatory studies (Grove, Burns & Gray, 2013:694). Descriptive design is a variety of design developed to gain more information about characteristics within a particular field of study and to

provide a picture of situations as they naturally happen (Grove et al., 2013: 692). Contextual is a design in which in-depth field research is made in order to drive innovative design (Holtzblatt & Beyer, 2014:1). The aim is to explore and describe the factors which contributed to attempted suicide amongst the students in the Mafikeng sub-district. In addition to the above, to recommend measures that could assist these students to prevent attempting suicide that could predispose them to future suicide. The study is conducted in the context of Mafikeng sub-district in the province of the North West.

1.4.2 Research Methods

In the subsequent paragraphs a brief description of the research method is provided with attention given to population, sampling, data collection, data analysis and literature control.

1.4.2.1 Population

Population is defined as the group of persons that meets the criteria that the researcher is interested in studying (Brink, 2006: 123). In this study the population of interest to be studied consists of the students who have attempted suicide at institutions of higher learning within the Mafikeng sub-district of NWP, and who are between 18 and 35 years of age.

1.4.2.2 Sampling

Sampling refers to the researchers' process of selecting the sample from a population in order to obtain information that represents the population of interest, (Brink *et al.*, 2012:132).

Method of Sampling

There are two basic sampling approaches, which is probability and non-probability sampling. In this study, non-probability was applied as it requires the researcher select

those participants who know the most about the phenomenon, (Brink et al., 2012:139). Participants who once attempted suicide were selected for the study.

1.4.2.3 Sample size

The sample size was determined by data saturation (Burns & Grove, 2005:352). This data saturation was reached after in-depth individual interviews with 10 students who had attempted suicide, but 15 participants were interviewed, the reason being to ensure data saturation was reached.

Sampling inclusion criteria

Students were included based on them:

- Being registered students at Higher Learning Institutions in the Mafikeng sub-district of the North West Province
- Having attempted suicide within three years of the study period.
- Being between 18 and 35 years of age.
- Being willing to share their reasons for having attempted suicide.
- Being willing to be recorded on audio-tape/voice recorder.

1.5 Data Collection

The following is a detailed description of the role of the researcher, the method of data collection, the physical setting during the interview, the pilot study, duration of the interviews as well as field notes.

1.5.1 Method of data collection

Permission was obtained from the NWU Mafikeng Campus Health Ethics Committee and from the NWU Research Ethics Committee. In order to collect the necessary data from the participants, permission was obtained from Higher Learning Institutions in the

Mafikeng sub-district of the NWP and data was gathered by means of an in-depth interview. During the research process, the researchers are guided by the following principles; respect of persons, beneficence and justice. They are based on the human rights that need to be protected namely; privacy, anonymity and confidentiality, (Brink *et al.*, 2012: 34). Two questions were introduced to the interviewees in order to collect data about their experiences of emotional stressors. The questions were “What are the factors contributing to attempted suicide amongst the students of Higher Learning Institutions in the Mafikeng sub-district of the North West Province?” and “What could be recommended to assist these students to prevent attempted suicide that could predispose them to future suicide?” Explorative questions and communication techniques were utilised during the interview, like for instance the participant may be asked “what made you to end up overdosing yourself with tablets”.

1.5.2 Pilot Study

A pilot study was conducted beforehand in order to test the applicability of these questions. Field notes were recorded after the data collection from each participant has been completed in order to avoid forgetting; these field notes were demographic, descriptive and reflective.

In-depth individual interviews were utilised in this study to collect data from the students concerning their insights about attempted suicide. Interviews were conducted in a language that the participants understood better, that is either Setswana or English. An audio recorder was also used to record interviews and the recorded interviews were transcribed verbatim. The participant was informed about the objectives of the study as well as the purpose. The vital question that was asked was: “Can you tell me about your experience when you overdose with tablets?”

1.5.3 Role of the researcher

Permission to conduct the study in these Higher Learning Institutions was obtained from the North West University - Mafikeng campus Ethics committee, North West Provincial

Department of Health, North West Provincial Department of Education, NWU – Mafikeng campus registrar, and college Principals, and then from the students who are the participants in this project, in order to conduct the in-depth individual interview in a private room. The detailed role of the researcher is discussed in detail in chapter 2.

1.5.4 Physical environment

In-depth individual interviews were conducted in a private room in order to guarantee their confidentiality, comfort and discretion. They were also conducted at a time that was suitable and convenient for both the researcher and the participants of the study.

1.6 Data analysis

Qualitative data take the form of loosely structured, narrative materials, such as verbatim transcripts between an interviewer and a respondent in a phenomenological study, or diaries used by historical researchers (Polit & Beck, 2008:507). Tesch's eight steps of data analysis according to Creswell (2009: 507) were applied.

The researcher then selected the above as categories, assembled the data material belonging to each category in one place and performed preliminary analysis, for example, selected common attitudes or feelings of most participants before they thought of attempted suicide, that is, when she used her intuition and observational skills.

1.7 Literature Control

A literature control was done after collection and analysis of the data so that the information in the literature would not influence the researcher (Burns & Grove, 2005:95). After collection and analysis of the data the findings were compared to relevant literature to determine resemblances and dissimilarities. New findings found from this study were emphasized, as well as common findings found in other studies.

Literature was obtained through literature searches on articles, books and theses available via the Library of North West University, Mafikeng campus, Google scholar as well as newspapers.

1.8 Ethical Considerations

Nursing Research is planned and executed in a way that will foster good, ethical research, justice, beneficence and exclude harm or exploitation of participants in accordance with certain criteria. Permission from the research committee was adhered to so as to respect the participant rights. Participants were informed that confidentiality and anonymity will be maintained on the study.

1.9 Trustworthiness

All researchers have to abide by the rules or ethics that governs the researchers before they can conduct the research. There are criteria to be followed against which the trustworthiness of the project can be evaluated. Four (4) alternative constructs that more accurately reflect the assumptions of the qualitative paradigm will be ensured and that is credibility, transferability, dependability, conformability and lately authenticity (De Vos et al., 2010:346).

DIVISION OF CHAPTERS

Chapter 1: Introduction and problem statement

Chapter 2: Research design and methodology

Chapter 3: Results and Literature control

Chapter 4: Conclusions, Limitations and Recommendations

1.10 Conclusion

In this chapter the introduction and the background was highlighted so as to give a picture about attempted suicide among the students of higher learning institutions. In addition problem statement, research questions and objectives, paradigmatic perspectives as well as a short description of the research design and method that was followed in this study were discussed. A detailed description of the research design and method is given in the next chapter.

CHAPTER 2

Research Methodology

2.1 Introduction

In the previous chapter, a summary of this study was presented, including the introduction and problem statement, the objectives, the paradigmatic perspective adopted within this study, as well as a brief approach to the research methodology which was employed in this study. In this chapter, a detailed description of the research methodology is discussed, with special attention given to the research design, methods, ethical issues applicable to this research, as well as the trustworthiness of this study.

2.2 Research Design

This study followed a qualitative, exploratory descriptive design because the researcher would like to understand the individual's feelings whilst emotionally stressed, as according to Creswell (2009:4). The factors contributing to attempted suicide are explored in order to get the sense from the participant' perspective and descriptive as the participants described their meaning of these factors in this study.

The approach that is used is exploratory and descriptive as the factors that contributed to attempted suicide among the students within the Mafikeng area of the North West Province were explored and described in order to understand their emotions. This approach aimed to understand and interpret the meaning the participants give to their everyday lives (De Vos et al., 2010:261). Researchers using this strategy of interpretive inquiry mainly make use of participant observation and in-depth individual interviews as methods of data collection (De Vos et al., 2010: 261). In this study the participants were interviewed in order to understand their emotional state as well as the factors that

contributed to attempted suicide; at the same time the researcher took field notes in order to enrich the data supplied.

2.3 Research Method

In this section a detailed description of sampling, the method of data collection and data analysis are provided.

2.3.1 Sampling

In this section, the population, sampling method, sampling size as well as the sampling criteria will be discussed.

2.3.1.1 Population

The population can be defined as everyone who meets the criteria for the study one is interested in studying, in relation to who they are, where you will find them and when they will be found (Brink, 2006:123). In this study the students in the Mafikeng sub-district who have attempted suicide and who were between 18 and 35 years of age were studied. The focus is narrowed by eliminating from eligibility for the study those outside those ages who have attempted suicide. Fifteen (15) to twenty (20) consulted at the local health centre per month. Some students did not report the attempted suicide but it was found out later during consultation.

2.3.1.2 Method of sampling

It refers to the process of selecting the sample from a population to obtain information regarding a phenomenon in a way that represents a population of interest (Brink, 2006:124). Non-probability purposive sampling is used as this type of sampling is based entirely on the judgment of the researcher in that the sample is composed of elements that contain the most representative characteristics or typical attributes of the population (Brink, 2006: 124).

2.3.1.3 Sampling size

Choosing the proper sample size requires the researcher to carefully select the suitable size of participants. The sampling size refers to the number of participants to be involved in the study. In this study, sampling size was determined by data saturation (Brink et al., 2014:143). Data saturation was reached after ten interviews but fifteen participants were interviewed to ensure that there was no new information obtained from interviews (Guest et al., 2006 in Fusch and Ness, 2015:1413).

2.3.1.4 Sampling criteria

The criteria for inclusion to participate were set out as follows: -

Participants should:

- have been students registered with one of the Higher Learning Institutions in the Mafikeng area of North West Province;
- be aged between 18 and 35 years;
- have at least once attempted suicide and;
- willing to be interviewed and voice recorded.

The following exclusion criteria will be applied:-

- Students who are not registered at any Institution of higher Learning;
- Those below 18 years and above 35 years of age.
- Those who have not attempted suicide.

2.3.2 Data collection

Data collection is a precise, systematic gathering of information relevant to the research objectives and questions of the study. The following is a detailed description of the role of the researcher, the method of data collection, the physical setting during the

interview, the pilot study, duration of the interviews as well as field notes (Grove *et al*, 2013:691).

2.3.2.1 The role of the researcher

The researcher ensured that the letters to request permission from Ethical committee (Appendix A), N.W. Department of Health (Appendix C), N.W. Department of Education (Appendix E) and the Higher Learning Institutions Principals (see Appendices G, I, K and M), reached them a month before the interviews, by delivering them personally.

The researcher then delivered the letters (see Appendix N) to the participants in order to orientate them in terms of the research project (Creswell, 2009:90). They were also requested to give written consent (see appendix O) confirming their willingness to participate and their acceptance of the use of an audio-tape during interviews (Creswell, 2009:90). Appointments for data collection were subsequently arranged by the researcher telephonically or at times personally, with regard to the date and time for interviews. Participants who gave their consent to be interviewed were reminded of the appointment about three days in advance. Before the interview was started, participants were asked to hand in the signed consent slips.

2.3.2.2 Method of data collection

Because of the sensitive nature of the study the researcher selected a venue that was private and where the participant would be free to answer questions.

Data was collected by means of in-depth individual interviews (Brink, 2006:152). An unstructured interview schedule was used which attempted to obtain as complete and non-selective a description as possible. It was a method of collecting in-depth descriptive data, allowing the participants to express themselves as much as they could (Brink, 2006:152). In this study the researcher took field notes from observing the participants' behaviour, attitude and emotions when they related this phenomenon in the selected room in the institution.

The participants were extensively studied through a prolonged process of engagement, which meant that the researcher conducted the study over a period of time in order to get the facts that she wanted (Brink, 2006:152). Sometimes she may even have to revisit the area or data collected to get some clarification in order to develop patterns and relationships of meaning, about an in-depth question such as: “Tell me about your experience of having to overdose with tablets”.

Pilot Study – This is the interview which was done to test the applicability of the research questions (Brink, 2006:166).

The interviews were conducted by the researcher herself, at times assisted by a colleague as some of the participants were known to the researcher. The following was the procedure that was followed:

On the day of the appointment the researcher ushered the participant into the private room, greeted, and introduced herself to the participant; she repeated the purpose of the study as stated in the letters (see Appendix C and D);

The researcher reassured the participant that confidentiality would be maintained, so that she or he was free to give the necessary information;

When both the researcher and the interviewee were ready, the audio-tape recorder was switched on and the interview was conducted;

Communication techniques were applied like for example sitting squarely with an open posture, maintaining eye contact, listening attentively before asking for clarification or doing a follow up question. Probing to get more information and to bear in mind that non-verbal communication also plays a vital role during the interview.

Each interview had duration of one (1) to two (2) hours.

2.3.2.3 The physical setting

The interview took place on the campus, in a private room, as it was quiet and where nobody comes in and out as she or he pleases, as this room was suitable for sensitive matters, and usually a sticker was pasted outside the door, reading “No disturbance”.

An audio-tape recorder was checked beforehand to ensure that it was in a good condition and ready for recording.

2.3.2.4 The duration of interviews

The interview had no time limit although it was estimated that it will range between one and two hours. In-depth individual interviews were used so as to obtain the meaning behind the emotional stress and the participant to feel free to elaborate on her problems (Grove, Burns & Gray, 2013:272). The participants were requested to avail themselves for about two hours.

Communication Techniques

To encourage the interviewee to talk and to ensure the free flow of the interview the following communication techniques were employed as described by Okun (2008:76) :-

- ❖ Sit squarely with an open posture;
- ❖ Lean towards the client to show interest;
- ❖ Maintain eye contact and be relaxed;
- ❖ Attending and responding;
- ❖ Minimal verbal response – minimal responses and the verbal counterpart of occasional nodding. These are the verbal cues such as “mm-mm”, “I see”, “uh-huh”, which indicate that the researcher was listening and followed what the client said;
- ❖ Probing – An open-ended attempt in order to persuade the interviewee to give more information about an issue under discussion. The researcher used statements such as “tell me more about that”, etcetera;
- ❖ Paraphrasing - it is a verbal statement that re-states the content of what the client said;

- ❖ Clarifying – it is an attempt to focus on or understand the basic nature of a participant’s statement, like “you seem to be saying”, “could you go over that again please”;
- ❖ Reflecting – this includes communication with the interviewee that her concerns and viewpoints were understood, by reflecting implied feelings, or what was observed, for example, “you seem to be uncomfortable about that”, “it sounds as if you are really angry at your mother”;
- ❖ Summarizing – the interviewer’s attempt to synthesize the interviewee’s communication in order to highlight the main effective and cognitive themes that arise from the interview. Thus, a summary is a type of clarification. This response is important at the end of a session or during the first part of a subsequent session.

The researcher should also enhance these verbal communication techniques by signifying non-verbal behaviours in order to show that she is listening and that she is interested in the interviewee. These include having no physical barriers between the interviewer and the interviewee (Okun, 2008: 79).

The researcher thanked the interviewee at the end of the interview, switched off the tape recorder and released the participant.

The researcher then recorded the field notes (see appendix R) immediately after the participant had left the room, in order to avoid forgetting significant aspects of the interview (Grove *et al*, 2013:271).

Field Notes

The following embodies an explanation of the field notes that were recorded as part of this process as described by Creswell (2009:198)

- ❖ Descriptive notes: these were reports on the description of the participant, and the interviewer’s account of particular events that occurred according to her observation;
- ❖ Reflective notes: these involved a record of personal thoughts such as speculation about incidents of the day, feelings, and problems

encountered during an interview, impressions and prejudices. These assisted the researcher in analysing the data;

- ❖ Demographic notes: these involved information pertaining to the time, place and date that describe the field setting where the interview took place Creswell (2009:198)

The field notes were typed, marked and attached to each transcription to be ready for data analysis. After each interview the researcher jotted down for instance the demographic notes to describe the venue. Descriptive notes to describe the participant during the interview and reflecting the whole interview process i.e telling about the title, objectives and also allowing the participant to make some comments if any.

2.3.3 Data analysis

The audio-tapes were transcribed verbatim for the purpose of content analysis. Verbatim transcriptions meant writing down the interviewer's and the interviewee's words from the audio-tape word-for-word. Data was analysed in accordance with the technique of content analysis as described by Tesch (in Creswell, 2009:186). The following was a description of the steps of this kind of data analysis after releasing the participant:

1. The data was scrutinised carefully by going through all the transcripts;
2. The researcher started by picking or choosing one interesting transcript;
3. A list of all topics was made;
4. Topics were clustered together according to their categories namely, financial, social, psychological aspects as well as mental problems;
5. The researcher abbreviated the topics to serve as codes and wrote these codes next to the appropriate segment of the text;
6. The researcher alphabetised the topics or categories
7. The data was assembled according to each category, and initial analysis was done, selecting common attitudes.

8. If necessary the researcher re-coded the existing data; the same steps were followed to analyse the rest of the recordings.

In this study, a nurse who is specialised in psychiatric nursing and experienced in qualitative research was chosen as an independent co-coder. The transcripts, field-notes and work protocol (see appendix P) were sent to the co-coder. The work protocol included the following stipulations:

- ❖ The objectives of the study;
- ❖ A clear description of the data collection method
- ❖ Transcripts as well as field-notes
- ❖ The steps which were relevant to the process of data analysis.

After the co-coder had completed his independent coding of the data, a consensus meeting was held between the researcher and the co-coder (Creswell, 2009: 192). Their tables were compared to identify the resemblances and variances of categories. A discussion was held and a consensus was reached about these categories. The table of categories was then finalised.

2.4 Trustworthiness of this study

Lincoln and Guba (Polit & Beck, 2008: 539) suggested four (4) strategies for developing the trustworthiness of a qualitative inquiry, namely credibility, dependability, conformability and transferability. These four strategies for trustworthiness represent parallels to the positivists' criteria for the research to be valid, reliable and objective. In their later writings, responding to numerous criticisms and to their own evolving conceptualization, the fifth (5th) strategy that is more distinctively within the naturalistic paradigm was added: authenticity.

Table 3.2 Strategies to ensure trustworthiness

Strategy	Criteria	Application
1. Credibility	a) Prolonged engagement	- Prolonged engagement is conducted over a period of time in order to get the information needed
	b) Field experience	- A relationship of trust was built; permission from participants by means of letters was done from all students who once attempted suicide.
	c) Analyzing	- Analysis was done after field notes.
	d) Member checking	- In addition to these measures of ensuring credibility, literature control was adhered to.
	e) Comparison	- Both the researcher and the co-coder compared the results of the research.
2. Transferability	a) Usefulness of respondent	- Findings of the researcher can be useful to other contexts and settings or within other groups.
3. Dependability	a) Methodology	- Methodology was attained through thick and dense description.
	b) Re-coding	- Initial coding was done, and then the findings of the re-coding were compared with the initial to guarantee similarity or dependability.
	c) Expert supervision	- Expert provision was provided.
	d) Giving consent	- Participants were requested to give consent to ensure willingness to participate in the study and all of these done to ensure the dependability.

4. Conformability	a) Auditing	- Only information from the participants was considered but not what the researcher imagined. It was done by conducting conformability audit by triangulation.
	b) External auditing	- Another researcher could reach the similar conclusions using similar data and context of the study.
5. Authenticity	c) Truthfulness	- Researcher fairly, faithfully and truthfully shows a range of different realities of participants.

2.5 Ethical Issues

As a result of the Nuremburg trials after World War II, an association to defend human rights in research began. The Nuremburg Code of 1947 was the first set of guidelines drawn up to protect the rights of participants (Brink, Van der Walt, Van Rensburg, 2012:33). This code mandated voluntary consent, justification of research for the good of society with appropriate balance of risk and benefit, adequate protection of participants from risk or harm, the respondents or participants' rights to withdraw from experimentation, and adequate scientific qualifications for researchers.

In South Africa, South African Medical Research (SAMR) developed guidelines entitled Ethical Considerations in Medical Research in 1979 and revised edition published in 1987 (Brink et al.,2012:33). In 1990, the South African Nurses Association (SANA) published Ethical Standards for Nursing Research developed by the South African Society of Nurse Researchers, thus establishing research committees in hospitals, universities and so on. Since then it has been updated by the Democratic Nurses Organization of South Africa (DENOSA) in 1998 and again in 2005. Ethical standards

for Nurse Researchers, reproduced with permission of the DENOSA, state that the following standards should be adhered to:-

- Nursing research is planned and executed in a way that will foster good, ethical research, justice, beneficence and exclude harm or exploitation of participants in accordance with certain criteria;
- Confidentiality and anonymity is ensured in accordance with certain criteria.

The Ethics committee (see Appendix A), the provincial department of Health (see Appendix C), the provincial department of Education (see Appendix E), the Dean of students as well as Principals of colleges were approached by sending them letters (see Appendices G, I, K and M) requesting them for permission to carry out research. Further information was included with regard to the purpose of the study and the criteria for inclusion of participants. These authorities were requested to respond within a given period so that further arrangements could be made with prospective participants.

The participants who met the criteria for inclusion subsequently received letters (see Appendix N) which provided information on the purpose and objectives of the study and stipulated what would be expected of them as participants. These letters also clarified the fact that participation was voluntary, which meant that the prospective participants could choose to participate, decline or withdraw from the study at any stage of the study process. With regard to their consent, the detachable portion (see Appendix O) was attached to the letter so that the prospective participant could sign in order to ensure that they were willing to participate and to the use of an audio-tape. The detachable slip was to be given to the researcher prior to the interview.

There are certain principles that have to be taken into consideration and they are as follows:-

2.5.1 Principle of Respect for Persons

The right to self-determination, the right to be respected was observed and it was taken into consideration, that is, participants had the right to decide voluntarily whether or not to participate in a study (Brink, 2012:35). In addition they had the right to withdraw from

the study at any time, to refuse to give information or to ask for clarification about the purpose of the study without the risk of penalty or prejudicial treatment.

2.5.2 Principle of Beneficence

Brink *et al* (2012:35) asserts that the researcher should make every effort to protect participants from discomfort and harm. Discomfort or harm can be physical, emotional, spiritual, economic, social or legal. In this study the researcher used her interpersonal skills as a psychiatric nurse in order to handle situations where participants may experience anxiety or awkwardness with regard to the questions that may be asked. Where necessary, the researcher used empathetic skills to ensure the emotional support of participants, and their interests, as well as their wishes, were consistently considered.

2.5.3 Principle of Justice

Brink *et al* (2012:36) views the right to reasonable treatment as based on an ethical principle of fairness. Participants should be selected for reasons directly related to the problem being studied, not because they are easily available or can be easily manipulated or they are poor, or because the researcher likes them and wants them to receive the specific benefits of the study.

They have the right to be respected and their time of appointment was adhered to. Their right to privacy was respected, that is, private information was withheld from others and was not shared with others, which meant confidentiality was maintained (Brink *et al*, 2012: 35).

Explanation of the procedure of data collection was done and nothing was done without the knowledge of the participants. Also anonymity was observed, as codes were used in the study instead of their real names and only a master list of participants' names with matching code names was kept (Brink, 2012: 39).

Informed consent – Participants had the right to know what will happen to them and when to sign a consent form for the research project (Brink, 2012: 38).

Free choice – Participants were not coerced to take part in the study and were not prejudiced because of refusal to take part. (Brink, 2012: 40).

Scientific honesty – Fabrication, falsification or forging was avoided by following the NWU manual for postgraduate studies. Plagiarism was excluded by subjecting the final research document to the ‘Turn-it-in’ program as prescribed by the NWU.

All of the above meant that explanation of the objectives, permission from ethical committee and their rights as a participant were respected, and that confidentiality and anonymity were maintained.

2.6 Conclusion

In this chapter a thorough explanation was offered of the research design, the methods of data collection, data analysis, measures to ensure reliability or trustworthiness, as well as ethical issues. The next chapter deals with the results and the literature confirmation of attempted suicide amongst students of the Mafikeng sub-district, their emotional state as well as support of these students.

CHAPTER 3

Research Results

3.1 Introduction

The preceding chapter included a thorough explanation of the research design and method followed in this study. This chapter includes a discussion of the realisation of data collection and analysis as well as the findings and literature control of factors contributing to attempted suicide amongst students in the Mafikeng sub-district of the North West Province.

3.1.1 Realisation of data collection and analysis

The venue for the interviews took place at a private room where there is no disturbance, to maintain that a note stating “No disturbance” was pasted on the door (on the outside). This was also made to maintain privacy as the topic was of sensitive nature.

In-depth individual interviews were used as discussed in chapters one and two to collect data on students in the Mafikeng sub-district of N.W.P who previously attempted suicide and who consented to participate in this study. Data saturation was reached after ten in-depth individual interviews but fifteen in-depth individual interviews were conducted. During the in-depth individual interviews, an audio-tape recorder was used to record the interviews. These recordings were then transcribed verbatim. An example of such a transcribed interview is provided as Appendix P of this dissertation. Field notes were taken after each interview and are also attached as Appendix Q.

In this study data analysis was done after reading all transcribed interviews in order to get a sense of the whole. Tesch’s eight steps of data analysis were utilised to analyse data (Creswell 2009:186).

After the co-coder and the researcher analysed the data independently, a meeting was scheduled to reach a consensus on the categories and subcategories that arose from the data. These categories and subcategories are described in detail under chapter 3.3 and they are supported by literature which either confirms or differs from these findings.

3.2 Research Findings and Literature Control

Table 3.1 Factors that contribute to attempted suicide among the students in the Mafikeng sub-district of N.W. P.

Four (4) major categories were drawn after data analysis as follows; stress due to financial factors, social factors, psychological factors and stress leading to mental problems. Subcategories follow and will be discussed as follows:

COLUMN A	COLUMN B	COLUMN C	COLUMN D
Major category – 3.1.1 Stress due to financial factors	3.1.2 Stress due to social factors	3.1.3 Stress due to psychological factors	3.1.4 Stress leading to mental problems
Subcategories: Financial Stress due to lack of funds for tuition fees; Frustration due to poor management by the bursaries office; Stress caused by rejection by Educational Loans;	Subcategories: Stress due to unfaithful partners; Emotional stress due to association with bad friends; Stress brought about by parental divorce.	Subcategories: Failure to cope with unwanted pregnancy; Emotional stress due to being raped and sexual abuse; Stress caused by alcohol and drug abuse;	Subcategories: Depression as indicated by low self-esteem and feeling of hopelessness; visual hallucinations which were described as visions which other people could not

<p>Hopelessness due to lack of financial support from family and/or relatives.</p>		<p>Stress caused by loss of close family members.</p>	<p>see; Auditory hallucinations which were described as voices which other people could not hear; Grandiose delusions evident in expressions of having supernatural powers; Paranoid delusions as evident in extreme suspiciousness.</p>
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The following four major categories that emerged from the consensus meeting are:

Stress due to financial factors, stress due to social factors, stress due to psychological factors as well as stress leading to mental problems (see Table 3.1)

Table 3.1 characterises the above four major categories as well as the subcategories of factors contributing to attempted suicide amongst the students in the Mafikeng sub-district of NWP. These findings are discussed as follows:

3.2.1 Category 1: Stress due to financial factors

The first main category of factors contributing to attempted suicide amongst the students in the Mafikeng sub-district of NWP as reflected is stress due to financial factors which yielded the following sub-categories, namely, Financial stress due to lack of funds for tuition fees, frustration due to poor management by the bursary office, stress caused by rejection by Educational Loans as well as hopelessness due to lack of financial support from family and/or relatives (see table 3.2).

Table 3.2: Stress due to financial factors

Financial stress due to lack of funds for tuition fees
Frustration due to poor management by the bursary office
Stress caused by rejection by Educational Loans
Hopelessness due to lack of financial support from family and/or relatives

These are discussed as follows:

3.2.1.1 Sub-category 1: Financial stress due to lack of funds for tuition fees

In this study the participants mentioned that at the time they were supposed to be registering, they found out that they owed the institution and that the chances of finishing in that year were diminished. They realised that after trying so many times between their local offices and the head office nothing was resolved, instead they were told that unless they paid their balances they were not going to be registered. That ultimately resulted in stress as they knew that if they did not register it meant an extra year and the thought of that led to frustration that led to a suicide attempt. This is confirmed by the following quotes as said by participants:

Pk1

“The main reason that made me to attempt suicide is that I had an outstanding balance of thirty four thousand rand (R34 000) which I didn’t know of“

Pk3 participant said

“I could see that in the end I would find myself not registering because of the money that I owe to the Institution and this being my final year”,

This finding is confirmed by Hunt and Eisenberg (2010:3) who cited in their study that in the previous year, nearly one in ten (1:10) of students reported “seriously considering attempting suicide” as they could not open up about their emotional stressors which were caused by their financial constraints. Lack of financial support has also been confirmed by Obida, Clark and Govender (2013:223) as having contributed to attempted suicide in their study that they conducted in Limpopo Province. Another view was that students reporting financial struggles were at higher risk of mental health problems as they felt that education is for the people who are financially stable or have money (Hefner & Eisenberg., 2007: 534). These factors might have contributed to participants attempting suicide as an appeal for help. Some of the difficulties were due to poor management of bursaries as discussed in the following sub-category.

3.2.1.2 Sub-category 2: Frustration due to poor management of bursaries by the financial office

The participants in this study mentioned how they were frustrated by the bursary offices as they were told that they had to make a plan to pay the money they owed to the institution and that they did not appear in the system. This situation made matters worse by the fact that they had signed a contract and that one could not sign a contract unless the bursary had been approved. All those explanations did not make any difference as the bursary offices would not listen to their story and this is evident in the following quotations:

Pk2

“The financial office said that they wanted proof that I have applied, the only thing that I had was the receipt that I have signed the contract; and they said that it didn’t mean anything”,

Pk7

“The office told me there is nothing that they could do that I must just find a way to pay that money”

Pk10

“I told them that I have been funded by NSFAS all these years, I told my parents who came to school to enquire about what was happening and they were told that I was not in the system”

This is supported by Chifurira, Mudhombo and Chikobvu (2014:234) who identified the following factors namely, disadvantaged background and lack of access to resources amongst others as barriers to success. In this study the participants or students said that they did not have money to pay for tuition; the problem stressed them to the level that they attempted suicide and the fact that without the bursary office, their future was doomed. The bursary office was their only bridge to their dreams, according to their thinking. Another assistance to solve their problems was an educational loan as discussed in the following sub category.

3.2.1.3 Sub-category 3: Stress caused by rejection by educational loans

Most students from disadvantaged backgrounds may experience problems applying for loans. Parents are also often frustrated by not being able to help their children (Obida, Clark and Govender (2013:223). In this study the participants related how they tried to get a loan from the Educational Loan scheme but that they could not get help as their applications for a loan were declined. They stated that they were disappointed by their relatives who could not support them financially. It appeared that the loan was their last hope but seeing that it did not work for them they said they felt hurt and especially after making so much effort, they could not take it anymore and they said their solution was to overdose with tablets as reflected in the following quotations:

Pk9

“I applied for Educational Loan and then they showed me in the system that my uncle who was supposed to get a loan for me had too many commitments. I felt hurt, it was just a stressful situation for me so I did not know what to do”;

Pk11

“I was alone, I didn’t know what to do and who to ask for help and then I told my aunt about Educational Loan and how it works so that she could just send the details then she sent them, after a while then I went back to the office and they said that my aunt had too many debts so they can’t help me and my application was declined”

This is confirmed by Exner (2007:179,) that there is an expression of inability to cope with their problems on the side of students. They became aggressive due to pressure, they thought of punishing their relatives or making them feel guilty, as it was noted from the expressions by participants after they were rejected for educational loans because of over- indebtedness of their relatives. According to them (the participants) the relatives were not supportive enough as stated in the following subcategory.

3.2.1.4 Sub-category 4: Lack of financial support from family and relatives

In this study the participants stated that their relatives, who were supposed to help them for their loans to be approved, were found to be financially over-committed. They felt that they did not get enough financial support from their families and/or relatives as indicated in their quotations. They mentioned that their families were not supporting them financially as they wished it to be and they blamed them as they implied that this contributed to their suicide attempt. They felt helpless, hurt and pressured and this is confirmed by the following quotations,

Pk13

“My mother (not biological) had no money, but later she got money from her friend; she paid for her child but she didn’t tell me that she had paid for her; I found out later,”

Pk8

“My aunt said they also didn’t have money and suggested that I would rather take a break this year and that she will see what to do the following year but she does not promise anything; I felt hurt, I was stressed”

Pk1

“My family had a part to play in my over-dosage as they were not supportive in my studies.”

Family problems like conflicts with parents, as stated by Du Toit et al., (2008:20), also predisposes to attempted suicide. One of the participants seem not to have trusted that her guardian genuinely did not have money as she expressed that she paid for her real child. This view has been confirmed by Bridge, Goldstein and Brent (2006 in Amitai & Apter, 2012:988) that poor parent-child relationships and maltreatment could lead to suicidal behaviour in students. Her suicide attempt could therefore be attributed to her thinking that she was not cared for like other children. Financial factors were not the only theme that emerged from the data, but also the social factors could be detected from the themes that emerged.

3.2.2 Category 2: Social factors

The second main category of factors contributing to attempted suicide amongst the students in the Mafikeng sub-district of NWP is social factors as indicated in Table 3.3 below. This main category is sub-divided into three sub-categories as shown below in Table 3.3.

Table 3.3: Stress due to social factors

<p>Social factors</p> <ul style="list-style-type: none">Stress due to unfaithful partnersEmotional stress due to association with bad friendsStress brought about by parental divorce

The following discussion covers sub-categories that were realised as part of the social factors namely, stress due to unfaithful partners, emotional stress due to association with bad friends, as well as stress brought about by parental divorce.

3.2.2.1 Sub-category 5: Stress due to unfaithful partners

In this study the participants expressed their disappointment with their partners as they indicated how unfaithful they were, so much so that they felt that they could not face that situation but rather resorted to over-dosage with tablets. They appeared stressed by the fact that their partners cheated on them by having multiple relationships, some of which involved their best friends. Some of these relationships involved girls in the same institution and, in addition to that, they denied that they were involved with multiple partners. These participants could not accept being cheated and felt betrayed as confirmed by the following quotations:

Pk 4

“I only realised after some time that all this time he was cheating on me so I took the whole bottle of pills”

Pk13

“In 2009 it was my first attempted suicide with over-dosage then in 2010 it was my second attempted suicide with over-dosage for the same reason of poor relationship and only to realize later on that he was cheating on me with another girl, I felt I was going mad “

Pk15,

“We were so in-love in so much that I never thought he could cheat on me with my best friend, there was no sign that he is cheating on me “

The above quotations are confirmed by Le Pont et al. (2004:282), that people who unsuccessfully attempt suicide are more frequently younger and female. Most

participants of this study were young female students as they were more vulnerable than the males, a fact that has also been reported by Amitai & Apter (2012:987). Hawton (2009:179) states that the most frequent problems faced by students at the time of their attempts were failed relationships, especially difficulties regarding partners. This is also presumptive of a cry for attention or for support as participants did not use lethal substances. Attempted suicide due to loss of friends was also cited in the study conducted in an emergency department in Pakistan (Salman, Idrees, Hassan, Idrees, Arifullah & Badshah 2014:168). Relationships are not only concerning love partners but also friends who influenced them negatively, as indicated in the following sub-category

3.2.2.2 Sub-category 6: Emotional stress due to association with bad friends

In this study the participants stated that they associated with bad friends as they thought that it would solve their problems in order to forget their stressors. The negative effects of the relationship included the use of substances. They also indicated that they abused alcohol and smoked weed, hence they referred to them as 'bad friends' as confirmed by the following quotations:

Pk5

"I was mixing with bad friends for about six months, I thought it was the only way to get out of my problems only to find that I have taken a wrong path";

Pk6

"My 'new' friends smoked 'weed' and later went for alcohol as if the smoking is not enough"

Associating with 'bad' friends often influences young people's behaviour because peer pressure takes the upper hand. The participants termed that as 'bad friends,' as they realised after associating in the company of bad friends that it did not solve their problems but instead caused more frustrations. Mandoza-Nunez, Mecalco-Herrera, Ortega-Avilla, Mecalco-Herrera, Soto-Espinosa and Rodrigue, (2013:162) stated that many students do not attach importance to their health care and even report their health status as being good despite their lifestyles being unhealthy, thus they realise

afterwards that they had bad friends. Participants of this study also blamed friends for their unbecoming behaviour that led to their suicide attempt. Over and above friends, family relationships also contributed to emotional problems that caused stress for young people, as indicated in the following subcategory.

3.2.2.3 Sub-category 7: Stress brought about by parental divorce

Divorce may sometimes threaten young people's security of parental bonds as they often have to choose between the two parents. In this study, participants experienced the effects of conflict among their parents that predisposed them to stress. They expressed how their parental relationship problems affected them in various ways as well as how their academic performance deteriorated. They experienced stress as a result and felt that they could not cope in that situation as confirmed by the direct quotations as follows:

Pk12

"My mother changed her behaviour and divorced my father (not my biological father) and she would not say anything to us, and my father would not say anything either",

Pk8

"My father divorced my mother and relocated to Limpopo province and never came back to us nor communicated with us, and we were suffering a lot"

Pk14

"My mother (step-mother) once told me that she wants a divorce and I felt responsible, because I felt like a burden as I am not her biological child, it stressed me too much"

The above expressions could be confirmed by Du Toit et al (2008:20), that psychosocial factors are especially likely to elicit suicidal behavior in young people and these include family problems which comprise conflict among parents. The study conducted in Pakistan also confirmed family problems and conflicts as causes of self harm and suicide attempts in adolescent patients (Salman et al., 2014:168). Often these conflicts among parents contribute to lack of security and support because they no longer know

which parent they can trust. The situation becomes aggravated by problems existing at the time such as financial constraints. Parental relationship problems were not the only problems experienced by participants but psychological problems were also identified as discussed in the following category;

3.2.3 Category 3: Psychological factors

The third main category of factors contributing to attempted suicide among the students in the Mafikeng area is psychological factors as indicated in column C of table 3.1. This main category has been sub-divided into three sub-categories as shown below in Table 3.4, namely stress due to failure to cope with unwanted pregnancy, emotional stress due to being raped or sexual abuse, stress brought about by alcohol or drug abuse, as well as stress brought about by family problems.

Table 3.4: Stress due to psychological factors

<p>Psychological factors</p> <p>Stress due to failure to cope with unwanted pregnancy</p> <p>Emotional stress due to being raped or sexual abuse</p> <p>Stress caused by alcohol or drug abuse</p> <p>Stress caused by loss of close family members</p>

3.2.3.1 Sub-category 8: Stress due to failure to cope with unwanted pregnancy

Participants in this study mentioned that they were faced with a burden of pregnancy when they had problems with their partners. They even blamed the pregnancy as the cause of their decision to over-dose with pills. They indicated that there was too much pressure to bear as they were fighting with their partners as confirmed by the quotations from below:

Pk15

“I was pregnant, fighting with my boyfriend and I thought of getting rid of the baby because of the hurt I was experiencing, I felt hopeless”

Pk5

“The main reason that made me to overdose myself was pregnancy, I did not know what I would tell my parents, I felt devastated”,

Pk13

“I fell pregnant, our relationship became sour then we started to fight and he stopped to be supportive. I felt frustrated because I could see that there is no hope for me in this relationship”

Unwanted pregnancy often frustrates young people, particularly when they are still focusing on their future careers. This is confirmed by Nock et al., (2008:133) when they reported that non-fatal suicidal behaviours are more prevalent among women and persons who are young and are unmarried. When the father of the unborn child abandoned them that's when they blamed pregnancy for overdosing. This is evidence that young women could experience pressure due to lack of support from boyfriends while they are pregnant. The pressure could be aggravated by subsequent rejection by the person who impregnated them.

3.2.3.2 Sub-category 9: Emotional stress due to being raped or sexually abused

In this study the participants expressed that they were sexually abused by their partners and some by family members at a very tender age. This view was confirmed by the direct quotations below that indicated how that incident stressed them to the extent that they resorted to over-dosage with pills:

Pk4

“He was cheating on me but at the same time he would even go to an extent of raping me. I asked myself why would he would go on raping me, I felt I was used until I decided to overdose myself”

Pk6

“Life here is the one that caused me to attempt taking my life; the thought of facing the guy who raped me every day and to see him every day, even now I don’t know how I am going to live my life in this institution”

Pk12

“My paternal aunts forced me to have sex with them whilst I was still a young boy of around ten years of age, later in life that is when I felt the pain, I could not stand them that is when I thought of the only way out of this”

Akyuz et al., (2005:268) suggests that between 16.5% and 19.5% of suicide attempts may be by young adults who have been exposed to childhood molestation as well as maltreatment of children, as the participants felt the pain later, where the rape happened during childhood. This was also indicated by Appleby (2016:17) that a certain percentage of youth who experienced sexual abuse ended up attempting suicide. In this study it appeared that the participants felt that everybody knew about their sexual abuse, so it was better for them if they got a quick way out of the situation by overdosing themselves with tablets or indulging in substance abuse as in the following subcategory in order to hide behind the alcohol or drug abuse.

3.2.3.3 Sub-category 10: Stress caused by alcohol or drug abuse

Substance abuse is one of the leading health problems that confront young people these days. In this study the participants expressed that they could not control themselves when it came to substance abuse. They resorted to abusing these substances as a way of solving their emotional problems, as confirmed by the following quotations:

Pk6

“I had a problem with alcohol and the other problem was ‘weed’, that is the only way I could loosen up “,

Pk13

“Everything happened because I was drunk; I can’t quit alcohol”

Pk4

“I had to drink alcohol so that I can forget about my boyfriend. I was under a lot of stress, seeing that alcohol did not help I went for pills”

It was clear that participants in this study accepted that in some instances, abuse of substances contributed to their attempted suicide. They thought that when they abuse alcohol their problems will gradually disappear, because when they are under the influence they do not experience any emotional pain. Toprak, Cetin, Guven, Can and Demircan (2011:140) discovered that there is correlation between smoking and alcohol, inhalant and tranquilizer abuse. A national survey conducted in south Africa between 2002 and 2008 confirmed alcohol abuse a one of the factors that contributed to attempted suicide among secondary school children (Shilubane, Ruiters, Van den Borne, Sewpaul, James & Reddy, 2013:11). Tranquilizer abuse also has a correlation with suicide ideation hence the attempted suicide.

3.2.3.4 Sub-category 11: Stress caused by loss of close family members

The participants in this study showed that even if they were far away from their homes, there were some incidents which happened in their lives which affected their studies, especially incidents that affected those who were close to them as confirmed by the following quotations below. A history of attempted suicide played a role in the attempts to commit suicide due to difficulties faced by the students that affected their adjustment, especially in cases whereby the student did not go for counselling after being traumatized; this remained unresolved and only resurfaced when triggered by such stressors.

Pk14

“My mother died of Aids and cancer in 2010, my grandfather died in November 2011 from cancer of blood and tuberculosis, my other aunt died in December 2011 due to Aids and brain tumour, I had nervous breakdown after my mother’s death and thereafter I felt lonely I felt that the only way was to be with my late mother”

Pk1

“My mother once tried to commit suicide whilst I was an adolescent so I thought is the best way to get out of problems”

Attempted suicide could also be triggered by threatened loss of security and support of parental bonds. Du Toit et al. (2008:20) stated that psychosocial factors are especially prone to produce suicidal behavior in young people. Young people feel easily threatened once they lose support of their close family members, particularly parents. The emptiness that participants felt at the time of their stressful situation made them vulnerable to attempting suicide and it was made worse by the problems of their parents as indicated by the following subcategory.

Some social factors that contributed to attempted suicide may lead to mental problems. Mental problems that may predispose young people to attempted suicide included depression, visual hallucinations, auditory hallucinations, grandiose delusions and paranoid delusions as indicated in the following category:

3.2.4 Category 4: Stress leading to mental problems

The fourth main category of factors contributing to attempted suicide amongst the students in the Mafikeng sub-district of NWP as indicated in column D table 3.1. This main category has been further subdivided into five subcategories as shown below in table 3.4.

Table 3.4: Stress leading to mental problems

Depression as indicated by low self-esteem and feeling hopeless

Auditory hallucinations as indicated by hearing voices which other people could not

hear

Visual hallucinations indicated by seeing things that other people could not see

Grandiose delusions evident in expressions of having super natural powers

Paranoid delusions as evident in extreme suspicions

3.2.4.1 Sub-category 12: Depression as indicated by low self-esteem and hopelessness

In this study participants expressed signs of low self-esteem and hopelessness as they did not see value in life and felt that they were a burden to their family members. Most of these participants experienced difficulty to voice out their feelings; instead they thought the only way to solve their problems was to overdose with pills as a quick solution. It seemed that they just could not cope well enough because of stressors, which led to attempted suicide by over-dosage with pills as confirmed by the direct quotations below as follows:

Pk12

“Once I’m depressed I want to end my life, I do not see value to live, nobody loves me my family does not care for me.”

Pk14

“I felt lonely, I thought of going away to be with my late mother because in this world I could see that my mother if she was alive I would not be suffering like this”

Pk13

“When I asked help from my relatives it’s as if I’m a burden to them, so I decided to take my life, I thought death was the only solution ‘cause I mean I tried to ask for help but they turned away from me”,

Pk11

“My life was doomed, it was at a standstill, I felt useless, it is just as good as I was dead after all nobody loves me”,

Pk12

“I felt that nothing will help me, I would rather take pills, take my life and finish myself, I did not want anybody to feel pity for me”

Feelings of hopelessness could result if one is overwhelmed by problems as confirmed by Hunt and Eisenberg (2010: 3), that students do not talk about their problems and that they “seriously consider attempting suicide.” Female students are more likely to behave as if they are positive whereas they have emotional stress and anxiety disorders. Once they were under pressure of their emotional stressors they presented with psychotic features as will be indicated in the following subcategory

3.2.4.2 Sub-category 13: Visual hallucinations as evident in seeing things which other people can't see

In this study participants stated that they experienced unusual visions that they have never experienced before. They seemed to have been subjected to a lot of stress in so much that they perceived things or saw things that did not really exist. They seemed to be hurting extremely due to a lot of pain and it progressed to them developing mental features such as being detached from reality, as confirmed by the direct quotations below:

Pk14

“I saw one of my friends smoking but then when I took a close look and they turned to be wolves”,

Pk4

“I just saw him coming from my side then disappeared again, I never saw him again. At first I thought I was mistaken but I was sure that I saw somebody”

This view was confirmed by Hartley, Haddock and Barrowclough (2012: 65) when they said that anxiety and depression were related to different aspects of psychotic experience emphasizing the need to recognize the role of these concurrent symptoms in the context of psychosis. They further indicated that rates of depression as indicated in the above subcategory, and anxiety, have been linked stress associated with positive symptoms of psychosis. Wilkinson et al. (2011:498) conducted a study among adolescents which also confirmed psychological problems such as depression as having led to attempted suicide. There are also indications that suggest that these concurrent symptoms might be related to hallucinatory content (Hartley et al., 2012: 65).

3.2.4.3 Sub-category 14: Auditory hallucinations as evident in hearing voices which other people could not hear

The participants in this study mentioned that they experienced unusual voices which gave them instructions to overdose themselves. They again heard voices which were not really there as they were in an emotional stress and under a lot of pressure. They were not even aware that they should seek help because they seemed to have lost contact with reality. They were devastated, frustrated and experienced hearing voices which were not existent as confirmed by the direct quotations below as follows:

Pk13

“I experienced voices commanding me to go out and overdose with pills I not bother who the person was I just obeyed instruction”,

Pk8

“One voice told me to go and swallow those tablets and I never saw that man again so I just thought that man came with a solution a he saw that I was suffering”

Pk14

“I felt presence of somebody in my room and when I look around it is as if he is hiding behind me, but I could feel that there is somebody”,

Pk15

“It was a lot of voices even when I was going to the hospital they were laughing at me and I could see that people around me don’t see anything I am experiencing”

These experiences are confirmed by Hunt and Eisenberg (2010:3), who reported that mental disorders account for nearly one half of the disease burden for young adults in the United States; and most lifetime mental disorder have the first onset by the age of twenty four years. Hartley et al. (2012: 65) also indicated that anxiety was associated with depression and hallucinations and distress. Auditory hallucinations commanding one to harm or kill themselves or to go and overdose with pills as indicated above, were associated with higher levels of depression (Hartley et al., 2012: 65). This could pose a threat for these participants hence the attempted suicide. The participants also had some delusional ideas that were noted by the researcher as indicated in the following sub-category.

3.2.4.4 Sub-category 15: Grandiose delusions evident in expressions of having supernatural powers

In this study, mental symptoms observed in these participants escalated to delusions, as they stated that they experienced a strange belief in a miracle that occurred during their stressors when they were planning to overdose themselves with pills. They indicated that they experienced a miracle that they were having a conversation with Jesus Christ. In other instances they indicated that they had supernatural powers; in this way they did not feel any pain as confirmed by the direct quotation as follows:

Pk 5

“I don’t know if it was Jesus Christ I was talking to but to me he looked like Jesus even if I never had that experience before”

Pk8

“I felt I have unusual powers to solve my problems better than anybody else, but to my surprise I could not tell how it happened”

This quotation is confirmed by Robotham (2008: 735) that there is evidence that some students experience a significant level of stress and that they increasingly suffer from mental health problems. This pressure and stress makes them to detach from reality in that they experienced miraculous powers; when they realised that after their stressful situation, it is when they decided to overdose with tablets. It is also confirmed by Hartley et al. (2012: 65), that delusions with themes pertaining to the abnormal behaviour, that people of this nature have lower levels of depression as indicated above. The participants have also undergone some form of serious if not severe type of persecutory ideas that they seemed to be suspicious of the people around them as will be discussed in the next subcategory.

3.2.4.5 Sub-category 16: Paranoid delusions as evident in extreme suspiciousness

In this study participants seemed to have developed some forms of suspicion towards some people because of the stress that they were subjected to, as well as loss of trust in their family members. They did not trust anybody anymore; they were pushed to the extreme that they wanted somebody to put blame on. They became suspicious and withdrawn from the real world as confirmed by the direct quotations below:

Pk12

“I can’t trust anybody because of what my mother did, whenever I look at her like that I felt betrayed and frustrated”

Pk4

“She told me that ‘Satanists’ are after me and that I surrounded by them but I believed her because I trusted her judgement”

Pk6

“I felt that the people are now talking about the incident of rape behind my back and all those people who came to me had their own conclusions”

Hartley et al. (2012: 65) examined the relationship between anxiety and depression, and psychotic symptoms, and found that participants had a dual diagnosis of psychosis with substance abuse. They also presented with anxiety, depression, delusions and hallucinations. Delusions and hallucinations themes were related to levels of depression. Appleby (2016: 17) also confirmed that the risk of suicide among young people significantly increased for those with a parental history of suicidal behaviour and psychiatric illness. In other words, for young people who have a family history of suicidal behaviour, the rate of attempted suicide is increased amongst them.

From the above findings the participants were faced with a lot of stressors. A lot has to be done or measures have to be recommended for students in the Mafikeng sub-district of the NWP. It was observed that more females were affected than their male counterparts and this is confirmed by Le Pont et al. (2004:282,) that when the age and sex were considered in surveys conducted in other countries, it was found that persons who unsuccessfully attempted suicide were more frequently younger and female.

Hefner & Eisenberg, (2007:534) also stated that mental health amongst university students represents an important and growing public health concern for which epidemiological data are needed. Mental health among college students represents not only a growing concern but also an opportunity; because of the large number of people they meet who could be reached during an important period of life for counselling (Hunt & Eisenberg, 2010:3).

3.3 Summary

The findings of this study on factors that contribute to attempted suicide amongst students of Mafikeng sub-district of the NWP data analysis as well as literature control were discussed in this chapter. These findings were shown with direct quotations as verbalized by participants. The findings and conclusions of this study specified that students have problems and we are not aware of that. The environment, like relationships, substance abuse and academic related problems as well as social life are contributing to their emotional stress.

In the following chapter the researcher discusses the conclusions, limitations, recommendations and guidelines of the study with specific reference to nursing education and nursing.

CHAPTER 4

4.1 Introduction

The previous chapter encompassed the realization of data analysis as well as the discussion of the results and literature control. These results were sustained by direct quotations from the transcripts as well as the confirmation of literature that either supports or disagrees with the results of this study. In this chapter conclusions based on the findings, limitations as well as recommendations of the study were made with specific reference to nursing education, nursing practice as well as nursing research of factors contributing to attempted suicide amongst students in the Mafikeng sub-district of the North West Province.

4.2 Conclusions

Conclusions of this study are drawn from the findings, literature confirmation as well as the field notes based on observations that were made during the individual interviews. From data analysis, four major categories were identified after fifteen in-depth individual interviews with participants of Higher Learning Institutions who once attempted suicide, as discussed in detail in chapter 3. Conclusions on those four major categories are discussed after which the general conclusions are drawn. The conclusions provided more understanding of the emotional stressors that the participants encountered during their emotional turmoil and therefore addressed the gap highlighted in the problem statement of this study (see 1.1).

4.2.1 Conclusions regarding the financial factors as one of the contributory factors to attempting suicide by students in the Mafikeng area of the NWP

From the findings of this study a conclusion is drawn that students of Mafikeng sub-district had serious financial stressors and because they were young and vulnerable they lost hope before they could ask for help. Scholars in this field state that students from low socio-economic backgrounds are at a higher risk for depression and anxiety

symptoms (Hunt & Eisenberg, 2010:3). It seemed to be a trend in the Mafikeng sub-district of the NWP that at the beginning of each year some of the students had a problem with the balance on their tuition fees from the previous years. It also appeared from the discussion of results that financial factors were a contributory factor to attempted suicide amongst the students in the Mafikeng sub-district of NWP. Most frustrating to them was also the fact that they owed the institution and it posed a problem to them as they were under a lot of pressure. They were frustrated because they realized that they should either have taken a break, missed that year and have added an extra year in order to finish up the programme.

They realized that their problems were not resolved as they tried all measures in order to get the money and settle their debt with the institution. From the bursary office to the Educational Loan offices, they had no luck. Worst of all they could not get support from their families to settle their debts and they even blamed their families for their attempted suicide. They could not find any solution to their problems as indicated in their quotations in the previous chapter. They were helpless, stressed and hopeless and they further presented with the following social factors as indicated in the category that follows.

4.2.2 Conclusions regarding the social factors as one of the contributory factors of attempted suicide by students in the Mafikeng area of the NWP

The above category is the second of the categories of contributory factors to attempted suicide amongst students of the Mafikeng sub-district of the NWP. Social factors refer to issues pertaining to the participants' inability to cope with unfaithful partners, families and friends. They expressed their feelings as regards their stressors which led to attempted suicide by overdosing themselves with tablets. Exner (2007:133) states that para-suicidal behaviours are acts that appear suicidal but where there is no intention of killing themselves.

The participants indicated how they were stressed by the life at institutions as things did not work out as they expected. For example, there was a problem in relationships with their boyfriends and friends. They were so stressed that they could not think straight

hence the attempt to take their lives. One could depict that emotionally they were not feeling fine and this was aggravated by incidents that happened during their childhood stage, so that they were still experiencing that pain at the time of the interview for this study. The researcher could observe that they were still emotionally affected and some indicated that it was very painful to relate the incident as it amounted to re-living the experience.

4.2.3 Conclusions regarding the psychological factors that contributed to attempted suicide by students in the Mafikeng area of the NWP

The third category of the factors that contributed to attempted suicide showed that the participants could not cope with the stressors they encountered in their lives when they were at Higher Learning Institutions. They were frustrated by, among other things, pregnancy associated with failed relationships with their boyfriends, being raped or molested, as well as being involved in abusing alcohol or drugs. All these stressed them to the extent that they resorted to overdosing themselves with tablets. According to them they could not think straight and it led to a mental breakdown as evident in the following paragraph.

4.2.4 Conclusions regarding mental disturbance as a contributing factor to attempted suicide by students in the Mafikeng area of the NWP

The fourth and last category in this study as a contributory factor to attempted suicide by students in the Mafikeng sub-district of the NWP indicated that the participants appeared to have developed a mental breakdown as indicated by symptoms of hearing voices which were strange to them. They also perceived visions which they could neither understand nor confirm with those in the same environment. Some had serious suspicions that led to them losing trust in anybody, including their own families. They believed that they had miraculous powers; these experiences could be attributed to mental symptoms. The above led to their feeling that the only way to get out of the situation was to attempt suicide by overdosing themselves with tablets that were prescribed for them.

5.1 General Conclusions

From the findings of this study it could be generally decided that most students of Higher Learning Institutions in the Mafikeng sub-district of NWP who had attempted suicide had serious emotional problems. These problems originated from their financial problems that led to outstanding study debts, stressors attributed to failure of relationships with boyfriends or family conflicts, while some originated from psychological factors associated with failure to cope with unwanted pregnancy as well as developing mental symptoms caused by overwhelming study problems. They demonstrated and expressed honesty in what they were saying during the interviews as evident in how frustrated and stressed they were during their emotional stress.

Some students or participants even mentioned that their problem was that they could not find somebody to talk to and that they would not have attempted suicide if they had obtained professional help in time.

Doing this research had its own limitations as indicated in the following topic.

6.1 Limitations of the study

The limitations identified by the researcher of this study are discussed below as follows:

Some of the interviews had to be done by a colleague to avoid bias in the study, as some of the participants were known to the researcher. The colleague then had to do it when she was free, as she had to compromise one to two hours of her time to interview the participant and it had to be after hours as stated before.

On recruiting the potential participants, many of them would agree to take part, complete the consent form and thereafter show no interest in the project. During the interviews some would not divulge or verbalize their feelings about their participation to an extent that the researcher had to probe but with little success.

Another limitation was that due to the sensitivity of this study it was difficult for the students to be interviewed about attempted suicide as the researcher could sense the feeling of uneasiness from the participants. Some participants had to be interviewed by the researcher herself hence this observation. The observed uneasiness was despite the efforts done to explain to them that the study was totally voluntary and that no penalty would be imposed on them should they wish to pull out from the study. One interview was the most difficult one as the participant gave short answers, even if an explanation was given that she was supposed to elaborate on her answers.

7.1 RECOMMENDATIONS FOR NURSING EDUCATION, NURSING RESEARCH, HIGHER LEARNING INSTITUTIONS AND NURSING PRACTICE

From the findings, literature and the conclusions of this study as discussed above recommendations for nursing education, nursing research and as well as for Nursing practice follows.

7.1.1 Recommendations for Nursing Education

Nursing education needs to aim at improving the capability of psychiatric nurses in the management of people experiencing stressors that could lead to depression and the subsequent taking of one's life, including students at various institutions. Students at institutions of higher learning face challenges that need them to be empowered with coping skills. It should further aim to increase psychiatric nurses' perception about the stressors the students come across, in order to curb the recurrence of such incidents. Students need continuous guidance and support during their years of study.

The findings of this study can thus provide vital information for current policies and curricula for psychiatric nursing students as well as other psychological health care providers. This dissertation will be available in the libraries of Higher Learning

Institutions in the Mafikeng sub-district. A research article based on this research will also be written and submitted for publication.

7.1.2 Recommendations for Nursing Research

From the findings of this study on factors contributing to attempted suicide amongst students in the Mafikeng sub-district, it is clear that there is a need for further research especially since studies on this phenomenon are minimal, probably because of the sensitive nature of the topic. The research is recommended in the following areas:

- Utilising counselling services within institutions of higher learning to prevent suicide.
- During the orientation period, the newly admitted students should be made aware about the available facilities on campus that may assist them to deal with stressors

7.1.3 Recommendations for nursing practice

Recommendations for nursing practice are particularly for Higher Learning Institution Campuses to have a twenty-four-hour service for crisis intervention. The counselling department will be the suitable structure that will conduct awareness campaigns and give out pamphlets on factors contributing to attempted suicide amongst the students of Higher Learning Institutions. Campaigns should be conducted in order to bring awareness about the seriousness of suicide or attempted suicide amongst the students of Higher Learning Institutions. Some participants interviewed in this study have already said that it was really therapeutic for them, as they felt relieved after verbalising their feelings.

A visiting Psychologist could be organized for the students, or a permanent Psychologist be employed on campuses. There could be dramatization on campuses, flyers could be made, even research conducted about the environment on campus to see how students perceive it from an educational perspective to a social perspective. The researcher is aware that this is a mammoth task but this could be an outreach to

some students especially at the beginning of the year, especially for first year students. These could also take place during or including the mental health month, October, which is recognized nationally and worldwide, so that they could have an insight into their problems and challenges. It will also create awareness and be able to have a mechanism to cope; they came to those institutions not knowing what they were supposed to do when they had problems. The Psychologist may be the facilitator of the campaigns on counselling especially at first year level, although senior students may also need these services. These incidents occur after hours and the 24-hour service would help such students. There should be structures which will be dealing with those students for counselling purposes, and it may be that some prefer to talk on a one-to-one basis so that they are not seen by other people during the day, as they consult for counselling.

As far as the finances are concerned the recruiting office could inform the prospective students during registration about what is expected of them financially, to avoid huge debts at the end of the programme.

8.1 Conclusion

The objective of this study was reached, which was to explore and describe the factors contributing to attempted suicide amongst the students in the Mafikeng sub-district of North West Province. The exploration and description for these students' emotional problems provided insight into recommendations that could be made in order to reduce the rate of attempted suicide which might lead to completed suicide amongst the students of Higher Learning Institutions.

Recommendations for nursing education, nursing research as well as Higher Learning Institutions were made. These recommendations have the possibility to develop psychological health care and limit the occurrence of attempted suicide amongst the students of Higher Learning Institutions.

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Annexures

Appendix A:

			NORTH-WEST UNIVERSITY YUNIBESITHI YA BOKONE-BOPHIRIMA NOORDWES-UNIVERSITEIT															
		Private Bag X8001, Potchefstroom South Africa 2520																
		Tel: (018) 299-4900 Faks: (018) 299-4910 Web: http://www.nwu.ac.za																
ETHICS APPROVAL OF PROJECT	Ethics Committee																	
	Tel +27 18 299 4850 Fax +27 18 293 5329 Email Ethics@nwu.ac.za 2013/08/08																	
This is to certify that the next project was approved by the NWU Ethics Committee:																		
<p>Project title: Factors contributing to attempted suicide amongst the students in the Mafikeng area of the North West Province</p> <p>Project Leader: Dr Eva Manyedi</p> <p>Student on project: Martha Motasi</p> <p>Ethics number: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>N</td><td>W</td><td>U</td><td>-</td><td>0</td><td>0</td><td>0</td><td>0</td><td>7</td><td>4</td><td>1</td><td>3</td><td>-</td><td>A</td><td>9</td></tr></table> <small>Subm., S = Submission, R = Re-Submission, P = Provisional Authorisation, A = Authorisation</small></p> <p>Approval date: 2013/07/30 Expiry date: 2018/07/29</p>				N	W	U	-	0	0	0	0	7	4	1	3	-	A	9
N	W	U	-	0	0	0	0	7	4	1	3	-	A	9				
The Ethics Committee would like to remain at your service as scientist and researcher, and wishes you well with your project. Please do not hesitate to contact the Ethics Committee for any further enquiries or requests for assistance.																		
Yours sincerely																		
																		
Me. Marietjie Halgryn NWU Ethics Secretariate																		

APPENDIX B:

Department of Health

North West Province

Sir / Madam,

REQUEST FOR PERMISSION TO CONDUCT RESEARCH ENTITLED: FACTORS THAT CONTRIBUTE TO ATTEMPTED SUICIDE AMONG STUDENTS IN THE MAFIKENG AREA OF THE NORTH WEST PROVINCE

I am a student registered for Master of Nursing Science at North West University, Mafikeng campus. I have to conduct research for the completion of my studies with the above title. The research will be conducted within the institutions of higher learning in the Mafikeng area of the North West Province.

The objectives of the research are to:

- ❖ Explore and describe the factors contributing to attempted suicide amongst the students in Mafikeng area of the North West Province
- ❖ To make recommendations that could assist these students to prevent attempted suicide that could predispose them to future suicide

Permission is therefore requested to undertake this project that will involve the participation of some students in this campus. The researcher will make contact with potential participants and letters will be written to them or they will be contacted telephonically to explain this project as well as to request them to participate.

Should they consent to participate; in-depth interviews will be conducted at the venue that will be suitable for participants. The interviews will take place from September 2013 to May 2014. All the names of the participants and the research

proceedings will be treated confidentially and they will not appear anywhere on the tapes or research report. Participation will be voluntary and they have the right to withdraw at any stage if they wish to do so, and no punitive measures will be enforced against them. Participants will be supported emotionally should they experience any mental discomfort from their experiences of participating in interviews.

The criteria for inclusion are as follows:

The students must:

- Have registered as students in the Institution of Higher Learning in the Mafikeng area of North West Province
- Be aged between 18 and 35 years;
- They must have attempted suicide at one stage in their lives;
- Be willing to be interviewed and voice recorded;
- Be able to speak English, Setswana, Sepedi or Sesotho.

The proposal which has been approved by the University's Ethical Committee is attached; your prompt response in this regard will be appreciated so that the researcher can be able to make further arrangements.


For more information please contact the researcher at the following number 018 389 2223, E-mail: martha.motasi@nwu.ac.za

Thanking you in anticipation

K.M.Motasi (Researcher)

Dr.M.E.Manyedi (Supervisor) —

APPENDIX C

	health Department of Health North West Province REPUBLIC OF SOUTH AFRICA	2 nd Floor Tirolo Building Dr. Albert Luthof Drive Mafikeng, 2745 Private Bag X2068 MMAFBATHO, 2735	Tel: (018) 287 1789 Fax: 018 282 6710 ksh@nwhealth.gov.za www.nwhealth.gov.za
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POLICY, PLANNING, RESEARCH, MONITORING AND EVALUATION

To : Ms M Motasi

From : Policy, Planning, Research, Monitoring & Evaluation


Subject : Approval Letter- Factors contributing to attempted suicide amongst students in the Mafikeng Area of North West Province.


Purpose

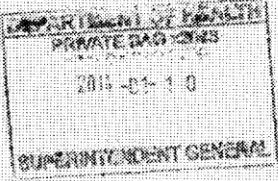
To inform the researcher that permission to undertake the above mentioned study has been granted by the North West Department of Health. The researcher is expected to arrange in advance with the chosen districts or facilities, and issue this letter as prove that permission has been granted by the provincial office.


Upon completion, the department expects to receive a final research report from the researcher.

Kindest regards


Acting Director: PPRM&E
Mr. I. Moaisi


Date




Healthy Living for All

APPENDIX D:

Department of Education

North West Province

Sir / Madam,

**REQUEST FOR PERMISSION TO CONDUCT RESEARCH ENTITLED:
FACTORS THAT CONTRIBUTE TO ATTEMPTED SUICIDE AMONG
STUDENTS IN THE MAFIKENG AREA OF THE NORTH WEST PROVINCE,
(WITH SPECIAL REFERENCE TO TALETSO – FET COLLEGE IN MAHIKENG)**

I am a student registered for Master of Nursing Science at North West University, Mafikeng campus. I have to conduct research for the completion of my studies with the above title. The research will be conducted within the institutions of higher learning in the Mafikeng sub-district area of the North West Province.

The objectives of the research are to:

- ❖ Explore and describe the factors contributing to attempted suicide amongst the students at Mafikeng area of the North West Province
- ❖ Recommend guidelines that could assist these students to cope with stressors they experience as well as to prevent suicide

Permission is therefore requested to undertake this project that will involve the participation of some students in this campus. The researcher will make contact with potential participants and letters will be written to them or they will be contacted telephonically to explain this project as well as to request them to participate.

Should they consent to participate; in-depth interviews will be conducted at the venue that will be suitable for participants. The interviews will take place from

September 2013 to November 2013. All the names of the participants and the research proceedings will be treated confidentially and they will not appear anywhere on the tapes or research report. Participation will be voluntary and they have the right to withdraw at any stage if they wish to do so, and no punitive measures will be enforced against them. Participants will be supported emotionally should they experience any mental discomfort from their experiences of participating in interviews.

The criteria for inclusion are as follows:

The students must:

- Have registered as students in the Institution of Higher Learning in the Mafikeng area of North West Province
- Be aged between 18 and 35 years;
- They must have attempted suicide at one stage in their lives;
- Be willing to be interviewed and voice recorded;
- Be able to speak English, Setswana, Sepedi or Sesotho.

The proposal which has been approved by the University's Ethical Committee is attached; your prompt response in this regard will be appreciated so that the researcher can be able to make further arrangements.



For more information please contact the researcher at the following number 018 389 2223, E-mail: martha.motasi@nwu.ac.za

Thanking you in anticipation

K.M.Motasi (Researcher)

Dr.M.E.Manyedi (Supervisor)

APPENDIX E:

	education Lefapha la Thuco Onderwys Departement Department of Education NORTH WEST PROVINCE	Block C, Old Mmabatho High Hostels 3105 Dr Albert Luthuli Drive Mmabatho Private Bag X2044 Mmabatho 2735 Tel: 018 369 8042/102 Fax: 018 369 8243 Email: globe@nw.gov.za
Directorate - Further Education & Training		
Enquiries: G E Spalanga Tel. No.: (018) 3898102 Fax No.: (018) 3046079		
TO:	MRS S G GELDERBLOEM PRINCIPAL: TALETSO FETC	
FROM:	REVEREND BL MOGALE DIRECTOR: FETCS	
DATE:	15 OCTOBER 2013	
SUBJECT:	REQUEST FOR PERMISSION TO CONDUCT RESEARCH ENTITLED: FACTORS CONTRIBUTING TO ATTEMPTED SUICIDE AMONGST STUDENTS IN THE MAFIKENG AREA OF THE NORTH WEST PROVINCE. (WITH SPECIAL REFERENCE TO TALETSO FET COLLEGE IN MAHIKENG)	
<hr/>		
The purpose of this communiqué is to request you to accede to the request of Mrs Kedibone Martha Motasi to conduct her research as pointed above.		
Background		
Mrs Motasi intends to conduct a research in higher learning institutions as pointed above and in her letter of request attached.		
She is focusing in the Taletso FET College, the UNW and MACON, that is, the college of Nursing in Mmabatho.		
Conclusion		
Kindly ensure that she successfully conducts her research and agree with her to follow the college procedures and processes in her research plans.		
Yours sincerely		
		
REV BL MOGALE DIRECTOR: FETCS		
<hr/>		
FET Dir. Request to conduct a research Mrs Motasi BLM/gcc	15/10/2013	Page 1

APPENDIX F:

The Registrar/ Dean of students

North West University – Mafikeng Campus

Private Bag 2046

Mmabatho,

2735

Sir

REQUEST FOR PERMISSION TO CONDUCT RESEARCH ENTITLED: FACTORS THAT CONTRIBUTE TO ATTEMPTED SUICIDE AMONG STUDENTS IN THE MAFIKENG AREA OF THE NORTH WEST PROVINCE

I am a student registered for Master of Nursing Science at North West University, Mafikeng campus. I have to conduct research for the completion of my studies with the above title. The research will be conducted within the institutions of higher learning in the Mafikeng area of the North West Province.

The objectives of the research are to:

- ❖ Explore and describe the factors contributing to attempted suicide amongst the students in the Mafikeng area of the North West Province
- ❖ To make recommendations that could assist these students to prevent attempted suicide that could predispose them to future

Permission is therefore requested to undertake this project that will involve the participation of some students in this campus. The researcher will make contact with potential participants and letters will be written to them or they will be contacted telephonically to explain this project as well as to request them to participate.

Should they consent to participate; in-depth interviews will be conducted at the venue that will be suitable for participants. The interviews will take place from September 2013 to November 2013. All the names of the participants and the research proceedings will be treated confidentially and they will not appear anywhere on the tapes or research report. Participation will be voluntary and they have the right to withdraw at any stage if they wish to do so, and no punitive measures will be enforced against them. Participants will be supported emotionally should they experience any mental discomfort from their experiences of participating in interviews.

The criteria for inclusion are as follows:

The students must

- Have registered as students in the Institution of Higher Learning in the Mafikeng area of North West Province
- Be aged between 18 and 35 years;
- They must have attempted suicide at one stage in their lives;
- Be willing to be interviewed and voice recorded;
- Be able to speak English, Setswana, Sepedi or Sesotho.

The proposal which has been approved by the University's Ethical Committee is attached; your prompt response in this regard will be appreciated so that the researcher can be able to make further arrangements.

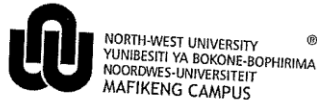
For more information please contact the researcher at the following number 018 389 2223, E-mail: martha.motasi@nwu.ac.za

Thanking you in anticipation

K.M.Motasi (Researcher)

Dr.M.E.Manyedi (Supervisor) __

APPENDIX G



Private Bag X2046, Mmabatho
South Africa, 2735

Tel: 018 389-2111
Fax: 018 392-5775
Web: <http://www.nwu.ac.za>

Academic Services
Tel: 018 3892140
Fax: 018 3892189
Email: Robert.kettles@nwu.ac.za

26 September 2013

Ms KM Motasi
Department of Nursing

Dear Ms Motasi

PERMISSION TO CONDUCT RESEARCH

With reference to your undated letter received on 20 September 2013, please be advised that permission is granted to conduct the research in terms of the ethical approval granted on 30 July 2013 (NWU 00007413 – A9).

Yours sincerely

Robert Kettles
Campus Registrar

Original details: Robert Kettles(16009827) C:\documents and settings\user\my documents\Motasi.docm
26 September 2013

File reference: Motasi KM



APPENDIX H:

The Principal

Mmabatho College of Nursing

Private Bag x2178

Mmabatho

2735

Sir / Madam,

**REQUEST FOR PERMISSION TO CONDUCT RESEARCH ENTITLED:
FACTORS THAT CONTRIBUTE TO ATTEMPTED SUICIDE AMONG
STUDENTS IN THE MAFIKENG AREA OF THE NORTH WEST PROVINCE**

I am a student registered for Master of Nursing Science at North West University, Mafikeng campus. I have to conduct research for the completion of my studies with the above title. The research will be conducted within the institutions of higher learning in the Mafikeng area of the North West Province.

The objectives of the research are to:

- Explore and describe the factors contributing to attempted suicide amongst the students in the Mafikeng area of the North West Province
- To make recommendations that could assist these students to prevent attempted suicide that could predispose them to future suicide

Permission is therefore requested to undertake this project that will involve the participation of some students in this campus. The researcher will make contact with potential participants and letters will be written to them or they will be contacted telephonically to explain this project as well as to request them to participate.

Should they consent to participate; in-depth interviews will be conducted at the venue that will be suitable for participants. The interviews will take place from September 2013 to November 2013. All the names of the participants and the research proceedings will be treated confidentially and they will not appear anywhere on the tapes or research report. Participation will be voluntary and they have the right to withdraw at any stage if they wish to do so, and no punitive measures will be enforced against them. Participants will be supported emotionally should they experience any mental discomfort from their experiences of participating in interviews.

The criteria for inclusion are as follows:

The students must

- Have registered as students in the Institution of Higher Learning in the Mafikeng area of North West Province
- Be aged between 18 and 35 years;
- They must have attempted suicide at one stage in their lives;
- Be willing to be interviewed and voice recorded;
- Be able to speak English, Setswana, Sepedi or Sesotho.

The proposal which has been approved by the University's Ethical Committee is attached; your prompt response in this regard will be appreciated so that the researcher can be able to make further arrangements.

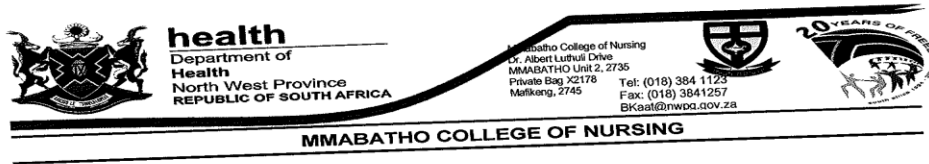
For more information please contact the researcher at the following number 018 389 2223, E-mail: martha.motasi@nwu.ac.za

Thanking you in anticipation

K.M.Motasi (Researcher)

Dr.M.E.Manyedi (Supervisor)

APPENDIX I



15 July 2014

TO : Ms M. Motasi
From : Ms B.J. Kaat
Acting Campus Head

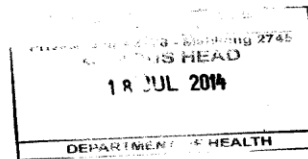
Subject: Approval letter to conduct a research at Mmabatho College of Nursing

This letter serves to give you permission to conduct a research on Factors contributing to attempted suicide amongst students in the Mafikeng Area of North West Province, at Mmabatho College of Nursing.

Kindly note that the students are still on class and clinical boycott and you will be informed when the situation at the college is conducive for you to conduct the research.

Regards


Ms B.J. Kaat
Acting Campus Head



APPENDIX J:

The Principal

Taletso Further Education and Training

Private Bag x128

Mmabatho

2735

Sir / Madam,

REQUEST FOR PERMISSION TO CONDUCT RESEARCH ENTITLED: FACTORS THAT CONTRIBUTE TO ATTEMPTED SUICIDE AMONG STUDENTS IN THE MAFIKENG AREA OF THE NORTH WEST PROVINCE

I am a student registered for Master of Nursing Science at North West University, Mafikeng campus. I have to conduct research for the completion of my studies with the above title. The research will be conducted within the institutions of higher learning in the Mafikeng area of the North West Province.

The objectives of the research are to:

- Explore and describe the factors contributing to attempted suicide amongst the students in the Mafikeng area of the North West Province
- To make recommendations that could assist these students to prevent attempted suicide that could predispose them to future suicide

Permission is therefore requested to undertake this project that will involve the participation of some students in this campus. The researcher will make contact with potential participants and letters will be written to them or they will be contacted telephonically to explain this project as well as to request them to participate.

Should they consent to participate; in-depth interviews will be conducted at the venue that will be suitable for participants. The interviews will take place from

September 2013 to October 2014. All the names of the participants and the research proceedings will be treated confidentially and they will not appear anywhere on the tapes or research report. Participation will be voluntary and they have the right to withdraw at any stage if they wish to do so, and no punitive measures will be enforced against them. Participants will be supported emotionally should they experience any mental discomfort from their experiences of participating in interviews.

The criteria for inclusion are as follows:

The students must

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- Be aged between 18 and 35 years;
- They must have attempted suicide at one stage in their lives;
- Be willing to be interviewed and voice recorded;
- Be able to speak English, Setswana, Sepedi or Sesotho.

The proposal which has been approved by the University's Ethical Committee is attached; your prompt response in this regard will be appreciated so that the researcher can be able to make further arrangements.

For more information please contact the researcher at the following number 018 389 2223, E-mail: martha.motasi@nwu.ac.za

Thanking you in anticipation

K.M.Motasi (Researcher)

Dr.M.E.Manyedi (Supervisor) __

APPENDIX K



TALETSO
FURTHER EDUCATION AND TRAINING COLLEGE

Private Bag X 128, MMABATHO, 2735; Tel: (018)384 2341/4/6/79/50; Fax: (018) 384 7511
Kgona Building, Mafikeng; e-mail:mabathoana@taletsofetcollege.co.za



LS 3680

CORPORATE CENTRE

27 June 2014

RESEARCHER'S PARTICULARS

Name: **Kedibone Martha MOTASI**
ID No: 551120 0904 085
Student No: NWU-00007413-A9
Institution: **North West University**
Campus: **Mahikeng**
Qualification of Research Proposal: **M Cur**
Faculty: **Agriculture Science and Technology**
School: **Environmental Health Sciences**

Dear Ms. Motasi

APPROVAL TO CONDUCT RESEARCH: Proposed Field of Study/ Research Topic: "FACTORS CONTRIBUTING TO ATTEMPTED SUICIDE AMONG STUDENTS IN THE MAHIKENG AREA OF THE NORTH WEST PROVINCE"

Approval is hereby granted that you may conduct a study on the above-mentioned research topic on a selected focus group at the Mahikeng Campus of Taletso Technical and Vocational Education and Training (TVET, previously known as Further Education and Training [FET]) College. This approval is with effect from July the 1st, 2014.

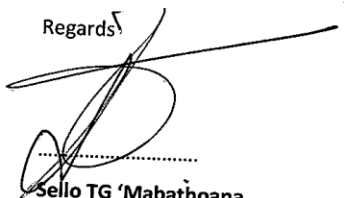
Permission is subject to the following conditions, and may be withdrawn if these are not met:

1. The Campus Manager concerned is to be informed that you have received permission from the Principal of Taletso TVET College to conduct your research at Mahikeng Campus.

2. Please, show this letter to the Campus Manager as proof that you have received the College's consent to carry out the research.
3. Your North West University approved Research Proposal that sets out a brief summary of your intended research should be made available to the Mahikeng Campus Manager.
4. Please, obtain the goodwill of the Campus Manager, lecturers, support staff and students involved. Persons who offer their co-operation will receive no special benefit from the College, while those who prefer not to participate will not be penalised in any way.
5. In conducting the research the normal college programme should be interrupted as little as possible.
6. The Campus Manager must be consulted as to the times when you may carry out your research.
7. The names of the students, lecturers and support staff interacted with in your investigation may not appear in your dissertation without their consent.
8. Please, supply the College with a bound copy of the final research report. You may also be requested to give a short presentation of your findings.

The College wishes you well with this project and looks forward to seeing your findings in your final report.

Regards,



Sello TG Mabathoana

Principal

Date: 2014/06/27

APPENDIX L:

Mafikeng Hotel School

Mafikeng.

North West Province

Sir / Madam,

**REQUEST FOR PERMISSION TO CONDUCT RESEARCH ENTITLED:
FACTORS THAT CONTRIBUTE TO ATTEMPTED SUICIDE AMONG
STUDENTS IN THE MAFIKENG AREA OF THE NORTH WEST PROVINCE**

I am a student registered for Master of Nursing Science at North West University, Mafikeng campus. I have to conduct research for the completion of my studies with the above title. The research will be conducted within the institutions of higher learning in the Mafikeng area of the North West Province.

The objectives of the research are to:

- ❖ Explore and describe the factors contributing to attempted suicide amongst the students in Mafikeng area of the North West Province
- ❖ To make recommendations that could assist these students to prevent attempted suicide that could predispose them to future suicide

Permission is therefore requested to undertake this project that will involve the participation of some students in this campus. The researcher will make contact with potential participants and letters will be written to them or they will be contacted telephonically to explain this project as well as to request them to participate.

Should they consent to participate; in-depth interviews will be conducted at the venue that will be suitable for participants. The interviews will take place from September 2013 to May 2014. All the names of the participants and the research proceedings will be treated confidentially and they will not appear anywhere on the tapes or research report. Participation will be voluntary and they have the right to

withdraw at any stage if they wish to do so, and no punitive measures will be enforced against them. Participants will be supported emotionally should they experience any mental discomfort from their experiences of participating in interviews.

The criteria for inclusion are as follows:

The students must:

- Have registered as students in the Institution of Higher Learning in the Mafikeng area of North West Province
- Be aged between 18 and 35 years;
- They must have attempted suicide at one stage in their lives;
- Be willing to be interviewed and voice recorded;
- Be able to speak English, Setswana, Sepedi or Sesotho.

The proposal which has been approved by the University's Ethical Committee is attached; your prompt response in this regard will be appreciated so that the researcher can be able to make further arrangements.

For more information please contact the researcher at the following number 018 389 2223, E-mail: martha.motasi@nwu.ac.za

Thanking you in anticipation

K.M.Motasi (Researcher)

Dr.M.E.Manyedi (Supervisor) __

APPENDIX M:

Dear Ms. Motasi,

I confirm our discussion on the above subject at Mafikeng Hotel School on Friday 24 January 2014 and wish to further confirm that the management of this institution will not have any problem with you conducting your research amongst students of this institution as outlined in your Research Proposal. We want to indicate that such a study will provide us with valuable insights into some of the difficult to ascertain behaviour challenges that our young people face and we acknowledge that the positive spins off of the study will make it possible for us to management our institution successfully. We therefore we will support your efforts in any way we can.

If there should be anything that we as an institution can do to assist, please do not hesitate to contact me directly.

J.Y. Akwa (Mr.)

Rector : Hotel Schools Division

North West Parks & Tourism Board

Tel: 018-3862121 / 2123 / 2112 / 2449 / 3332 / 2929

Fax : 018-3862858 / 0865206378 /

Cell : 0822003877

email : yakwa@nwptb.co.za

Websites : [www. tourismnorthwest.co.za](http://www.tourismnorthwest.co.za) / www.northwesthotelschools.co.za

APPENDIX N: LETTER TO REQUEST PARTICIPANTS TO PARTICIPATE IN RESEARCH

REQUEST TO PARTICIPATE IN RESEARCH ENTITLED: FACTORS THAT CONTRIBUTE TO ATTEMPTED SUICIDE AMONG STUDENTS IN THE MAFIKENG AREA OF THE NORTH WEST PROVINCE

I am a student registered for a Master of Science in Nursing at NWU, Mafikeng campus. I am conducting research on the above topic and will appreciate your participation as a student who once was emotionally stressed.

The objectives of the research are to:

- ❖ Explore and describe the factors contributing to attempted suicide amongst the students of Higher Learning Institutions in the Mafikeng area of North West Province
- ❖ Make recommendations that could assist these students to cope with the contributory factors as well as to prevent suicide

Should you consent to participate in the study, the benefits for you is that you will be able to talk to the researcher about your experiences as well as being exposed to the programme aimed at assisting you to cope with your experience, which is a therapeutic process.

A date and time for the interview will be arranged with you in due course. The interview will take place at the private room to ensure privacy and comfort, and it will last for 1 – 2 hours. The researcher will communicate with you in Setswana or English, depending on your language of preference. An audio-tape will be used to record the interview and it will be confidential between the researcher, her promoter as well as co-promoter. The researcher may come for follow up if more information is required, or for the sake of clarifying information. Your participation is voluntary and you have the right to discontinue at anytime when you feel like

doing so. The audio tapes will be erased after data analysis. Your name will not be disclosed during research or on publication of results.

Should you experience any mental discomfort or distress as a result of your participation in this research, you will be given emotional support.

You are kindly requested to complete the attached consent form to indicate that you are willing to participate in this research.

Thanking you in anticipation.

K.M.Motasi (Researcher)

Dr. E.M.Manyedi (Supervisor)

APPENDIX O

CONSENT TO PARTICIPATE IN RESEARCH.

RESEARCH TOPIC: FACTORS CONTRIBUTING TO ATTEMPTED SUICIDE AMONGST NORTH WEST UNIVERSITY students, Mafikeng campus.

The Researcher

I have discussed the objectives, benefits, risks and obligations of this research with the participant and I am satisfied that she or he understands all the implications thereof.

Researcher

Date

The Participant

I _____ hereby consent to participate voluntarily in the above research project. I accept that an interview will be conducted with me as personally arranged, and that an audio-tape will be used to record this interview. I also accept that the research may conduct further interviews as may be necessary to gather more information.

Participant

Date

Appendix P – REQUEST TO ACT AS CO – CODER IN A RESEARCH PROJECT

I am currently studying for the Mcur (Psychiatric Nursing Science) degree at the North West University – Mafikeng campus. I am working on a research project for completion of my studies.

The title of the research is: **Factors contributing to attempted suicide amongst the students of Higher Learning Institutions in the Mafikeng area of the North West Province.** This research has been approved by the school of Nursing science and the Ethics committee of the North West University – Mafikeng campus (Appendix A), North West Provincial Department of Health (Appendix C), North West Provincial Department of Education (Appendix E) as well as the registrar of the Mafikeng campus, Taletso Further Education and Training Manager, Mmabatho College of Nursing Manager and Mmabatho Palms Hotel school Manager where data will be collected (Appendices G, I, K and M).

The purpose of the research:

To explore and describe the factors contributing to attempted suicide amongst the students of Higher Learning Institutions in the Mafikeng sub-district of North West Province.

In order to achieve the above purpose, I hereby request your assistance as co-coder. In-depth individual interviews will be conducted with students who once attempted suicide; the central question will be **what are the factors which contributed to attempted suicide amongst the students of Higher Learning Institutions in this area.**

Enclosed please find the research proposal that has been approved by the North West University – Mafikeng campus research committee and school of Environmental Sciences. This proposal gives an outline of what the research entails.

Your favourable consideration of the above matter and a response at your earliest convenience will be appreciated.

Yours faithfully

K M Motasi

Mcur student

Dr ME Manyedi

Supervisor

Appendix Q



P.O. Box 1416

Mafikeng

2745

24 March 2018

To whom it may concern,

Co-coding for a Masters Candidate (Ms M Motasi)

This letter serves as a confirmation that I was requested by Ms Martha Motasi to act as co-coder and that I co-coded data collected in the study entitled "Factors that contribute to attempted suicide among the students in the Mafikeng area of North West Province"

Yours sincerely

Dr LA Sehularo (PhD, MNSc, BNSc, RN)

Senior Lecturer: Mental Health and Research

Tel: 0183892642 Cell: 0603470183

Email: Leepile.Sehularo@nwu.ac.za



This confirmation letter is issued without alteration or erasure of any kind.

APPENDIX R: EXAMPLE OF A TRANSCRIPT OF AN INDIVIDUAL INTERVIEW WITH A PARTICIPANT

Pk6

Researcher: My name is Martha Motasi, I hope you read my letter that I am conducting this study because I would like to understand more about this phenomenon so that I can be able to help the victims. Please are assured that this is confidential and I hope you would be free to share with me your experiences about this. Please feel free to inform me should you feel uncomfortable during this session and you are free to withdraw at any time and no punishment will be imposed on you.

Participant: I do not like to show the people my emotions; I hide my emotions with a smile. I had a problem with alcohol; I would tell myself that I am ok after drinking alcohol, but not talking about what hurt me most. And the other problem was weed, I smoke, it made me to feel calm, I would not worry that much after smoking.

The point when I took the pills is I was sober for about a week after an incident of rape. At first I felt numb about what actually, I did not feel anything, it was on my mind but in my heart I did not feel anything, it did not hurt, though painful. Then it happened that I talked to someone, it is then that I felt that something is going on, I felt like crying when I talked about it, I felt fear, I was shivering when I came to the room, I cried, a lot of things came to my mind that I never dealt with then, but I pushed them aside.

I had problems at home during recess; my mother told me about her problems, that she wants a divorce but because of me she cannot, so I felt that she is having it tough because of me. My performance is slowing down, when I tried to study that thing will come to my mind that I have family problems at home. All those things came back, I felt that I couldn't handle everything that is happening to me, I felt I can't go on, that there is no progress in my life. I felt the people are now talking about the incident behind my back, and all those people who came to me had their

own conclusions, they had this and that about me, they had their stories to tell. At first it didn't bother me. This guy who did this to me, his friends will tell my friends that I enjoyed every moment of the scene, so now everything change and that influence me to press charges, their coach does not understand my story, so they gonna sue me for defamation.

Like I said earlier on that initially it didn't bother me that much, but how I felt that everybody is looking at me; I knew I had a funny hairstyle but I felt people were not looking at my hairstyle, only to find that they are looking at me like the victim; even the way I dressed I changed, I had to cover up, I was paranoid most of the time, felt that everybody is looking at me and is talking. Every day I did not know what happened, the next minute I was crying uncontrollably, I was thinking of many things, things that I was unable to talk about when I was with my friends, things that I wouldn't talk about them with anyone; again I felt like I was a burden as regarding my mother's problems. I felt I can't go on like that plus my dad is a difficult person, he is making it difficult that a person can stay with him. I am here at school and my mother at home, I was thinking about her, is she ok because she likes to pretend that everything is ok, it worried me a lot. At that moment I wanted to take my life, the pills were in front of me, the only thing I could think about was a quick fix, it could kill me, but not hurt me, would sleep after taking them. I felt a regret of what I did, I thought a lot about my mother, but at the same time my life here at school I was blaming myself, that if, I didn't overdose it's all my fault. I would tell myself that, but made it worse.

Things that I did I took them to another level, I was doing them more than I use to. I was blaming myself that I don't have control of things that I am doing, it's like, when I do something my mind has gone somewhere else, then I regret, then I would drink or smoke which was making matters worse and I wouldn't talk to anybody about my problems; and I wouldn't cry, I was telling myself that it would be sharp, I must just get out of it, I will deal with the problem in the next time, I didn't care.

To try to commit suicide it taught me to think a lot about things that I am doing, instead of appreciating some of the things I would complain, like begging money from home is not enough, I see it that some people get R100 as an allowance but don't complain, now I grew up, I'm more responsible at the moment compared to the way I was back then.

Researcher: Now that you've changed what had actually happened that change your life, like you just made an example of people who survive on a little amount of money?

Participant: I was changed by the rape, I was not responsible enough, I didn't care about what happens to me, it made me realize that such things they get me into trouble. Before this incident, I thought the worst could have happened to me. I didn't see it that way; I think I have passed that stage, I think what could teach me more to do that again. There are a lot of mistakes that I have done- I saw wrong things as exciting, I couldn't see difference between right and wrong. The incident taught me that my actions got me into extremes, the worse scenario was that if the guy who raped me would have killed me or something. I feel like it's a scar to me, a day doesn't go by without thinking about it, I'm thinking about it all the time and it scares me. It gets me that I might try to attempt suicide. What will happen to me, all these they come back to me, I feel I need help.

Even at home I am a loner, I like my own space, they may make jokes but I'll be just on my own. My things are my things, my problems are my problems, I don't see reason to tell other people about them, I feel I can't handle these things, I need to talk to somebody. I didn't like to be corrected; when my mother tried to correct me I would make it worse than what I was corrected for, when she was correcting me I felt unloved, by the way she was not my biological mother, she's my aunt, she does not treat me like she is treating her own children, those things will keep on going on in my mind. To tell the truth I would just do anything the way I wanted to do it, irrespective that it may harm me or people whom I love will be hurt, for example, if I've gone somewhere and they don't know my whereabouts, she (my mother- aunt) would say "I'm not crossed because you are doing your

own things but I'm afraid that police will come and report you that you were found somewhere and maybe you were found dead. I know that you are thinking that because I'm not your mother and you are thinking that I might not feel anything but you are like my own child, if you are hurting I'll be hurting too". I didn't understand that I would think that she's just saying it and she just wanted to mend my ways.

The thing that hurt me most; after matric I was better, she felt I'm matured, I have changed and I'm a better person, I am the person my real mother wants me to be; but at some point I felt I'm doing it for her but it is not what I want. I told myself I'm living for her but not for myself, that's why that day I told myself I'm living for her but my living hurts her it makes her life misery and I didn't tell her about my being raped because I was asking myself what's gonna do to her, she would think maybe if it was not alcohol I wouldn't have been raped. This was going to be her reaction and I didn't want to see that reaction. I wanted to escape from a lot of things. I was not doing well, my body and mind were not willing that I must do better. I felt I couldn't get back on track, that's how I felt, that is why I decided on the over-dosage because I felt I didn't deserve to live.

Researcher: And when was that?

Participant: At that very day, when I attempted suicide, it happened in a very short period of time, my boyfriend was crossed because I was supposed to go home and I did not go home as I had a terrible feeling, I felt something gonna go wrong, I thought that maybe I am going to be involved in an accident, so my boyfriend saw me that I am in the campus. I had the whole week without going to see him. I went to my room, everything went so fast, I was weak, the next thing I was weak, I could not tell them that I took the pill; I came to my roommate room, told her that I tried to do something stupid, I didn't tell her exactly that I took some pills, I was getting scared as I told myself that it actually happened. I told her that I took the pill and she advised me to drink milk, I became scared. There was some guy, friend of mine who used to say some people are a "flop" then I told myself that this time I am a "flop". I had that thing in my mind that I am a "flop". Like at home when I start to drink, I would say eish I am a flop, but it did not bother me that much.

Researcher: So what was the reason of overdosing yourself?

Participant: I felt like life in the campus, I can't take it anymore, like life here it is everybody for him or herself. At home all the attention that they were giving me, I didn't appreciate it, I wanted here at school, and my mom use to say you are a big girl. I didn't want to grow because it scared me a lot, even now I don't want to see myself having reached 30 years, the thought of bringing salary to my family, to be a parent and to be responsible for someone, it scares me a lot, I don't want it. Now here at school I have to grow up and which is something I don't want. I do not want to grow I think it was it was better if I could kill myself now, to lessen my burden for other people, not to suffer because of me. Life here is the one that caused me to take my life, the thought of facing the guy who raped every day, to see him every day, even now I do not know how I am going to live my life.

Right now I have emotional problems, like I would wake up being grumpy, not wanting to talk to anybody, I wanted to be alone. But when I want the attention I demand it but when I am grumpy I do not want anybody to talk to me, I really did not know what I want. There was a time when I was with the counselor he advised me to be sure of what I want, what do I want in my life. So this incident affected my life, and affected my love life. I cannot see myself going anywhere with my relationship. When a guy tries to talk to me I feel uncomfortable sometimes, the way he will be looking at me, I ask myself why is he looking at me like that. What annoys me most is that, I don't remember what happened; I don't feel anything for what he did to me. Sometimes I closed my eyes to try and I remember what happened to me. And all because of my irresponsible actions, I will beat myself to it.

That is why I wanted out, I hate myself for it, I wanted to quit. I just wanted to run away from all these, because I thought how people will react if they found out about the incident, and how am I going to attend class, asking myself how many people know about the incident, and that they will tell everybody on campus. I ask myself whether I should tell my mom that I want to quit. I felt that I couldn't take it anymore, but at the same time I told myself that I will be failing her if I quit.

Because before the incident she was crossed with me, and she told me that she wants to see me progressing and that she does not want to see me being a quitter, being a drop out or come home being pregnant. She is a sick somebody and because of that it scared me a lot because I thought should she die before me, I asked myself what would happen to me.

Researcher: I would like to understand; you said you do not want to fail your mom and earlier on you said you are drinking alcohol and smoke weed so on the day of the incident did you drink alcohol or smoke weed?

Participant: I was drinking, I was smoking. What annoyed me most is that I remember everything before the incident, I remember pushing him away, saying no but the next thing he was on top of me but I can't get the picture of what happened next.

Researcher: When did you actually think clearly?

Participant: I cannot create the picture, I closed my eyes to think hard of what really happened then I told myself that maybe I feared to think what actually happened, maybe that it would hurt me more than I am hurting now. But I cannot remember anything, even if I know that I have got the fear to know or remember the incident. Sometimes I feel I want to know so that I can be able to tell of what actually and that the person who did this to me he really hurt me very much.

Researcher: Please allow me to ask this question which is very sensitive; but I would like to know this are you positive that this person did penetrate?

Participant: Yes when I woke up my pants were on the floor, and when I asked about him my friend said he left. And this guy the first time when I told him about this incident he was so calm, it is like it happened so what? He had this attitude that; are you really going to tell me that you cannot remember. You know he gave that look and he alleged that I said you should give me a baby and that I actually woke him up and I said give a baby. He justify now that he did not use a condom, he was actually telling me that I must expect to be a mommy. He showed me the

pictures that they were pulling my pants down, they opened up my legs, and he was next to me and the other person was taking pictures and I was naked. I asked him how does he defined what he did to me because he said it is not rape; he kept on saying it was nothing. At the Police Station this guy's friend she told the police that I was on top of the guy, she told a totally different story.

Those things; are the things that makes me to be angry to myself, especially that I cannot remember anything; initially she said I was next to the guy, the next thing I was on top of the guy. At the beginning I remember we went out of the campus, he was with his girlfriend though she later left; would I really do this when I know that he's got a girlfriend and tell him to give me a baby again, why would I do myself to that. Those were questions I asked myself. I wanted to remember but I couldn't remember, I wanted to stop remembering that's why I overdosed myself.

Researcher: How much time did you take before you overdosed yourself with tablets?

Participant: The incident happened on Sunday, I went to the room, reported the case on Monday, that Thursday yes, I think.

Researcher: So you took something like 4 days before you overdosed yourself?

Participant: Yes.

Researcher: I heard you saying that you were scared that you can overdosed yourself, can you explain what did you mean by that?

Participant: Yes, I do not know myself, I don't know where I am going, it makes me to be scared and that I may attempt again. Sometime I feel so weak in other things.

Researcher: You feel so weak in other things can you be specific on that?

Participant: Like when I have to deal with my emotions, I feel I cannot handle it whether it is the loss of the family member, relationships, I wouldn't deal with it or cry about it; I would try to stay happy, be happy. I would just try to forget about it, I

just like to forget about things, keep myself busy, forget about them; I don't have strength to deal about my emotions.

Researcher: This overdose with pills was it the first attempt?

Participant: It was the first attempt though it does come to my mind so now and then as my mother keep saying that she is staying in the unhappy marriage because of me. I would stay in my room wanting to be alone rather than tell my mother, because I know that she would be hurt. I don't want to quit and disappoint her, I want to fight, perform and get my degree. There was a friend of mine who also tried to commit suicide, I told her about my problems and she said "Don't go there, think about mom. I once almost attempted suicide".

When she found out about the rape, she came to me and said "I know what you are thinking don't do it".

Researcher: Is she staying on campus?

Participant: No, she is staying off campus. I thought about her, there were so many things in my head, asking myself like, (I called my real mom sisi) "why did you leave, knowing what's like in this world, did you really think I would cope. Why don't you take me now, maybe I would be happy, maybe for the mere fact that I'm not with you is what makes me unhappy". I thought of lot of things, like the period I took the pills, the period I cried, I was thinking about childhood till now.

Researcher: When did you think about these things?

Participant: I thought about them after I took the pills, when she died; I was still young, sometimes I feel hurt because my mother died before I could tell her that I love her, like I would never hurt her; I wish I had a chance to tell her that, telling me that you are proud of me, they kept on coming to my mind, and maybe if I follow my late mother it was the best thing. I felt she left me alone, because I was her only child.

I do feel happy that God gave me that chance that I would call someone my little sister, brother, mom and dad and those are my aunt and her family; I'm thankful of that, I would think about problems, I feel like I'm burden, I feel like I'm a charity case, I do feel these things sometimes. Those feelings made me angry because they will disappoint her, if she knows what I'm thinking of.

I was 11 years old when my mom died, I can't get used to my dad (uncle), my mom told me what he is doing to her and it makes me to hate him, though I respect him. I hate to humble to him and I always humble myself to old people that's how I was brought up. He is hurting my mom and at the same time plays a nice person to us. He helps me with my fees and keeps on reminding me that he is responsible for my tuition and residence fees.

They know about my rape and attempted suicide and she was passing remarks about my attempted suicide.

Researcher: Is there any history of attempted suicide in the family?

Participant: My mom once tried to attempt suicide, closed her room and cried a lot, my aunt and I were young.

Researcher: What did she use?

Participant: There was jik and some pills. My biological father passed away before my mom and we never had a relationship. My family (maternal) all had alcohol problem in so much that when they are sick they would drink.

Researcher: How old were you when you start drinking alcohol?

Participant: I was doing Grade 9 by then when I really drank to be drunk. When I was growing up I was exposed to a lot of alcohol.

Researcher: What about the weed?

Participant: At High school occasional I smoke weed, but here it was everyday thing, it was like going out of campus. Sometimes I would stop drinking and when I drink I can't think properly.

Researcher: As I was listening to you, it appears you had a lot of problems since childhood, would you say the incident of rape led to over-dosage with pills?

Participant: It triggered each and everything, everything that went on in my head that night.

Researcher: How did you solve your problems before the incident of rape?

Participant: I use to drink.

Researcher: Right from the beginning you complained about the attitude of the guys' friends, did you hear about it or have you heard from somebody, did you actually heard them saying these things?

Participant: Yes, they use to say "look at her, she is continuing with her life whilst our friend is in jail". I felt guilty that I put the poor kid in jail, though he brought it to himself.

Researcher: You said you don't want to reach 30 years of age, can you elaborate on that?

Participant: To be responsible, don't want to grow, though I don't like to depend on my parents, you know going to work.

Everything happened because I was drunk, I have to consider drinking, I can't quit alcohol, I have even prayed for it in church, it doesn't stop considering drinking. I don't drink to get drunk but to loosen up. I don't like the person I am when I am sober, I am scared, I can't communicate, there's too much tension; but when I'm high or had a drink I can communicate easily.

Researcher: How are you going to help somebody who might be having the same problem as yours?

Participant: I pretend to forget, I don't want to think that I tried to overdose myself with pills. It's going to be hard for me to tell her that I did. But I think I will advise her to talk about it, because people always say that "talk about it", that's why I allowed myself to participate in your study, because I would relieve myself.

Researcher: In the end; you said you drink alcohol, you smoke weed to loosen up, that's the word you used, you had problems at home – parents are striving to help, but you feel you are a burden to them and that you being raped led to overdosing yourself; and that every time you see these guys you feel uncomfortable because they say things to you, you also said you overdose yourself because you wanted to follow your mom who is late; that you don't like grow, and that when you are sober you don't want to be the person you are. I thank you very much for taking part in this study.

APPENDIX S: FIELD NOTES

INTERVIEW PK1

DEMOGRAPHIC NOTES

The first in-depth individual interview with a participant was conducted in a private room on campus in Mafikeng, North West Province on the 02/10/2013 between 16:30 and 17:30. The weather temperature was around 28 – 30 degrees Celsius. The interview was conducted in a private room where the label was pasted on the door outside to prevent or avoid disturbance from other staff members. Staff members were informed about the interview. The demographic settings were thus favourable for an interview to take place effectively.

DESCRIPTIVE NOTES

The thirty year old female participant gave written permission to partake in the research interview titled “Factors contributing to attempted suicide amongst the students in the Mafikeng sub-district of North West Province”. According to this student she allowed herself to take part in this study as she felt it could help her, and that she would advise anybody with a similar problem that it takes time to adjust after a stressful situation.

REFLECTIVE NOTES

The interview began after the researcher had clarified the topic and the objectives of the study again to the student. The student appeared comfortable throughout the interview as she explained the situation she was in when she overdosed herself. She preserved eye contact from the start until the finish of the interview though you would see the hurt she was experiencing as she go on explaining the pain that was caused by her boyfriend, she was sometimes using Tswana language sometimes English during the interview as she tried to explain her situation, however, her problems were well understood by the researcher.

INTERVIEW PK2

DEMOGRAPHIC NOTES

The second in-depth individual interview with the participant was also conducted in a private room on the 05/10/2013 between 11:00 and 12:30, the weather was favourable to a researcher interview. Fortunately there was no disturbance as the door was labelled no disturbance on the outside and because it was during the weekend, it was really advantageous for a research interview to take place.

DESCRIPTIVE NOTES

Twenty two (22) year old male participant who was willingly to participate in this study and being the only male participant amongst the female participants; he was co-operative right through the interview up until to the end. He seemed to be more positive about life than before as he has said that one Professor once told him that he should not think he is the only one with problems that there are worst cases out there.

REFLECTIVE NOTES

As with other interviews the title and the objectives of the study were explained to the participant. There was eye contact and he seemed more relaxed during the interview. He was able to relate the problems he had then which led to attempted suicide and irrespective of the sensitivity nature of the study and especially when he was relating how he was sexually abused by his aunts.

INTERVIEW PK3

DEMOGRAPHIC NOTES

The third in-depth individual interview was conducted on the 08/10/2013 in a private room at 16:45 to 18:00. Traffic, that is, staff members and other students outside was gradually diminishing as everybody was preparing to knock off, but still the door was labelled on the outside "no disturbance interview in progress". The room was spacious enough and relaxed for the participant to feel free, which was conducive for the interview to take place.

DESCRIPTIVE NOTES

Twenty three (23) year old participant who looked a bit tense at the beginning of the interview but was willing to participate in the study, she did not show any sign of ever stopping to be interviewed though the researcher explained to her that should she feel uncomfortable due to the sensitivity nature of the study, that she should make the researcher aware and she was reminded again about the conditions of participation that were written down that they still stand.

REFLECTIVE NOTES

Eye contact was maintained, the topic and objectives were explained to her, she was ready to explain everything that happened on that particular day when she took over-dosage of pills, and she explained every aspect until to the end of the interview or study even when she was asked to clarify some facts or to go in detail.

Interview PK4

DEMOGRAPHIC NOTES

The fourth in-depth individual interview was conducted on the 10/10/2013 in the private room at 16:45 – 17:30. Privacy was maintained as with previous interviews by pasting the “no disturbance – interviews in progress” label on the door outside. The room was well prepared for interview to take place and was well ventilated for the participant to feel at home, and the weather was a bit cloudy and it was conducive for the interview.

DESCRIPTIVE NOTES

A twenty two (22) year old female participant willingly accepted to take part in the study. She appeared relaxed throughout the interview though worried about her situation especially in her final year, but she gave the impression that she has adjusted herself now, now that the main factor that drove her to the edge of overdosing herself has passed.

REFLECTIVE NOTES

The title and the objectives were explained again to the participant, she maintained eye contact and she could elaborate on any aspect about her situation that led to over-dosage with pills. She was able to clarify some information if she was asked to by the researcher to do so and could go on and on until she felt that she has given what was asked for.

INTERVIEW PK5

DEMOGRAPHIC NOTES

The fifth in-depth individual interview was conducted on the 15/10/2013 at 17:30 – 18:40 in a private room; the weather temperature was 28 degree Celsius. As with other interviews and because of the sensitivity nature of the study privacy was maintained by pasting “no disturbance” on the outside of the door and thus making the participant to feel at home, and the room was conducive for the interview to take place.

DESCRIPTIVE NOTES

The twenty three (23) year old female participant who looked anxious at the beginning of the interview but she was willing to take part in the study, it was very difficult for the researcher make her to elaborate, but mostly co-operative up until the end of the interview, in most cases she would give short answers. The researcher reminded her about her rights as a participant and acknowledged about the sensitivity nature of the study.

REFLECTIVE NOTES

The title and the objectives of the study were explained to the participant though she could not maintain eye contact at all times she tried to give what was asked for; she would answer in English and Tswana as advised on the letter, so that she is free to can be able to answer.

INTERVIEW PK6

DEMOGRAPHIC NOTES

An in-depth interview with the sixth participant continued in the private room on campus at 16:30 to 18:10, on the 17/10/2013. The door outside was pasted “no disturbance interview in progress”, it was conducive for the interview as every staff member was preparing herself to knock off. It was a bit cloudy on that day but the room temperature was ok so as to make the participant comfortable and did appear relaxed.

DESCRIPTIVE NOTES

A twenty (20) year old female participant who gave permission to take part in this study, she appeared relaxed as she elaborated on her experience on the day she overdosed herself with pills.

REFLECTIVE NOTES

She maintained eye contact, the title and objectives of the study were explained to her. She could go on and on about her experiences on that day and she kept on saying that she was not responsible enough, that things that led to her overdose, she could have prevented them and nothing of this incident could have happened. She could give the information in detail up to the end of the interview.

INTERVIEW PK7

DEMOGRAPHIC NOTES

On the 19/10/2013 the seventh participant was interviewed at 11:00 to 12:05, it was on Saturday and it was quiet around the area of interview as everybody was at home. It was conducive for the interview though the participant was not that much relaxed; she showed that as she talked about her mother who had to pay for her hospitalization. It was a cool morning with temperature of about 27 to 30 degree Celsius. Even though it was during the weekend privacy had to be maintained, to make sure that nobody disturbs the interviews the door was pasted with a label “no disturbance” on the outside.

DESCRIPTIVE NOTES

A twenty one (21) year old female, who gave a written permission in order to take part in the study. She was not that much relaxed as on twice or thrice occasion she was emotional (she cried) – especially when she talked about her mother when she had to pay the hospital bill in cash, after she overdosed herself and also cried when she talked about how she loved her boyfriend but giggled how painful it was when they did gastric lavage (sucking tablets from the stomach); but she was able to give the information until the end of the interview.

REFLECTIVE NOTES

She maintained eye contact, the title and the objectives of the study were explained to her. Though she was emotional and at some stage giggling she could cope until the end of the interview. The participant appeared to be still in the emotional pain of her love life but gave the impression that even then she would not overdose herself again because she maintained that she has hurt many people she loved so much.

INTERVIEW PK8

DEMOGRAPHIC NOTES

In-depth individual interview continued on the same day as above the 19/10/2013 at 14:00 – 15:00 during the weekend, and to be specific it was on Saturday, it was quite conducive as it was quiet with everybody being at home, but the privacy was maintained by pasting “no disturbance interview in progress” on the outside of the door. The weather was ok for the participant, it was in the afternoon and it was warm inside the room and spacious so that she felt at home.

DESCRIPTIVE NOTES

A nineteen (19) year old female participant who gave permission to take part in the study, she appeared relaxed as she elaborated on her experiences on that particular day when she overdosed herself with pills.

REFLECTIVE NOTES

The title and objectives of the study were explained to her, she maintained eye contact. She could give the information that was asked by the researcher even if it meant going back on the previous information for the sake of clarification or understanding her point of view by the researcher. She co-operated until the end of the interview.

INTERVIEW PK9

DEMOGRAPHIC NOTES

On the 18/02/2014 an in-depth individual interview was conducted in a private room, the weather was ok but hot – the temperature was 30 – 32 degree Celcius and the fan was switched on to make the participant comfortable and that it be conducive for the interview. The interview was conducted between 14:30 and 15:35, privacy was maintained by pasting “no disturbance interview in progress” especially that it was during working hours but the researcher was on leave so as to do the interview freely.

DESCRIPTIVE NOTES

A twenty (20) year old female participant who appeared relaxed, who gave a written permission to take part in the study, could elaborate on her experiences on that particular day when she overdosed herself with pills till the end of the interview.

REFLECTIVE NOTES

The title and the objectives of the study were explained to her; during the study she maintained eye contact, she could give the information as needed by the researcher up until the end though she kept on saying that she thinks that nobody could take the place of the people she so dearly loved who are deceased and that was the reason that she over-dosed herself.

INTERVIEW PK10

DEMOGRAPHIC NOTES

In-depth individual interview was conducted on the 21/02/2014 at 16:40 to 17:40 in a private room where a sign of “no disturbance” was pasted on the outside of the door to maintain privacy. The room was well prepared and it was well ventilated for the comfort of the participant, it was very conducive for the interview.

DESCRIPTIVE NOTES

A twenty two (22) year old female participant gave a permission in order to take part in the study, she appeared relaxed and could elaborate on her experiences on the day that she overdosed herself with pills; even when she was asked to clarify to the researcher on some aspects that were mentioned earlier on or at the beginning of the interview, she could explain everything until the end of the interview.

REFLECTIVE NOTES

She maintained eye contact, the title and the objectives of the study were explained to her. She appeared relaxed and she co-operate until the end of the interview. She explained that she overdosed herself three times (3x) for the same reason until she could adjust herself and moved on with her life and gave the impression that the chances of ever overdosing herself again were slim as she experienced a lot of abdominal discomfort during this incident and that she learnt to be strong.

INTERVIEW PK11

DEMOGRAPHIC NOTES

In-depth individual interview was conducted on the 25/02/2014 in a private room at about 16:45 – 17:30, the weather was ok with a temperature of about 28 – 30 degree Celsius. Privacy was maintained just like other interviews by putting a “no disturbance” sticker on the outside of the door. The room was well prepared, it was well ventilated and it was conducive for the interview to take place.

DESCRIPTIVE NOTES

A twenty (20) year old female participant gave permission to take part in the research study. She appeared relaxed and she was co-operative during the interview and could elaborate on every aspect about her experiences on the day that she over-dosed herself, she could cope till to the end of the interview.

REFLECTIVE NOTES

The title and objectives of the study were explained once more to the participant; she maintained contact. She could give all the information needed by the researcher even when asked to go back again in order that she clarified some of the facts. She could cope till to the end of the interview. She commented that if was able to talk to someone she would not have overdosed herself with pills.

INTERVIEW PK12

DEMOGRAPHIC NOTES

The twelfth (12th) in-depth individual interview was conducted on the 27/02/2014 at around 16:40 – 17:45 in a private room. The temperature on that day was 27 – 30 degree Celsius. The door was labelled on the outside with “no disturbance interview in progress” to maintain privacy and the room was well arranged for the interview, it was well ventilated so that the participant felt comfortable.

DESCRIPTIVE NOTES

A twenty five (25) year old female participant gave permission to participate in the study. She was not that much relaxed but she could make it to the end of the interview and she could explain every aspect in detail of what had actually happened on the day she overdosed herself. Sometimes she would even sob during the interview as she relates the incident.

REFLECTIVE NOTES

She maintained eye contact, the title and the objectives of the study were clearly explained to her once more. She indicated that the fact that her boyfriend left her

for another girl it keeps on coming back but told herself that she had to go on with her life in order to make closure.

INTERVIEW PK13

DEMOGRAPHIC NOTES

Another in-depth individual interview was continued in a private room on the 02/03/2014 at about 15:00 – 16:30, it was quiet as it was Sunday afternoon when all staff members are at home, and it was conducive for the interview to take place, though the sticker was put outside on the door reading “no disturbance” in order to maintain privacy. The weather was ok as it was warm and the room was well ventilated for the well-being of the participant.

DESCRIPTIVE NOTES

A twenty one (21) year old female participant gave permission to take part in the study. She appeared relaxed and she was able to give every aspect in detail of what had happened on the day she over-dosed herself.

REFLECTIVE NOTES

The title of the study was explained to the participant as well as the objectives, she maintained eye contact and she was co-operative until to the end of the interview; she even mentioned that she felt relieved after talking to the researcher and she said that she was not aware that by talking to someone it was that helpful.

INTERVIEW PK14

Another in-depth individual interview on the same day as above in the afternoon, that is, 02/03/2014 at 17:00 – 18:25 in a private room. Privacy was still maintained, the sticker was still on the door outside reading “no disturbance”. The weather was warm after the rain, the room was well arranged and well ventilated for the comfort of the participant. It was conducive for the interview as it was quiet when everybody was at home.

DESCRIPTIVE NOTES

A twenty five (25) year old female participant gave permission to take part in the study, she appeared not relaxed, she had sometimes during the interview sobbed a little but she was co-operative enough to remain for a full interview and she gave every aspect in detail until to the end of the interview.

REFLECTIVE NOTES

The title and the objectives of the study were explained to the participant once more, she maintained eye contact and she was emotional when she talked about her mother whom she said she (the participant) is responsible for her (mother) broken marriage. She gave the impression that amidst that life goes on.

INTERVIEW PK15

DEMOGRAPHIC NOTES

The final in-depth individual interview was conducted on the 03/03/2014 at 17:00-18:40 in a private room. The sticker was pasted on the door outside reading “no disturbance interview in progress” to maintain privacy. The temperature was about 27 – 29 degree Celsius and it was warm. The room was well arranged for the interview to take place and it was quiet as everybody knocked off and went home. It was really conducive for the interview.

DESCRIPTIVE NOTES

A twenty (20) year old female participant gave permission to take part in the study. She seemed relaxed and at some stage she giggled about the incident but she could cope to remain for a full interview until to end.

REFLECTIVE NOTES

The title and the objectives were once more explained to the participant, she maintained eye contact and she could give every aspect in detail that was needed by the researcher even if it meant to go back a little to clarify some aspects to the researcher.

She said that she never thought she would pass the stage of emotional turmoil she said she thanked the almighty for that.

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STUDENTS IN THE MAFIKENG AREA OF THE NORTH WEST PROVINCE**

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