The Phenomenon of Suicide Attempt by Young Female Suicide Survivors at a Selected Hospital in Thulamela Municipality, Vhembe District, Limpopo Province

by

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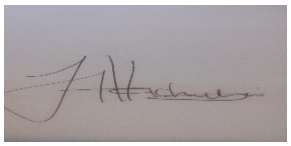
ABSTRACT

Suicidal behavior has become a serious public health concern worldwide. Globally, the rate of suicide increased by 60% in the past years. In South Africa, about 9.5 % of non-natural deaths in young people is due to suicidal behavior, and there are 667 deaths due to suicide every month (Birmingham & Solihull, 2012). Suicide has left a trail of psychological problems which impact negatively on the health and well-being of people. Worldwide, there is a gender difference in suicidal behaviour. Women have higher rates of suicide attempt while men are more likely to commit suicide (Cheong, Choi, Cho, Yoon, Kim & Hwang, 2012). Most studies focus on suicide while suicide attempt has been neglected in scholarship. As a result, there is very little attention to how gender influences suicidal behavior in society. This exploratory study sought to explore the phenomenon of suicide attempt among young female suicide survivors at Tshilidzini Regional Hospital in Vhembe District in the Limpopo Province in South Africa. The study approach was qualitative in nature and the study population comprised of all young female suicide survivors and all family members who often accompanied patients to the hospital. Non-probability convenience sampling technique was used to select the study participants. The study sample consisted of 20 participants (10 young female suicide survivors and 10 family members). Ethical considerations were taken into account to protect the participants. In-depth face-to-face unstructured interviews and focus group discussion were used as a method of data collection. Content analysis was used for analysing data in this study. The study found that suicidal behaviour by young females was mainly due to intimate relationship problems. The study recommended the development and use an effective suicide screening tool and a multi-pronged strategy to curb incidences of suicidal behaviour by young females.

Keywords: *Contributory factors: Effects; Young female suicide survivors; Public Health; Suicide; Suicide Attempt.*

DECLARATION

I, **Fulufhelo Nekhubvi** (11532761), hereby declare that the thesis for the doctoral degree in Gender Studies at the University of Venda, hereby submitted by me, has not been submitted previously for a degree at this or any other university, that it is my own work in design and in execution, and that all reference materials contained therein have been duly acknowledged.

Signature:  Date: 04- 09- 2020

DEDICATION

This work is dedicated to the following people:

- My parents, Tshifhiwa Paulus and Vuledzani Evelyn Nekhubvi for their parental love, financial and emotional support, guidance and for always teaching me the most important thing of believing in the Almighty God.

- My sisters and brothers, Azwinndini Gladys, Lufuno, Livhuwani and Lutendo Nekhubvi for their support throughout this academic journey.

- My late grandfather Maluta Daniel and grandmother Munzhedzi Lizzy Nekhubvi who taught me that "education is a key and without it, you will suffer the rest of your life".

- Finally, to all young female suicide survivors for their participation in the study and for believing in me.

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LIMPOPO
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REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HEALTH

Enquiries: Stander SS (015 293 6650) Ref:LP_2018_06_006

Nekhubvi F
University of Venda

Greetings,

RE: An investigation of the contributory factors to suicide attempt by young female survivors at a selected hospital in Thulamela Municipality, Limpopo Province, South Africa

The above matter refers.

1. Permission to conduct the above mentioned study is hereby granted.
2. Kindly be informed that:-
   - Research must be loaded on the NHRD site (http://nhrd.hst.org.za) by the researcher.
   - Further arrangement should be made with the targeted institutions, after consultation with the District Executive Manager.
   - In the course of your study there should be no action that disrupts the services, or incur any cost on the Department.
   - After completion of the study, it is mandatory that the findings should be submitted to the Department to serve as a resource.
   - The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
   - The above approval is valid for a 3 year period.
   - If the proposal has been amended, a new approval should be sought from the Department of Health.
   - Kindly note, that the Department can withdraw the approval at any time.

Your cooperation will be highly appreciated.

Head of Department

Date 23/05/2018

Private Bag X9302 Polokwane
Fidel Castro Ruz House, 18 College Street, Polokwane 0700. Tel: 015 293 6000/12. Fax: 015 293 6211.
Website: http/www.limpopo.gov.za

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ASD	Acute Stress Disorder
CDC	Centre for Disease Control
CVA	Cerebrovascular Accident
DSM	Diagnostic Statistical Manual Five
FSP	First Episode Psychosis
HIV	Human immunodeficiency virus
LGBTI	Lesbian, Gay, Bisexual, Transgender, and Intersex
MDD	Major Depressive Disorder
PD	Personality Disorder
PTSD	Post Traumatic Stress Disorder
SA	South Africa
SADAG	South African Depression and Anxiety Group
SASH	South Africa Stress Health
USA	United States of America
WHO	World Health Organization

CHAPTER 1: INTRODUCTION AND BACKGROUND

1.1 Introduction

Suicidal behaviour is an increasingly major public health issue globally. It is a pandemic which is negatively affecting the public health system in the developed and developing countries. There are many reports of suicide and suicide attempt in South Africa. Suicide and suicide attempt are complex behavioural outcomes of suicidal behaviour. This emanates from the influence of psychiatric related conditions and other stressful situations (Overholser, Braden & Dieter, 2012). If left unchecked, suicidal behaviour can lead to severe prolonged effects on young female suicide survivors, family members and other people left behind. The escalation of this problem raises concerns and poses a threat to the safety and well-being of young people together with their family members. The government also incurs huge costs to provide mental health care services to the people affected by the phenomenon of suicidal behaviour. The main aim of the study was to investigate the contributory factors to suicide attempt by young female suicide survivors. This study was conducted at Tshilidzini Regional Hospital, Thulamela Municipality in Vhembe District in Limpopo Province, South Africa. The target population was young female suicide survivors aged 18 to 35. Most studies on suicide have focused on psycho-therapeutic interventions. This study has, therefore, helped to close the knowledge gap on suicide studies by including the role played by socio-cultural and religious beliefs. This study has helped to close the knowledge gap created by the skewed focus on completed suicide which is often committed by men. Too much focus on completed suicide has sidelined the issue of suicide attempt, which is often committed by women, thereby downplaying, thereby downplaying the significance of gender in suicide studies which is the central focus of this study. As a result, this study has managed to mainstream the issue of gender in suicide studies by focusing on suicide attempts which are often committed by women.

1.2 Background of the study

While suicide behaviour has previously been more prevalent among older people, the phenomenon has been increasing among young people (WHO, 2012). The prevalence of suicide attempt is higher among young females than young men. This raise concerns as to why suicide attempt is higher among young females than young men. There are few studies conducted on suicide attempt among young females. The scarcity of data on suicide attempt by young females and the gender difference in suicidal behaviour have prompted this study. The fact that most studies focus on suicide and disregard suicide attempt leaves a gap in how gender plays a role in influencing suicidal behaviour among young females. This is important because, in terms of the patriarchal ideology, issues involving women do not warrant any serious attention. This study is essential as it will address the gap created by the disregard of the suicide attempt by young females. This study is also crucial because most of the studies on suicidal behaviour focused on psycho-therapeutic intervention in trying to assist the survivors while the social, religious and cultural aspects were overlooked.

According to the World Health Organization (WHO, 2012), approximately one million people die due to suicide each year. In addition, the relatives, friends and other people close to the deceased experience long period of grieving. Suicide is the second leading cause of death among young people worldwide and above 800 000 young people commit suicide on a yearly basis (WHO, 2014). Furthermore, it was estimated that by 2020 this figure is likely to increase yearly to 1.53 million people. Therefore, this means that there may be one death every twenty seconds and one suicide attempt every one to two seconds. Suicide is one of the top three factors which lead to death of people aged 15-44 (Birmingham & Solihull, 2012). According to WHO (2012), about one million people take their lives every year worldwide. There are more people who take their own lives more than those murdered or killed in the war (WHO, 2012).

Globally, the rate of suicide has increased in the past 45 years by 60%. The global rate of suicide is 16% per 100 000 population (Bertolote, Fleischmann, De Leo & Wasserman, 2009; WHO, 2012). In 2012, 75% of suicide cases occurred in the low and middle income countries. Suicide is currently among the top five contributory factors to death for both young men and young women. Recent statistics show that the average majority of people die annually from suicide than from any other types of deaths (e.g. motor vehicle accident, war, homicide, etc.). Suicide statistics shows a correlation between age and suicidal behaviour. In this case, there is higher rate of younger people dying from suicide than older ones (Bertolote *et al*., 2009).

Suicide is a massive public health concern in the United States (US) and other countries. Each year, an estimated quarter million people become suicide survivors. For every estimated 25 of suicide survivors, there is one death. Over 38,000 Americans have committed suicide yearly. According to (CDC, 2012) suicide is the third leading cause of death among young people in the US and the number is increasing yearly. From 1950 to 1990, the suicide rate among young people increased by 30%, but from 1990 to 2013, the rate decreased by 28% (CDC, 2012). In 2008, suicidal behaviour in the middle-aged white women increased. In 2009, suicide was rated the seventh leading cause of death among males and sixteenth cause of death among females in the US. By 2010, total number for suicidal deaths was 38,364 in the US. In 2013, 41 149 suicide deaths were reported. In every minute there is one death of suicide and it is estimated that 105 Americans die by suicide every day (CDC, 2012).

In the US, suicide attempt by women is three times more than among men and the ratio of young women and men is estimated to be about 25.1 and 4.1 respectively. The prevalence of suicidal thoughts, suicidal planning and attempt is significantly higher among young people aged 18 to 29 than those aged 30 and above (CDC, 2010). Recent data shows that roughly 200,000 young females are involved in suicidal behaviour annually (WHO, 2012). The rate of suicide among young adults aged 20 to 24 is higher. High school students were reported to have 10% of suicide attempt.

In 2013, more than 1500 young people in the US committed suicide; and suicide death for people aged 13 to 18 is rated the second leading cause of death amongst this age group. For every completed suicide amongst those youth, approximately 100 to 200 young people had attempted suicide. An epidemiological study in the USA indicated that 4.1% of young people aged 18 make at least one suicide attempt (CDC, 2012). There is a high rate of suicide attempt among Americans, Indians and Alaskan native females. A 2007 survey conducted by the adult psychiatric morbidity in England found that 19% of women had considered taking their own lives, while men's figure stood at 14%. This means that women are more likely to have suicidal thoughts and, also likely to act on the idea (Centre for Mental Health and Risk, 2013; Lewiecki & Miller, 2013).

In the United Kingdom (UK), England and Scotland have the highest record of suicidal behaviour (Centre for Mental Health and Risk, 2012; Lewiecki & Miller, 2013). In the UK, the non-fatal suicidal rate for lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth and adults is higher than the national average. It is reported that each year in the UK, approximately 149.000 youth between the ages of 10 to 24 receive medical care due to self-inflicted injuries (CDC, 2010).In 2009, it was stated that in Canada both males and females have higher rate of suicide. In Toronto suicide was also the significant cause of death with about one death per 1000 population. Young adults are at higher risk of suicide (CDC, 2010).

The highest rate of suicide in the world is widespread in Eastern Europe and East Asia. Females and males have a higher rate of suicide attempt and completed suicide respectively. China is the only country in the world with a high rate of completed suicide by women. This is attributed to the practice of honour killing which is prevalent among women in China. This happens in traditional Chinese communities where women are more likely to commit suicide following the death of their husbands even though their husbands did not commit suicide (Takashi, Chida, Nakamura, Yagi, Koeda, Takisari, Otsuka & Sakai, 2011).

Similarly, in other western countries, males are more likely to die of suicide while females have a higher rate of suicide attempt (WHO, 2014). The literature on suicidal behaviour shows that suicide is more rampant among males. On the other hand, suicide attempt is more prevalent among women. In the United Kingdom (UK), suicide is a major social issue. There is an increase in the number of people aged 15 years and above who commit suicide every year (Meikle, 2013). Conversely, suicide attempt among young women was the highest between 2002 and 2011 in the UK. In India suicide has become a serious public health concern because it is five times higher than in other developing countries. In India there is a higher rate of suicide attempt among young women. Of the 50% to 75% of all deaths are among young women with the average suicide rate of 158 per 100 000 (Eddleston & Konradsen, 2007).

In Africa, few studies have been conducted on suicidal behaviour. It has been found that there is an increase in suicidal behaviour in both males and females (Schlebusch & Burrows, 2009). It has been suggested that in many African countries, the prevalence of suicide attempt may differ from one country to the other (WHO, 2014). In Africa suicide is more prevalent in the eastern and southern countries than in the northern and western countries. This problem has been associated with cultural and religious views and psycho-social stress associated with HIV/AIDS (Schlebusch, Vawda & Burrows, 2009).

Suicidal behaviour in Africa is under-reported because of resource constraints socio-cultural and religious beliefs as well as financial reasons. Suicidal behaviour still carries negative cultural beliefs and remains a crime in some countries, resulting in a culture of non-reporting (Kinyanda, Kizza, Levin, Ndyanabanyi & Abbo, 2011; Omigbodun, Dogra, Esan & Adedokun, 2008; Ovuga, Boardman & Wassermann, 2007). However, an in-depth understanding of the burden of suicidal behaviour is limited due to a few studies conducted in this phenomenon. The political and socio-economic problems have resulted in a lack of accurate statistics on suicidal behaviour due to lack of research funds, inappropriate data management, and lack of expertise on suicide research (Apter, Bursztein, Bertolote, Fleischman & Wasserman, 2009; Schlebusch *et al*., 2009). For the last decade, suicidal behaviour has been increasing in South Africa. Suicide is a

multifaceted issue which has risen by 45% for the past 10 years (Shilubane, Ruiter, Bos, Van der Borne, James & Reddy, 2012). In Addis Ababa's high schools, the prevalent rate of suicide was 14.3%. In Egypt, many studies reported a high rate of suicide attempt amongst young women aged 15 to 44 years (Apter *et al*, 2009).

Suicide is a serious public health concern in South Africa although it is not the leading cause of death (Burrows & Laflamme, 2006). However, South Africa ranks the eighth in the world with approximately more than 8000 people committing suicide every year. For the past 10 years, suicide has risen to 45% in South Africa. People younger than 45 years constituted 9.5% of unnatural deaths such as suicide. This figure closely approximates the adult fatal suicidal rate in South Africa, and has, therefore, become a great concern. Suicidal behaviour differs according to gender. Men are more likely to commit suicide than women while women are more likely to attempt suicide (Bridge, Goldenstein & Brent, 2006). Recent studies indicate that all suicidal behaviours among all socio-demographic groups in South Africa are increasing at an alarming rate (Schlebush *et al*., 2009).

According to Birmingham and Solihull (2012), there are 667 deaths by suicide reported every month in South Africa. For every committed suicide in South Africa, there are 20 unsuccessful suicides. Every year between 137, 860 and 160, 000 South Africans attempt to commit suicide. This means that 13, 333 attempt to commit suicide every month, 3, 077 a week, 438 a day and 18 or more every hour (Burrows & Laflamme, 2006).

In South Africa, suicidal behaviour has become a major problem among young people. South African figures are amongst the highest in the world, with recent trends indicating a disturbing rise, especially among the young age groups across all races (Burrows & Schlebusch, 2009). About 9.5% of non-natural deaths in young people are as a result of suicidal behaviour. There is an increase in suicide attempt among women compared with completed suicide among men (Burrows & Schlebusch, 2009). According to Donson (2010), more females than males between 10 and 19 years commit suicide compared

with the reported adults' suicidal rates. There is a high number of referrals in general hospitals for young people who have attempted suicide. This is due to the fact that, lately, more young people are taking over fatherhood and motherhood responsibilities which have become a burden to them (Mhlongo & Peltzer, 1999; Meintjies, Hall, Hugh-Marera & Bornstein, 2010). A South African Stress and Health Study conducted in 2002-2003 revealed that the incidence of suicidal behaviour is 3.8 % among females and 1.8 % among males, and people who are at higher risk of suicidal behaviour are young females with less educational level (Burrows & Laflamme, 2006).

Limpopo province is leading in terms of suicide statistics among the youth in South Africa (Sadag, 2018). A study conducted by Mhlongo and Peltzer (1999) found that youth suicidal behaviour constituted about 10% of cases referred to the Clinical Psychology Unit at Letaba Hospital in the Limpopo Province. However, it was found that the Tshilidzini Regional Hospital suicide rate was above the national average of 8 to 10% by 23%. Hereunder is the table showing the 2017 and 2018 annual statistics for suicide attempt in Vhembe District Hospitals' Clinical Psychology Units

HOSPITALS	**2017**	**2018**	**TOTALS**
Donald Fraser	121	194	315
Elim	226	290	516
Hayani	04	00	04
LouisTrichardt Memorial	59	76	135
Malamulele	56	50	106
Messina	57	68	125
Siloam	69	75	144
Tshilidzini	263	274	537

Table 1: The 2017 and 2018 Annual Suicide Attempt Statistics Vhembe District hospitals

The above table shows the suicide attempt statistics in Vhembe District hospitals. In addition, the table indicates that the highest number of suicide survivors in Vhembe district were seen at the Tshilidzini Hospital. The researcher was motivated by the high rate of suicide attempt at the Tshilidzini Hospital to select this hospital as the area of study. The study sought to identify the contributory factors of suicide attempt, to determine effects, to investigate the coping mechanisms of the suicide survivors and their families, to determine the available support for the suicide survivors and their families and to explore the intervention strategies which can help curb the suicidal behavior among the youth.

South Africa is one of the most stressed nations in the world. This is attributed to psychological issues such as stress which may trigger suicidal thoughts (Sadag, 2011). The high stress level has been linked to mental illness such as depression. There are diverse factors associated with an increased risk of suicidal behaviour such as untreated mental illness, substance abuse, family problems, trauma, poverty and chronic medical conditions (Mpiana, Marincouritz, Ragavah & Malete, 2004).

Young people with a major depressive disorder are at greater risk of suicidal behaviour compared to non-depressed (Diagnostic Statistical Manual V (DSM-V), 2013). Other risk factors for suicidal behaviours among young people include history of suicide attempt, age, race, occupation, co-morbidity, adverse childhood experiences, accessibility of weapons and impulsivity which often results in unplanned responses to internal and external stimuli, with little regard for negative consequences (Alberdi-Sedupe, Pita-Fernandez, Gomez-Pardinas, Garcia-Fernandez, Martinez-Sande, Lantes-Louzao & Pertega-Diaz, 2011 ; Madu & Matla, 2003).

In the United States, 50% of suicide occurred by firearms while in other western countries the most commonly used methods are hanging, jumping from heights, being struck by a

train and self-poisoning while firearms are used by few people (CDC, 2010). According to Schlebusch *et al*. (2009), firearms, hanging and poison ingestion were the most commonly used methods in South Africa and other African countries.

Suicide and suicide attempt is a major public health problem and a leading contributory factor of death worldwide in both developed and developing countries. Many people die from suicide every year and millions of people are affected by the deaths of their loved ones and experience psychological problems such as depression. Suicidal behaviour leaves untold sufferings for the survivors of suicide and their families. Predictions are that the rate of suicide and suicide attempt are likely to escalate every year. What is even more disturbing is that this is also increasing among young people than older people.

The gendered nature of suicidal behaviour warrants serious attention to factors that drive most of the young females to attempt suicide than their male counterparts. This study was also necessary in order to determine the effects of attempted suicide and the coping mechanisms used by young females and their families as well as exploring intervention strategies to curb the scourge of suicide attempt by young females at Thulamela Municipality of Vhembe district, Limpopo Province, South Africa. The study has helped to close the knowledge gap created by the skewed focus on completed suicidal behaviour which is often committed by men. Since most studies on suicide and suicide attempt focused on psycho-therapeutic interventions, this study has also explored the significance of the socio-cultural and religious beliefs in relation to suicidal behaviour.

1.3 Problem statement

Suicide and suicide attempt are serious public health concerns in South Africa. Reports on suicide and suicide attempt abound from homes, police stations, hospitals, and trauma centers. The ever-escalating rate of suicide and suicide attempt poses a serious threat to the safety, health, and well-being of young women. These acts of suicide and suicide

attempt also leave untold suffering for victims and their families. Government and health institutions also incur huge costs when dealing with cases of suicide and suicide attempt. Most of the referrals to the Clinical Psychology Unit at the Tshilidzini Regional Hospital are young female suicide survivors. In a study conducted by Mhlongo and Peltzer (2009), the rate of suicide and suicide attempt at the Tshilidzini Regional Hospital stood at 23%; and this exceeded the national average rate which is between 8% to 10%. This implies that as more men commit suicide, more women mostly attempt to end their lives. It is this gendered dimension of suicidal behaviour that calls for more attention to contributory factors of suicide attempt among women, particularly young women. This is necessary because most studies dwell on suicide which is often committed by men than women. The bone of contention, in this case, is the high rate of young women suicide survivors who have not been given much attention in most studies conducted on suicidal behaviour.

1.4 Aim of the study

The aim of the study was to explore the phenomenon of suicide attempt by young female suicide survivors at Tshilidzini Regional Hospital in Thulamela Municipality, Vhembe District, Limpopo Province, South Africa.

1.5 Objectives of the study

The following are the objectives which guided this study:

- To identify factors that contribute to suicide attempt by young females
- To determine the effects of suicide attempt on young female survivors and their families
- To investigate coping mechanisms used by young female suicide survivors and their families
- To find out about the available support for the young female suicide survivors

- To explore intervention strategies that can help to curb suicide attempt by young females

1.5 Research questions

- Which factors contribute to suicide attempt by young females?
- How does suicide attempt affect young female survivors and their families?
- What are the coping mechanisms used by young female suicide survivors and their families?
- What kind of support is support available for the young female suicide survivors in the family and communities to deal with the ordeal?
- Which intervention strategies can help to curb suicide attempt by females?

1.6 Significance of the study

The study is of importance because if factors contributing to suicide and suicide attempt are known, a strategy can be developed to alleviate suicidal behaviour. The findings of this study can also serve as useful information to make recommendations which can help curb suicidal behaviour and its effects on young women. The study also contributed to the existing body of knowledge on suicidal behaviour. The findings of this study can also help health-care professionals and other stakeholders such as community members, non-government organizations, other government departments and churches to find effective ways of assisting and supporting young women with suicidal thoughts in Thulamela Municipality, Vhembe District, Limpopo Province in South Africa.

Research methodology

1.8.1 Research approach

The study was qualitative in nature. With qualitative research, the researcher aimed at explaining and describing a phenomenon being studied in a real situation. The qualitative

approach seeks to find answers to questions for a better understanding of the phenomenon under study. Answers were given by participants based on their experiences and these were helpful to ensure the quality of data (Berg, 2007; De Vos, Strydom, Fouche & Delport, 2011; Creswell, Ebersohn., Eloff, Ferreira., Ivankova, Jansen, Niewuwenhuis, Pietersen & Plano, 2013). In this study, the researcher used the qualitative approach to explore the phenomenon of suicide attempt, its causes, effects on young female suicide survivors and their families as well their coping mechanisms and available support systems. This approach was also used to explore intervention strategies which can be used to curb the phenomenon of suicide attempt by young female suicide survivors at Tshilidzini Regional Hospital in Thulamela Municipality, Vhembe District, South Africa.

1.8.2 Research design

According to Terre Blanche, Durrheim and Painter (2014:34), a research design is “a strategic framework for action that serves as a bridge between research questions and the implementation of the research.” In addition, this is the plan of how, when and where the research was conducted. The research design of the study was exploratory in nature. The researcher encounters an issue which is already known and has a description to it but prompted to ask why things are the way they are. Exploratory research explores the full nature of the phenomenon being studied, the manner in which it manifested and other associated factors (De Vos *et a*l., 2011; Stebbins, 2001; Babbie & Mouton, 2012). In this study, the researcher explored the factors, effects, available support and coping strategies among young female suicide survivors and their families. It also explored intervention strategies which can be used to curb suicide attempt by young female suicide survivors at Tshilidzini Regional Hospital in Thulamela Municipality, Vhembe District, South Africa.

1.8.3 Study population and location

A study population refers to “an aggregation of elements from which the sample is actually selected” (Babbie & Mouton 2012:174). The selected individuals possessed the same characteristics which the researcher was interested in, for example, young female suicide survivors who tried to end their lives (De Vos *et al*., 2011). The population of this study consisted of young female suicide survivors aged 18 to 35 years who had attempted suicide, and their family members (i.e. close relatives such as a spouse, a guardian or a granny). The study was conducted at Tshilidzini Regional Hospital in Thulamela Municipality; Vhembe District, Limpopo Province, South Africa.

1.8.4 Sampling procedures

The sampling procedure is defined as taking any portion or elements from the population as a representative of the chosen or designated population (Terre Blanche *et al*., 2014; De Vos *et al*., 2011). In this study, non-probability convenience sampling technique was used since the population elements (i.e. participants) in this study were easily and conveniently available (Creswell *et al*., 2013). With convenience sampling, participants are usually those who are nearest and easily available to the researcher. The participants were drawn from the young women aged 18 to 35 years who had attempted suicide. The young women are regularly referred to the Clinical Psychology Unit from the female medical ward at Tshilidzini Regional Hospital. The sample consisted of twenty participants of which ten (10) were young female (excluding the LGBTI) survivors and the other ten comprised of family members who often accompany the young female suicide survivors to hospital. This study was carried out for a period of five weeks wherein one young female suicide survivor and her family member was interviewed each week.

1.8.5 Data collection method

Data collection “is the precise, systematic gathering of information relevant to the research purpose or specific objectives and questions of the study. It is the basic materials which researchers work on from their observations and also take the form of language since the study is qualitative in nature” (Burns & Groove 2009:43; Terre Blanche *et al*., 2014). Face-to-face, semi-structured in-depth interviews and focus group discussions were used to collect data. This took the form “of a conversation with an intention to explore participants’ views, ideas, beliefs, and attitudes about the phenomenon” (Creswell *et al*., 2016:93). The participants proposed solutions and also provided insights into the events or the phenomenon being studied. In this study, the focus was mainly on their own participants' perceptions of the events or phenomenon being studied. An interview guide was designed with opened-ended questions to assist with the interviews.

1.8.6 Data analysis method

Data analysis means “breaking up collected data into manageable themes, patterns, trends, and relationships” with an aim to reach or give a best possible understanding of the phenomenon being studied (Mouton, 2008:108; Creswell *et al*., 2016). Qualitative data analysis is “the process of systematically organizing the field notes, interview transcript, and other accumulated materials until the researcher understands them in such a way as to address the research questions and can present that understanding to others” (Bailey, 2007:137). In this study, content data analysis was used. It is described as a systematic replicable technique for compressing many words from the text into fewer content categories based on explicit rules of coding. It is also a technique for making inferences by objectively and systematically identifying specified characteristics of messages (Creswell *et al*., 2016). The obtained data were analysed using the following steps: data preparation, defining the coding unit to be analysed, developing categories and a coding scheme. The coding scheme was tested on a sample text, all the texts were

coded, the consistency on coding was assessed, data was interpreted, followed by reporting of methods used and findings obtained (Franzel du Plooy-Cilliers, Davis & Marie-Bezuidenhout, 2014).

1.7 Ethical considerations

Ethics defines what is or not legitimate to do, or what 'moral' research procedures involve (Neumann, 2014). Ethics is also associated with morality as it deals with matters of right and wrong (Creswell *et al*., 2016). Research ethics helps to prevent abuse of the participants. It also assists the researchers to understand their responsibilities in a research project. The institutional ethics process was followed in order to obtain ethical clearance certificates. The research proposal of this study was presented at the Higher Degrees Committees of the Department of Gender and Youth Studies and the Human and Social Sciences. Thereafter, the research proposal was also submitted to the Provincial Health Department. The data collection on young female suicide survivors at Tshilidzini Regional Hospital in Vhembe District, Limpopo Province, South Africa was only done after receiving the necessary clearance certificates. The study was guided by the following ethical principles:

1.9.1 Informed consent

Informed consent entails giving as much information as possible about the research to participants so that they can make well informed decisions. The purpose is to conduct research openly and without deception and participant's rights was protected through respect, justice, and beneficence (Silverman, 2013; Burns & Grove, 2009). The participants in this research were given information regarding all the aspects of the study. They only sign the consent when it was clear that they understood the information which they were provided with.

1.9.2 Confidentiality

Confidentiality is an ethical principle that protects the participants in a research project by making sure that all information regarding the research participants is not going to be disclosed. This requires the researcher to ensure that the data and its sources remain confidential unless participants have given consent for the disclosure of the data (Silverman, 2013). Confidentiality was discussed with the participants before undertaking the study because suicide is very sensitive, and therefore, it should be accorded the confidentiality it deserves. The data solicited from the participants was not made available to the public (Babbie & Mouton, 2012).

1.9.3 Anonymity

According to Neumann (2014), anonymity is the ethical principle that requires the research participants to remain anonymous. This means that the participant's' identity is protected from disclosure and remains unknown. To ensure the anonymity of the participants, numbers were used instead of the real names of the participants.

1.9.4 No harm to the participants

Research in the social sciences should be conducted in a way that minimizes harm to participants regardless of whether they volunteered for the study or not. In this study, the researcher avoided any form of harm by guarding against any danger because some participants can be harmed psychologically during the study (Silverman, 2013; Babbie & Mouton, 2012).

1.9.5 Voluntary participation

Voluntary participation requires that no one should be forced to participate. In this study no one was forced to participate (Babbie & Mouton, 2012; Neumann, 2014). The researcher did not force anyone to participate in the study. If people are forced to participate, their participation is no longer voluntary. The researcher ensured that participation in this study was voluntary.

1.9.6 Debriefing of participants

A debriefing session was conducted with all the research participants after data collection. The purpose of the debriefing of the participants was to work through their experiences and their aftermath. Through this process, the problems generated by the research experience were addressed. The participants discussed their feelings about the whole project and the researcher rectified misperceptions that arose among the participants (De Vos *et al*., 2011).

1.10. Preliminary literature review and theoretical framework

Suicide is a worldwide public health problem with far reaching implications for individuals, families, and governments. People use different methods to engage in suicidal behaviour. Resorting to suicide may be attributed to a number of factors such as a person's intention to die, a person's mental state of suicidal ideation, knowledge of effective ways of committing suicide and the environment where the act is planned to take place. Globally, statistics show that suicide is mainly committed through shooting, hanging, and self-poisoning. In many countries, hanging is the most preferred method by males and females, while poisoning is the second preferred method, falling from heights is the fourth method of suicide across the world and this was confined to women (WHO, 2016).

Suicidal behaviour is attributed to different contributory factors such as psychological, biological, social, cultural and environmental. This can make them feel overwhelmed and likely to develop suicidal ideation (WHO, 2011; Schlebusch & Burrows, 2009; Sadock & Sadock, 2014). Mental disorder is also known as a risk factor for suicidal behaviour as a result of auditory and visual hallucinations. (Sadock & Sadock, 2014; Khasakhala, Sorsdahl, Harder, Williams, Stein & Ndetei, 2011).

Most cases of suicidal behaviour among young people are caused by poor problem-solving skills (Hawton & van Heeringen, 2009; Schlebusch, 2005). Suicidal behaviour can be used as a more desperate way of crying for help by young women. This may indicate the person's intentions of committing suicide. Young women are known to have the tendency of threatening to commit suicide as a way of seeking attention (Schlebusch, 2005; Maphula & Mudlovozi, 2012; Peltzer & Pengpid, 2012).

Chronic illness such as cancer, diabetes and HIV/AIDS are massive health concerns worldwide, and people who suffer from these conditions may have severe psychosocial stress associated with their illness. They are more likely to develop suicidal ideation (Mokgopa, 2018). Furthermore, infertility or having children outside marriage may also lead to poor family support, isolation and loneliness that may also trigger suicidal behaviour. Gender, ethnicity, cultural and religious differences are also considered to be some factors associated with suicidal behaviour in African countries (Kinyanda, Kizza, Levin, Ndyanabangi & Abbo, 2011; Schlebusch *et al*., 2009). These factors may also push some women to engage in suicidal behaviour.

Suicidal behaviour may have severe prolonged effects on survivors and family members. The occurrence of suicidal behaviour can be traumatic to the survivor and those who have been exposed to it. In most cases, suicide survivors and their family members may be blamed for suicidal behaviour. Shame and self-blame are reactions of suicidal behaviours to suicide survivors and their families. Survivors and family members may find it difficult to cope due to the stigma associated with suicidal behaviour. Suicide survivors and family members may face extreme stigmatization due to messages from society. They may not

be taken seriously because they are viewed as weak people who cannot handle their problems in a positive manner. Furthermore, due to stigma, chances of repeating suicidal behaviour are very high (Witte, Smith & Joiner, 2010). Stigma can make them not to seek help because they are afraid to be judged.

Suicidal behaviour may lead to a massive economic loss which is referred to as an economic burden (WHO, 2012). Suicidal behaviour may also bring about disease burden. Some of the people who engage in suicidal behaviour become permanently disabled. There are also those who may need psychiatric care. The suicide survivors and family members employ various coping mechanisms by seeking spiritual, seeking social support, and staying in contact with friends and families.

1.11 Theoretical framework

There are many theories that can be used to explain suicidal behaviour. However, in this study, only six theories were considered, namely, the interpersonal psychological theory of suicidal behaviour, radical feminism, the hopelessness theory, theory of social alienation, choice theory and gender schema theory.

The interpersonal psychological theory of suicidal behaviour proposes that an individual will not die by suicide unless if that person has the desire to die by suicide and the ability to do so (Joiner, 2005). This theory maintains that there are two psychological states which can trigger suicidal ideation. These states are perceived burdensomeness and social alienation (Joiner, 2005). If a person holds these two psychological states in mind for a long time with no intervention, they may develop the desire to die (Joiner, 2005). The perceived burdensomeness is the view that one's presence is a burden to the family, friends, and society. This view may induce the idea that death will be the solution or worth more than life to family, friends, and society. This means that there is an association between higher levels of perceived burdensomeness and suicidal ideation (DeCantanzaro, 1995 and joiner, 2006). The social alienation or low sense of belonging

is the experience that one is alienated from others and this may also trigger suicidal ideation.

Radical feminism theory is concerned about inequality between women and men. It views patriarchy as the source of inequality between women and men. The basic assumption of this theory is that women are oppressed and less privileged compared to men because of the patriarchal nature of society. This theory calls for an end to oppression, exploitation, and discrimination against women (McClennen, 2010). Radical feminists maintain that marginalisation, exploitation, and discrimination against women in patriarchal society create unbearable living conditions for women. In patriarchal societies, women are expected to be passive and subordinate to men (Honwana, 2012). Women's experience of being disregarded and undermined daily stifles their life. In other words, their exploitation, discrimination, and marginalization may predispose them to trauma, which may have negative impacts on their well-being.

In patriarchal societies, women are often exposed to traumatic experiences such as sexual, physical and emotional abuse as well as domestic violence. For instance, where married women work, they cannot take control of their finances. Instead, their partners are the ones who take charge of their finances. The fact that they cannot control their finances may create tension between women and their partners. If that situation stays unsolved to the satisfaction of the women, this may trigger suicidal ideation due to oppression from their partners. This means that suicidal ideation in women will have been triggered by their exposure to a traumatic experience.

According to the hopelessness theory, hopelessness occurs when people do not expect anything positive to occur in their lives. Such people feel powerless to change their situation (Schneider, 2012). Hopelessness is a state of terminal inability to imagine life without problems. Such a person feels so consumed and trapped in a bad situation and may see no reason to live anymore (Mokgopa, 2018; Fenton, 2018). Hopeless people always have negative cognitions about the future. This happens when people develop negative views of themselves. When these people’s situations worsen, they begin to blame others for the negative circumstances in their lives because they are trying to fight off the negative views of themselves.

Social theory of alienation can be used as an analytical tool to unearth and explain human alienation which is caused by economic, political, social and cultural factors (Vorhies, 1991:24). Human beings are social and cultural beings. Therefore, harboring negative attitude towards oneself, other people and the world around oneself may breed human alienation. Negative attitudes may induce negative thoughts in an individual, and this may render one's life miserable (Kruger & Friedemann, 1982:47). Once people are alienated from themselves, people around them and from the world around them, they may find themselves in what Oliver (2004:4) refers to as ‘a zone of non-being.' This often happens when one has rejected oneself and when one is rejected by people around them. Human alienation may be caused by lack of recognition, affirmation, and appreciation of an individual by other people. The lack of recognition, affirmation, and appreciation of individuals by their families and members of the community make them lose their self-respect, self-worth, and self-identity, a sense of belonging, pride and dignity which can trigger suicidal ideation.

The choice theory shows that people often act, choose or behave in a certain way solely in pursuit of their own interests or preferences, and also act and think in a way that makes them happy. In terms of the choice theory, people's choices, actions, and decisions always focus on the enhancement of their own advantage (Field, 2003). Consequently, people’s action and decisions are often driven by individualism and self-interest. This is not surprising because people always act, behave and take decisions in a manner that puts them at an advantage. People's decisions and choices are driven by the desire to satisfy their needs or interests and in search of pleasure and the avoidance of pain (McClennen, 2010).

The gender schema theory states that gender difference influences males and females to behave and react to situations differently. This implies that women and men are likely to behave or react to or to be affected by the same situation differently. In this study, it can be assumed that women and men may be affected or react to suicidal behaviour differently. Males are less likely to engage in suicidal behaviour than females. However, the suicidal behaviour of men when compared to that of women is characterized by the use of high risk and aggressive methods. Conversely, females are more likely to attempt

suicide than males due to their cognitive structure or ways of viewing things (Tsirigotis, Gruszczynski & Tsirigotis , 2011). This argument implies that women and men have been socialized to think and react differently to the challenges they face in life. Furthermore, as literature shows, more women attempt suicide than men do because of their reasons and reaction to the pressures of life differ.

1.12 Limitations of the study

There are a few limitations in this study. It focuses on young female survivors only. The exclusion of older females and males may deprive this study of a wealth of information on the phenomenon of suicide attempt. Another limitation of this study is that it focuses on young females aged between 18 to 35 years. Young females in the excluded age group could have provided data which might have benefitted the study. The fact that this study only focused on only one hospital in the Vhembe District may have done a disservice to the study because more relevant data could have been solicited from young female suicide survivors in the other seven hospitals in the Vhembe District. This study only focused on Tshilidzini Regional Hospital. Consequently, the sample size of the study was small. This means that the sample was not representative of all the hospitals in the Vhembe District. Therefore, the findings of this study cannot be generalized to the whole of the Vhembe District.

1.13 Definition of terms

1.13.1 Suicide

Suicide is a self-destructive action taken by people who have decided to bring an end to their lives (Du Toit & Van Standen, 2009:217). In the context of this study, suicide is when

an individual uses a lethal method to end their lives. For example, they may poison, shoot and hang themselves or overdose some medications.

1.13.2 Suicide attempt

Suicide attempt is an unsuccessful effort to terminate one's own life (Schlebusch, 2005). The same definition is applied in this study

1.13.3 Survivors

Survivors are people who continue to live after they have attempted to end their lives (Oxford Advanced Learners Dictionary, 2015). In the context of this study, survivors are those young females who are admitted at the Tshilidzini Regional Hospital who attempted to end their lives but were unsuccessful.

1.13.4. Female

This refers to the sex that bears offspring or produces eggs, distinguished biologically by the production of gametes which can be fertilized by the male gametes (Oxford Advanced Learners Dictionary, 2015). In the context of this study, a female is any young woman who attempted to her life (excluding LGBTI) aged 18 to 35.

1.14 Division of chapters

The chapters of this study have been divided as follows:

Chapter 1: Introduction and background

This chapter consists of introduction and background of the study, problem statement, aims, and objectives, the significance of the study, methodologies, preliminary literature

review, theoretical framework, delimitation of the study, the definition of key terms, division of chapters and conclusion.

Chapter 2: Theoretical framework

This chapter presents a theoretical framework in which the significance of theories in research is highlighted and discussed. Six different theories were identified and discussed in relation to the phenomenon of suicide attempt. The purpose of theories in research is to unpack and increase the researcher understanding of the phenomenon being studied which, in this case, is suicide attempt by young females.

Chapter 3: Literature review

This chapter provides literature on the contributory factors, and effects, coping mechanisms, available support and intervention strategies of suicide attempt by young female suicide survivors.

Chapter 4: Research methodology

It covered the research approach, design of the study, sampling procedures, methods of data collection, data collection instruments, data analysis procedures and ethical considerations.

Chapter 4: Presentation, analysis and interpretation of data

Data was presented, analysed and interpreted in this chapter.

Chapter 5: Findings and recommendations

This chapter presented the findings and recommendations that may be adopted to address the problem of suicide and suicide attempt by young female suicide survivors. This chapter also covers a general conclusion of the nature, contributory factors, and

effects, coping mechanisms, available support and intervention strategies of suicide attempt by young female suicide survivors.

CHAPTER 2: THEORETICAL FRAMEWORK

2.1 Introduction

This chapter presents the theoretical framework which underpinned this study. Different theories were identified and discussed in relation to the phenomenon being studied in this research. In this study, six theories were discussed but only two theories were used to inform and guide the entire study. The purpose of theories in research is to unpack and increase the researcher's understanding of the phenomenon being studied which, in this case, is suicide attempt by young females.

2.2 The significance of theory in research

Theories play an important role in research and are helpful in guiding the study with the aim of providing the researcher's point of view. This point of view is crucial in research since it helps to shape and guide the study. In other words, theories assist in highlighting the researcher's approach or outlook of the phenomenon being investigated.

The theory is defined as a 'model' or framework which helps to provide a comprehensive conceptual understanding of things that cannot be pinned down on how societies work, organisations operate and why people interact in certain ways. The theory is also viewed as a set of ideas which can be used to explain something about life or the world (Dictionary of Contemporary English, 2003). A theory presents a view which indicates a systematic way of understanding events, behaviour and circumstances. This means that the researcher may use a theory to portray his/ her view of the phenomenon being studied (Raselekoane, 2010).

A theory often has a set of interrelated concepts, definitions and propositions that explain or predict events or circumstances by specifying relations among variables. It is a model

capable of predicting future occurrences or observations, which can be tested through experiments or verified through empirical observations. Theory helps to arrange a set of concepts to give an explanation and understanding of the phenomenon being studied (Silverman, 2013).

According to Silverman (2013), theories consist of credible relationships produced among concepts by providing a framework for critically understanding a phenomenon being studied. For the purpose of this study the researcher has chosen some theories which help in guiding and unpacking the phenomenon being studied, namely, suicide attempt by young females. The researcher has, therefore, chosen some theories to highlight the researcher's view of the issue being studied. The use of theories also assists the researcher in explaining the phenomenon being investigated. On the other hand, theories also help readers to have a critical understanding of young females' suicidal behaviour based on the way the researcher has explained the phenomenon under study through a theoretical lens.

Theories are very important in research because any scientific finding needs to be assessed in relation to a theoretical perspective. For instance, the data collected in the field is not essentially right and wrong but can be sensible or meaningful depending on the theoretical perspective used by the researcher in interpreting the phenomenon being investigated.

According to Babbie & Mouton (2012), it is very important to choose and use a theory which is appropriate to the phenomenon being studied. This is necessary because a theoretical perspective used to guide the study helps to provide a deeper understanding of the phenomenon being studied. For instance, this study is concerned about suicide attempt by young females. Therefore, a theory can be useful in unpacking and understanding the phenomenon of suicidal behaviour by young females. In other words,

the use of theory helps to create relevant questions to the study, shapes the research designs, help to anticipate the outcomes and the intervention strategies.

Finally, the use of many theories provides insights into different attributes of the phenomenon being studied. Theories help to guide and organise research ideas as well as explaining the phenomenon being studied so that readers can have a clear understanding of the phenomenon being studied.

2.3 Theories cited in this study

There are many theories that can be used to explain suicidal behaviour. However, for the purpose of this study, reference was only made to six theories, namely, the interpersonal psychological theory of suicidal behaviour, radical feminism, the hopelessness theory, theory of social alienation, choice theory and gender schema theory. These are the theories which have been used to discuss and explain suicidal behaviour by young female suicide survivors. However, only two theories have been used to interrogate, explain and understand the prevalence, contributory factors, effects, coping strategies, available support and intervention strategies used by young female suicide survivors and their families. These two theories were used because they complement each other, and also that they provided a better understanding of suicidal behaviour. In other words, the use of the two theories helped to make up each theory's weaknesses. In this way, the phenomenon being studied was fully explained to ensure that readers have a clear understanding of the phenomenon being studied

2.3.1 The interpersonal psychological theory on suicidal behaviour

The interpersonal psychological theory of suicidal behaviour proposes that an individual will not die by suicide unless that person has the desire to die by suicide and the ability to do so (Joiner, 2005). This theory maintains that there are two psychological states which can trigger suicidal ideation. These states are perceived burdensomeness and social alienation (Joiner, 2005). If a person holds these two psychological states in mind for a long time with no intervention, they may develop the desire to die (Joiner, 2005).

The perceived burdensomeness is the view that one's presence is a burden to the family, friends and society. This view may induce the idea that death will be the solution or worth more than life to family, friends and society. This means that there is an association between a higher level of perceived burdensomeness and suicidal ideation (DeCantanzaro, 1995; Joiner, 2005). The social alienation or low sense of belonging is the experience that one is alienated from others and this may also trigger suicidal ideation.

Generally, people experience challenges in their lives. Consequently, they may feel burdened and alienated from other people by the challenges they face. If they can handle their situation, they will be able to adjust and cope with their situation. However, if people are overwhelmed by their situation, they may get frustrated. In the long-run, people may lose their positivity and hope to have their situation solved. Such a situation may push them to a state of desperation which may eventually trigger suicidal ideation.

Since many women are generally faced with many challenges in their lives, they may begin to feel burdened, isolated, lonely and hopeless. For example, life stressors such as marital, financial and social problems may make life burdensome and alienating for women. The perceived burdensomeness and alienation of women may be aggravated by their families, friends and society. Many women may also experience challenges due to religious and cultural beliefs as well as gendered socialization. All these may have a cumulative effect which may have a negative psychological bearing on their lives. This psychological state may induce an idea that one's death is worth more than one's life to the family, friends and society. This means that the person's situation which is marked by feelings of burdensomeness and social isolation may lead to suicidal ideation. If feelings of burdensomeness and being alienated become severe, there is a high risk for such people to commit suicide (Joiner, 2005). This argument is supported by Joiner and Van Orden (2008) who also associate higher levels of burdensomeness and suicidal ideation. Van Orden, Lynam, Hollar and Joiner (2006) also view burdensomeness as a strong predictor of suicidal behaviour. On the other hand, social isolation leads to a low sense of belonging which makes an individual to feel alienated from others. According to Joiner

and Van Orden (2008), people experiencing social alienation are more likely to develop suicidal ideation.

Women are generally confronted with multiple challenges as a result of their expected roles and responsibilities in families. These challenges may be due to financial problems, cultural and religious beliefs. Families and communities often have certain socially determined expectations for women. Unemployed women may start feeling like they are a burden to others since they cannot provide anything to their families and community. Abuse of women by their partners is traditionally condoned. In this way, abuse of women is ‘normalised'. This creates pressure on women which may generate a feeling of burdensomeness and alienation in women.

In traditional settings, women are not given space and time to do things as they wish. They always have to do things in the interest of their partners, families and community. This puts tremendous pressure on women. In the end, women may begin to experience life as being burdensome. This may force them to withdraw and start living as hermits. Their withdrawal from the family and community life may have a negative psychological and emotional impact on these women. Once the feelings of burdensomeness and social alienation are severe, they may feel overwhelmed, lonely, and hopeless. Thus, they may not have a fear of death while in this state. When people are in this state suicide risk is very high because they feel that one's death is worth more than one's life to the family, friends and society.

Other scholars state that the relationship between perceived burdensomeness and social alienation on suicidal ideation and their interaction appear to be less researched. In other words, there is a need for more studies to establish other triggers of suicidal ideation. This theory is only focused on the cognitive state or psychological risk factors and neglect other risk factors such as physiological risk factors (Kleiman, Law & Anestis, 2014).

Finally, an interpersonal psychological theory of suicidal behaviour explains a broad range of suicide risk factors, how those risk factors interact and the intervention strategies used to address this public health concern. It is viewed as a vibrant cognitive disturbing or affective state which is influenced by inter and intrapersonal factors which may lead one to suicidal behaviour. Moreover, people face many challenges in their lives and if they are unable to find a constructive way of dealing with their challenges, they may feel that one's existence is a burden and may also feel disconnected from others.

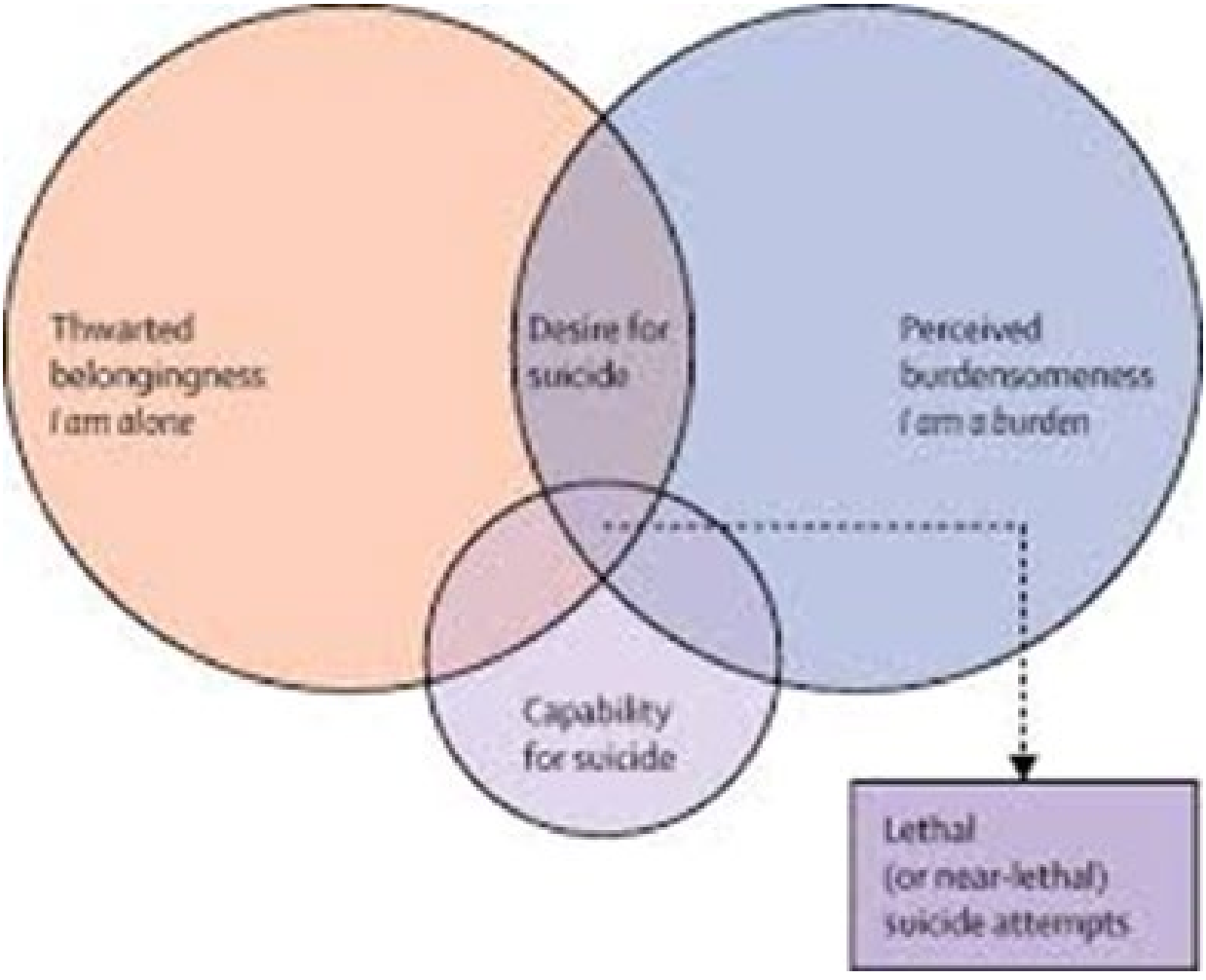

Figure 1: The interpersonal psychological theory of suicidal behaviour

2.3.2. Radical feminism on suicidal behaviour

Radical feminism is a philosophy which views patriarchy as the root of the inequality between men and women or the social dominance of women by men in society. Radical feminists argue that patriarchy divides rights, privileges and power, primarily by sex because of oppressing women and privileging men. This theory is opposed to the structure of power which oppresses women. This theory also opposes the existing political and social organization in general because it is inherently tied to patriarchy. Radical feminism is against exploitation, marginalisation and discrimination of women by men within the community.

Radical feminism is concerned about inequality between women and men. It views patriarchy as the source of inequality between women and men. The basic assumption of this theory is that women are oppressed and less privileged compared to men because of the patriarchal nature of society. This theory calls for an end to oppression, exploitation and discrimination against women (McClennen, 2010). Radical feminists maintain that marginalisation, exploitation and discrimination against women in patriarchal society create unbearable living conditions for women. In patriarchal societies, women are expected to be passive and subordinate to men (Honwana, 2012). Women's experience of being disregarded and undermined on a daily basis stifles their life. In other words, their exploitation, discrimination and marginalization may predispose them to trauma which may have a negative impact on their well-being. In a patriarchal society, women are often exposed to traumatic experiences such as sexual, physical and emotional abuse as well as domestic violence. For instance, in the case where married women work, they cannot even take control of their finances. Instead, their partners are the ones who take charge of their finances. The fact that they cannot control their finances may create tension between women and their partners. If that situation stays unsolved to the satisfaction of the women, this may trigger suicidal ideation due to oppression from their partners. This means that suicidal ideation in women will have been triggered by their exposure to a traumatic experience.

The foregoing argument highlights the fact that women are put under extreme pressure in a patriarchal society. They are not allowed to make decisions for themselves as in the case where they may not be allowed to have a say on how the finances of working women may be used. This may create deep-seated frustrations in them. As frustrations pile up, this may induce trauma in their lives. As a result, women may experience bitterness and frustrations which may push them to the edge. As a result of their unhappy lives, they may see no worth of living anymore. The endless state of frustration and bitterness in women may ultimately lead them to consider ending their own lives as a solution to their problems (Botha, 2016).

Radical feminism emerged as a strategy to end women's exposure to viciously exploitative and discriminatory practices which devalue and undermine their existence (Robyn, 2015). It seeks to put an end the exploitation, marginalization and discrimination against women. Radical feminists are vehemently opposed to sexism as it leads to prejudice and discrimination against women. They discourage sexism since it devalues or undermines the role of women in society. They advocate against any behaviour, condition or attitude which fosters negative stereotypes against women. Radical feminists maintain that focusing on gender-related differences does not do harm to women only, but the entire society as well. Exploitation, subjugation and marginalization of women in families and society may create traumatic experiences for women which may ultimately induce suicidal behaviour in these women. Radical feminists are primarily concerned about ensuring that women's efforts and lives are not undermined in families and society. Radical feminists call for the creation of an environment which allows women to have freedom so that they can thrive and function to their maximum best. For radical feminists, an environment which is not oppressive to women makes it easier for them to be able to play a meaningful role in families and society without any hindrance.

Women may lack a sense of belonging in society as a result of their marginalization, exploitation and discrimination. Such a situation may lead to their withdrawal from other people and also, feel isolated. When people are withdrawn and isolated, they start to

disengage themselves. As a result, they can no longer make an effort to seek help from people around. This may create deep-rooted frustrations which may generate trauma in them. Their traumatic experiences are likely to push them to the edge, which may ultimately lead them to engage in suicidal behaviour.

Similarly, women's isolation may lead to a lack of commitment to group goals and norms. When people are no longer committed to the group goals and norms, they tend to develop negative attitudes to people around them. Such people are more likely to behave or act in a manner that may endanger their own lives (Campbell, 2013). Equally, women who are and marginalized, exploited and discriminated in their families and communities may feel not loved and accepted. This may lead them to withdraw and isolate themselves. Such a situation may have an adverse psychological impact on them as it may lead them to suicidal thoughts (Dryden-Edwards, 2011).

Radical feminists state that male dominance of women serves as the root cause of women’s marginalisation, oppression and discrimination. This is mainly focused on women’s issues and neglect men’s issues from the burdens placed to them by their societal structure. Men’s liberation is also an important part of feminism because men were also harmed by sexism and gender roles. This is the case because traditionally men were expected to be providers for the families. This expectation of men to be providers for their families makes it difficult for them to ask for help from women. This made men feel reluctant and embarrassed because such a move will be seen as an indication of men’s weakness or failure. Feminists are also supposed to advocate and promote gender equality instead of demonizing everything about men.

Radical feminism gives an overview of how social conditions can trigger suicidal ideation. This theory views patriarchy as a root of inequality between men and women. It explains that women were less privileged than men. In addition, women are traditionally exploited, marginalized and discriminated against. This leads them to live like slaves because they

are not allowed to express themselves or to raise their views. Therefore, their exploitation, marginalization and discrimination may expose women to suicidal behaviour as a reaction to their deplorable situation.

2.3.3. The hopelessness theory on suicidal behaviour

According to the hopelessness theory, hopelessness occurs when people do not expect anything positive to occur in their lives. Such people feel powerless to change their situation (Schneider, 2012). Hopelessness is a state of terminal inability to imagine life without problems. Such a person feels so consumed and trapped in a bad situation and may see no reason to live anymore. Hopeless people always have negative cognitions about the future. This happens when people develop negative views of themselves. When these people's situations worsen, they begin to blame others for the negative circumstances in their lives because they are trying to fight off the negative views of themselves.

Hopeless people also easily develop negative views of the world and people who used to be their primary support. When that trend continues, such people begin to believe that the future will hold more of the same negative outcomes (Schneider, 2012). In the final analysis, they get enveloped by a feeling of hopelessness due to their negative views about themselves, their world and their future. The negative view of the self, the people around them (world) and the future may lead to suicidal behaviour in such people (Taylor, 2012). This hopelessness ultimately drains people's sense of self-worth, self-esteem and motivation (Schneider, 2012). Such people end up stuck in a vicious cycle and find it impossible to move out of such a situation. Such a vicious cycle in which hopeless people find themselves trapped in is diagrammatically represented as follows:

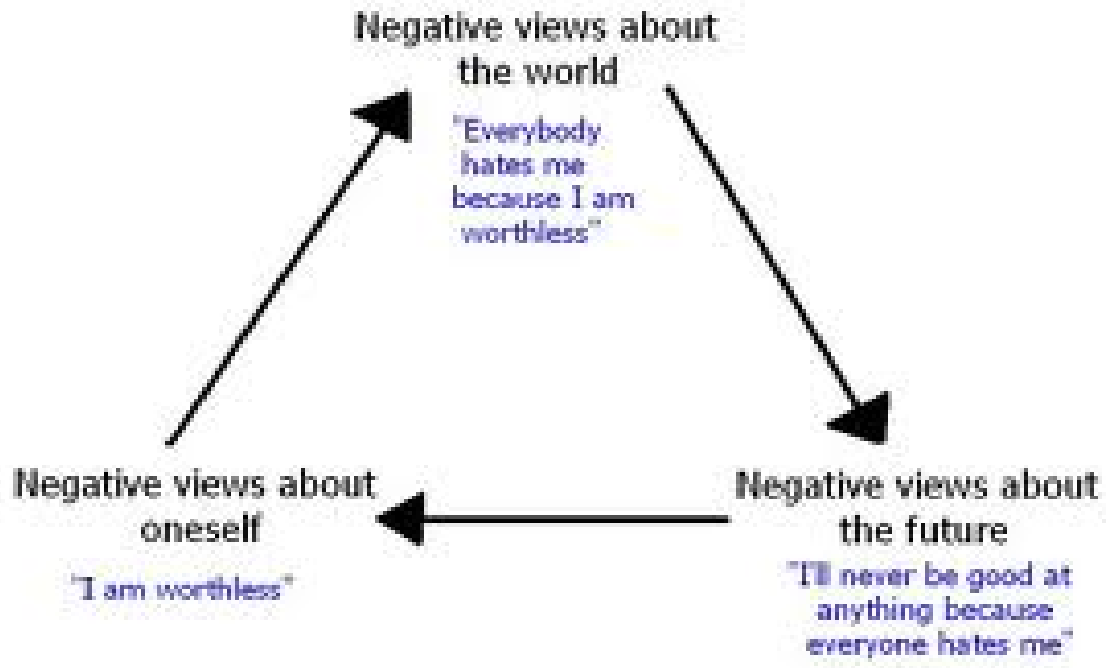

Figure 2: The hopelessness theory of suicidal behaviour

Source: Bandura (1991)

People who are hopeless only see barriers in their lives. They cannot recognize their strengths and use them to change the course of their lives for the better (Cheavens, 2014). Hopeless people do not see and believe in their capabilities to rise above their challenges (Bandura, 1991: 231). The same applies to women in patriarchal societies. Women may, due to the stress triggered by their exploitation, marginalization and discrimination, develop negative views about themselves, people around and their future. The oppressive conditions and subsequent traumatic experiences induced by their situation may force women to develop and harbour negative feelings about themselves and the world around them. Since patriarchal societies are not friendly to women, they find themselves trapped in an extremely exploitative, marginalizing and discriminatory society. In patriarchal societies, women cannot find anyone to help them out of their miserable situation. There is no one to help them escape their situation because they are perpetually expected to conform to the gender-biased norms that are hell-bent on subjugating, exploiting, undermining and marginalizing them. When women find themselves stuck in conditions that stifle their lives, they lose hope about their situation and see no reason to continue living. Their feelings of hopelessness may trigger suicidal

ideation in them. They may be so overwhelmed by their feelings of hopelessness that they may ultimately consider committing suicide. This argument is also confirmed by Taylor (2011) who maintains that people with a feeling of hopelessness are likely to commit suicide because they no longer see any reason to live due to their negative views of themselves and other issues in their life. Hopelessness is strongly linked with suicidal acts. In other words, hopelessness is a risk factor for depression which might lead to suicidal behaviour. This means that hopeless people are often so depressed that they are likely to commit suicide (Salter & Platt, 1990; Cheavens, 2014).

The feeling of hopelessness occurs when people no longer expect positive things to happen in their lives. Such people may develop negative views on themselves, the world around them and their future. These people may feel worthless, incompetent and useless (Taylor, 2011; Salter & Platt, 1990; Cheavens, 2014). Consequently, their self-esteem may be negatively affected. Due to low self-esteem and negative views towards everything around them, women may start to develop suicidal ideation (Mokgopa, 2018). This may be due to their preoccupation with cognitive distortions or errors wherein they may believe that their life and future hopes are full of negative outcomes. When their life is preoccupied with negative views about themselves and the world around them, they end up being unable to see any positive things in life.

2.3.4 Social theory of alienation on suicidal behavior

The social theory of alienation can be used as an analytical tool to unearth and explain human alienation which is caused by economic, political, social and cultural factors (Vorhies, 1991:24). Human beings are social and cultural beings. Harbouring negative attitudes towards oneself, other people and the world around oneself may breed human alienation. Negative attitudes may induce negative thoughts in an individual, and this may render one's life miserable (Kruger & Friedemann, 1982:47). Once people are alienated from themselves, people around them may find themselves in what Oliver (2004:4) refers

to as ‘a zone of non-being.’ This often happens when one has rejected oneself, and also when one is rejected by people around them. Human alienation may be caused by lack of recognition, affirmation and appreciation of an individual by other people. The lack of recognition, affirmation and appreciation of individuals by their families and members of the community makes them lose their self-respect, self-worth, and self-identity, a sense of belonging, pride and dignity. Ultimately, this may adversely affect them emotionally, spiritually and psychologically. Subsequently, such people may no longer experience happiness in their lives.

The onset of unhappiness in their life may induce feelings of alienation which may trigger social ideation in such people. This is most likely because social alienation makes people feel rejected, disrespected, worthless and bitter. Alienated people may ultimately be resentful of their own lives. Once people feel rejected and worthless, they lose their sense of belonging (Meszaros, 2005:35). Such people cannot lead a meaningful life because they are denied social connections (Lemmert & Elliott, 2006:3). Once they experience feelings of rejection and alienation, such people no longer see the value of life. This thinking may push them to the edge such that they may decide to end their life.

From the foregoing paragraph, it is evident that human alienation creates negative experiences which make such people to be unhappy. In the words of Gielen, Fish and Draguns (2004:253), ‘they often feel a hollowness in their life…and also feel depleted …’. Since their sense of feeling is at its lowest, the life of people who are alienated is meaningless. This is due to the lack of a sense of connectedness with themselves and people around. Human alienation can result in violence, nervous breakdown or suicide.

Exploitation and marginalisation of women in society may create traumatic experiences which make them feel rejected and alienated from other people. The disregard and undermining of women by their families and members of the community may make them feel rejected, unappreciated and devoid of value and self-worth. Their situation may make

them feel humiliated and worthless. Once they experience an extreme sense of humiliation, they will be alienated from those who make them feel worthless. As their feeling of alienation intensifies, they will begin to feel rejected. This ultimately makes them see no reason to live anymore. In the end, they may begin to develop suicidal ideation.

The theory of social alienation is very helpful in this study as its theoretical assumptions assist the researcher to interrogate and explain the circumstances which lead young women to suicidal ideation. This theory clearly explains situations in a society which may drive women to consider suicide as an option out of their distressing situations.

2.3.5 Choice theory on suicidal behaviour

The choice theory beings in determining what motivates human motivations. This theory helps to determine the reasons that motivate human actions and decisions (McClennen, 2010). The basic rationale of the choice theory is that individuals have the capacity to make choice and exercise control over their lives. However, they do so for certain reasons. According to the choice theory, people's interests and preferences influence their behavior and the decisions they take. In other words, people act, choose or do things mainly because of their interests or preferences. Therefore, people are likely to behave, act or choose in order to maximize benefits or gains for themselves (Esponda, 2008)

The Choice theory shows that people often act, choose or behave in a certain way solely in pursuit of their own interests or preferences, and also act and think in a way that makes them happy. In terms of the choice theory, people's choices, actions and decisions always focus on the enhancement of their own advantage (Field, 2003). Consequently, people's action and decisions are often driven by individualism and self-interest. This is not surprising because people always act, behave and take decisions in a manner that puts them at an advantage. People's decisions and choices are driven by the desire to satisfy their needs or interests and in search of pleasure and the avoidance of pain (McClennen, 2010).

In human behavior, decisions and choices are intended to benefit and serve the interests of the people. That is why people prefer to choose, decide, or act in a manner that will satisfy their own needs or interests. This is because people are always influenced by their own narrow individual preferences and interests. This argument is corroborated by McClennen (2010), who argue that people's attitudes, intentions and beliefs often determine their motivation to decide, choose and act to achieve the envisaged outcome. This means that people will always act or behave in a certain way because they have chosen to do so to satisfy their own individual needs or interest. People act or behave in a way because they have chosen to do so for their own interest. In the context of this study, the choice theory may imply that young women may decide to attempt or commit suicide because that action may serve their interest of ending their suffering if they find themselves in depressing situations.

Advocates of the choice theory contend that people are motivated by what they want at that moment (Glasser, 2011). The determinants of people's decision on what to do include people's basic needs, the quality of the world, the reality of perception, comparing place and total behaviour (Glasser, 2011).

All people are born with basic needs such as the need to survive, to love, to belong, to be free and to have fun in their lives. However, people's behaviour is motivated by people's persistent desire to satisfy their needs. People's strength varies from person to person because some people may be driven by the need to be free and independent while others may be driven by social needs such as a sense of belonging and love. As people interact with others they build a unique quality world which includes the people, activities, values and beliefs that are most important to them as individuals. Some may develop a world that is unhealthy and irresponsible as a result of their own choices and actions. Advocates of the choice theory argue that what matters in people's lives is the perception of reality. People's behaviour is based on how they perceive things whether they are right or wrong.

When overwhelmed people may choose to end their lives due to the way they view their challenges.

This theory argues that human beings are motivated by never ending desires to satisfy their basic needs. They may be motivated internally, not externally or by punishment. Individuals have rights to make their choice and to exercise of their own lives depending on what they want, and also motivation.

If the choice theory's views, especially those expressed by Glasser (2011), can be applied in this study, one may conclude that young women may choose to end their lives because of their low sense of belonging, which is as a result of the way women are treated by their partners, families and the rest of the community members. Young women may be forced to commit suicide because they may be treated so badly by their partners, families and other members of community, resulting in them seeing no reason to live and suicide becomes the only way to be free them from bad treatment meted out to them by their partners, families and other members of community. In this case, young women may feel overwhelmed by the way they are treated by people around them which may lead them to choose to end their lives to end their misery.

Proponents of the choice theory maintain that people are in charge and responsible for their behaviour. They contend that whatever way an individual behaves is by choice. However, there are certain behaviours that an individual may not engage in not because of their own choice. The challenges that individuals face in their lives may force them to engage in suicidal behaviour. This means that women may not necessarily choose to behave in a certain way, but they may be pressurized by the challenges they face to develop suicidal ideation.

2.3.6 Gender schema theory on suicidal behaviour

Bem (1981) and Martin and Halverson (1988) are the proponents of the gender schema theory which emphasises the importance of gender differences in human life. According to these scholars, gender develops from an early stage in the life of an individual. Therefore, gender becomes part of the scheme of things which determines how an individual thinks and views things. These scholars argue that schema is the cognitive structure which people use to determine, classify and decipher any information related to certain objects, person or situation. This means that individuals can make sense of new information based on their past experiences by using a schema they create. According to this theory, gender plays a major role in people's way of determining, classifying and deciphering information on a daily basis (Bem, 1981; Martin & Halverson, 1988). In terms of this theory, gender differences are socially and psychologically imprinted in the lives of males and females when growing up. For instance, at a younger age, a child is not able to label himself/herself as a boy or girl (Bem, 1981), but as they grow up, they gather information from their surroundings which socializes them into seeing and understanding themselves as being male or female. This is the case because the information gathered shapes and guides their behaviours (Martin & Halverson, 1988).

The advocates of the gender schema theory hold the view that gender differences influence males and females to behave and react to situations differently. This implies that women and men are likely to behave or react to or affected by the same situation differently. In relation to this study which focuses on suicidal behaviour, it can be assumed that women and men may be affected or react to suicidal behaviour differently. Males are less likely to engage in suicidal behaviour than females. However, the suicidal behaviour of men when compared to that of women is characterized by the use of high risk and aggressive methods. Conversely, females are more likely to attempt suicide than males due to their cognitive structure or ways of viewing things (Freeman, 2015). This implies that women and men have been socialized to think and react differently to the challenges they face in life. Furthermore, most women attempt suicide than men do because of their reasons and reaction to the pressures of life are often different from those of men.

According to Bornstein (2010), males identify themselves as strong and think they are able to deal with whatever challenges they may face in life. For men expressing emotions and crying out when having stressors is considered as being weak. This is because of the way they were brought up. The fact that men are raised and made to believe that they are strong makes them act or react in a way that constructs them as expected by the community. Hence, men often act aggressively as this is viewed as being manly. It is not surprising to see men resorting to high risk and aggressive methods when engaging in suicidal behaviour. As far as women's behaviour and reaction to a stressful situation are concerned, the opposite applies. This means that, since women have been raised as gentle and feminine, they often do not use high risk and aggressive methods as men do when engaging in suicidal behaviour. This explains why females are more likely to attempt suicide more than males. For women, suicidal behaviour may just be a way of expressing their emotions and crying out for help.

The fact that men always resort to high risk and aggressive methods when engaging in suicidal behaviour this means that men always act or react to a stressful situation in a violent manner because they are brought up in a way that makes them to believe that being gentle and less aggressive is associated with femininity. Therefore, whenever they are faced with a challenging situation, they are likely to behave violently as a way of displaying their masculinity. The gender schema theory assists the researcher to delve deeper into the way in which women act or react to challenging situations. In addition, this theory states that people’s reaction or behaviour is likely to be controlled by their gender. This is developed at an early stage and may have an impact throughout their life. With the help of the gender schema theory, the researcher is able to interrogate and understand how females behave or respond to stressful situations. It helps the researcher to understand the different ways in which men and women react to challenges they face in life.

2.4 Theories applied in this study

Although reference has been made to six different theories to explain and interpret the issue of young females' suicidal behaviour, only two of those theories serve as a premise upon which this study is based. The two theories which have been extensively used to guide this study are the interpersonal psychological theory of suicidal behaviour and the radical feminism. The interpersonal psychological theory's two psychological states, namely, burdensomeness and alienation which may trigger suicidal thoughts in people were applied to interrogate and explain young females' suicidal behaviour. On the other hand, radical feminism's theoretical assumptions have also helped to unpack and highlight the fact that societal conditions such as exploitation, marginalisation and discrimination may exhort women to react to stressful situations by considering ending their life.

It was necessary to use both these theories more than others which were also identified in this study mainly because of this two complement each other. The interpersonal psychological theory focuses on psychological states of burdensomeness and social alienation within an individual can trigger suicidal ideation. On the other hand, the radical feminism theory moves away from an individual's state of being as a trigger of suicidal ideation by focusing on social conditions that may also trigger suicidal ideations. Each theory focuses on triggers of suicidal behavior, of which the other theories may disregard. In other words, each of these theories covers a lot of explanations of issues that may lead to suicidal behaviour. The interpersonal psychological theory focuses on the internal state of an individual, something which happens intrapersonally such as the feeling of burdensomeness and alienation which may lead to suicidal thoughts. On the other hand, radical feminism explains how social conditions such as marginalization, exploitation and discrimination can trigger suicidal behaviour among women. The complementarity of these two theories can be traced in the fact that interpersonal psychological theory focuses on the internal state of an individual, while radical feminism focuses on external conditions which may trigger suicidal ideation. The use of these two theories enabled the researcher to adequately interrogate and explain suicidal behaviour. The use of these two theories has broadened and deepened understanding of the triggers of suicidal ideation in women, especially young females in Vhembe District, Limpopo Province, South Africa.

The other four theories, namely theory of social alienation, the theory of hopelessness, choice theory and gender schema theory were not applied in this study to the same extent as the interpersonal psychological theory and the radical feminism because their theoretical assumptions are indirectly implicated in this study. There was no need to apply all these theories in this study because the two selected theories could adequately interrogate and explain the triggers of suicidal ideation among women.

2.5 Conclusion

The application of the above theories in this study has helped to shed light on the issue being investigated, namely, young females' suicidal behaviour. The different angles expressed by the advocates of these theories have helped to interrogate and explain the issue of young females' suicidal behaviour from different and unique perspectives. A brief glance to the issue of young females' suicidal behaviour from a variety of theoretical angles helped to unearth the multiple perspectives of the phenomenon being investigated. After using a variety of theories to explain the phenomenon of young females' suicidal behaviour, the reader's understanding of the issue being investigated becomes 'broadened and deepened'. If only one theory had been used to interrogate and explain the phenomenon of young females' suicidal behaviour, the reader's understanding of the issue would be very shallow and narrow. Raselekoane (2010) argues that the use of a variety of theories helps to compensate for the deficiencies of one theory, thus broadening the scope of the interrogation, explanation and interpretation of the phenomenon being investigated. To highlight the significance of using a variety of theories to unpack the issue being investigated, Raselekoane (2010) cites Armstrong (1990:7) who argues that 'every interpretive approach reveals something only by disguising something else, which a competing method with different assumptions might disclose'. Using different theories to explain and interpret an issue in research is vital. This is the case because such an exercise discovers multiple meanings of the issue being investigated and leads to a deeper and broader understanding of that phenomenon. The

use of different theories in this study helped to widen the researcher's explanation and understanding of the issue of young females' suicidal behaviour.

CHAPTER 3: LITERATURE REVIEW

3.1 Introduction

Suicidal behaviour in young people has become a serious public health concern which impacts on mental health-care. The high number of non-disease related deaths is commonly associated with suicidal behaviour. Suicidal behaviour is divided into two types, namely, fatal and suicide attempts. Suicide refers to self-committed and completed suicidal behaviour in which the victim's intent to die is achieved. Suicide attempt refers to self-inflicted suicidal behaviour that fails in ending the victim's life, and which results in attempted suicide (Schlebusch & Burrows, 2009). Suicide and suicide attempt create a serious problem in terms of health-care and costs to society. Attempted suicide is 8 to 10 times higher in women than the number of successful suicides. On the other hand, a high rate of suicide occurs among males (WHO, 2012). This study focuses on suicide attempt, mainly, because of its gendered nature since it occurs mostly among women. It is crucial to interrogate the reasons behind the prevalence of suicidal behaviour among women and men. In this chapter, the literature review is presented based on the objectives of the study which are, the contributory factors to attempted suicide, the effects of attempted suicide, coping mechanisms and the available support and intervention strategies that can help curb suicidal behavior.

3.2 Contributory factors to suicidal behaviour

According to WHO (2011), suicide and suicide attempt are very complex and difficult phenomena to understand. They may differ across countries with different contributory factors such as psychological, biological, socio-economic, cultural, environmental and religious factors. There are many contributory factors to suicidal behavior, some of which are discussed below.

3.2.1 Psychopathology

A South African Stress and Health (SASH) study which was conducted by (Stein, Williams & Kessler, 2009) which investigated the prevalence and correlates of common mental disorders indicated that mental disorder is a risk factor for suicide and suicide attempt. Other mental disorders may cause poor impulse control and lack of judgment. With these factors, chances are very high that a person may commit or attempt suicide (Sadock & Sadock, 2014). In addition, participants with at least one mental disorder based on Diagnostic Statistical Manual 5 (DSM-V) were four times more likely to commit or attempt suicide than those without a mental disorder (Khasakhala *et al*., 2011). Across all age groups, various psychopathological conditions have been shown as co-morbid factors of suicidal behaviour (Hawton & Van Heeringen, 2000; Wasserman & Wasserman, 2009). However, in many suicidal cases there is at least one psychiatric disorder such depression and mood disorders (Bertolote, Fleischmann, De Leo & Wasserman, 2004; Lönnqvist, 2000; Wasserman & Wasserman, 2009). In African societies, acute and chronic stress has been identified as a critical co-morbid cause of suicidal behaviour. High rates of trauma, violence, unemployment and socio-economic problems may all lead to suicidal behaviour and suicidality (Schlebusch *et al*., 2009). According to Kolves, (2010), young people worrying about the family‘s economic situation may have links to suicidal behaviour and increases in high stress related conditions such as somatic, mental health problem and suicidal behaviour.

3.2.1.1 Psychiatric illness

Individuals with psychiatric disorder are at increased risk of suicidal behaviour. Several studies have examined the prevalence of suicidal behaviour among people receiving psychiatric treatment, especially those on their First Episode Psychosis (FEP) (Nielssen & Large, 2009) in the 12 months since they were diagnosed with mental illness or have contact with mental health service, between 21% and 50% of patients consider suicide and 10% attempted suicide (Nielssen & Large, 2009).

According to Harris & Barraclough (1999), over 90% of fatal suicidal behaviour cases are known to be psychiatric related illnesses at the time of their death. Schizophrenia, which is one of psychiatric related illness, is rated to be less compared to other psychiatric illness. However, it was reported that close to 19% of the people under the age of 35 who suffered from schizophrenia displayed suicidal behavior (Appelby, Cooper, Amos & Faragher, 1999). The high number of psychiatric illness leads to an increase of suicidal behaviour risks as illustrated by some studies showing a significantly increase mortality ratio (Harris & Barraclough, 1997). Psychiatric disorder is also associated with suicidal symptoms that can trigger suicidal ideations. Individuals suffering from mental illness are also at high risk of suicidal behavior. For example, schizophrenic people may experience auditory and visual hallucinations that may give them instructions of killing themselves. People experiencing these auditory and visual hallucinations may feel like they are being instructed to engage in suicidal behaviour. In addition, other mental disorders may cause poor impulse control and lack of judgement which can also lead to suicidal behaviour.

3.2.1.2 Depression and other mental condition

In South Africa, youth suicidal behaviour associated with mood disorders often goes undetected (Schlebusch, 2005 and Sadock & Sadock, 2014). In most South African ethnic groups, depression was found to be a major contributory factors to suicidal thoughts and behaviour. Depression and suicidal ideation tend to be more prevalent or severe with increasing age and there is evidence that culture can lead to depressive symptoms (Schlebusch & Burrows, 2009). For example, not understanding certain traditional beliefs could cause psychological stressors that can lead to depression and suicidal behaviour. South African youth are confronted with many educational and socio-economic demands which can make them feel overwhelmed and likely to develop suicidal thoughts. In South Africa, the most significant precipitator of suicidal behaviour among young women is the high level of stress which can lead to major depressive and mood disorders if not treated at early stage. Between 60% and 70% of suicidal behaviour is related to major depressive disorders (Schlebusch & Burrows, 2009).

People who are suffering from a prolonged depressive episode are particularly at higher risk of engaging in suicide and suicide attempt (Sadag, 2011). In most cases, depressed people are likely to have less energy to plan and implement a suicidal act. However, as depressive symptoms begin to worsen, more energy is available for planning suicidal behaviour. The physical symptoms of depression resolve faster than cognitive symptoms so that an individual may have more energy to carry out destructive thoughts instead of constructive ideas. In addition, most depressed people are likely to abuse or use alcohol as a coping strategy while increases the suicidal risk, especially to people with mood disorders (DSM V, 2013). For example, the well-known South Africans, cardiologist professor Bongani Mayosi and Hip-Hop artist Tsambo Jabulani, were struggling with depression in the past few years. Both of them ended up taking their own lives in July and October 2018 respectively (Sadag, 2018).

Bereavement is also associated with psychological stressors which can trigger suicidal behavior. Those bereaved, mostly by suicide are at a higher risk of suicidal behavior (Clark, Goldney, 2000). They may also wish die so that they can join their beloved ones who killed themselves. Due to grieving, they may be presented with depressive symptoms. Such symptoms may be more of self-centred feelings of guilty and self-blame. Grief and loss are also associated with suicidal behavior because losing a loved one is stressful and not acceptable. Loss due to suicidal behaviour can trigger an existential crisis state in which the grieving person cannot see any reason of living. Therefore, medical treatment to those with mental illness and psychological intervention can help reduce suicidal behavior (Schlebusch, 2005).

3.2.2 Personality disorders (PD)

According to DSM V (2013), personality disorder is known as an enduring pattern of inner experience and behaviour that deviates markedly from the expectations of the individual's culture which is pervasive and flexible. This implies that certain predictions are indicative of how a person will behave under given sets of circumstances. Persons with personality disorders do not feel anxious about their maladaptive behaviour. There are three clusters which help to categorise the personality disorders and those clusters have different types of personality disorders as explained above. For example, Cluster A is comprised of namely, schizoid and schizotypal mental disorders. Cluster B is comprised of anti-social, borderline, histrionic and narcissistic disorders. Cluster C has the following disorders avoidant: dependent and obsessive compulsive disorders. However, not all disorders mentioned under each cluster may lead young people to develop suicidal thoughts. Disorders which may likely lead someone to develop suicidal thoughts are discussed below.

3.2.2.1 Borderline personality disorder

In borderline personality disorder (PD) or emotionally unstable PD, the person essentially lacks a sense of self, and, as a result may experience the feeling of emptiness and fears of abandonment. There is a pattern of intense, but unstable relationships, emotional instability, outbursts of anger and violence and impulsive behaviour. Suicidal threats and acts of self-harm are common in individuals with this PD. It has been suggested that borderline personality disorder often results from childhood trauma such as sexual abuse. Borderline personality disorder is more common in women because they are the ones who suffer sexual abuse. However, feminists have argued that borderline PD is more common in women because women may display anger and promiscuous behaviour which tends to be labeled a borderline PD. Men who display similar behaviour are labelled to be suffering from antisocial PD (DSM V, 2013; Sadock, Sadock & Pedro, 2015).

3.2.2.2 Avoidant personality disorder

People with avoidant PD believe that they are socially incompetent, unpleasant and inferior. They have constant fear of being embarrassed, criticized and rejected. They avoid meeting other people unless if they are certain of being liked, and are restrained even in their intimate relationships. According to DSM V (2013), people with avoidant PD excessively monitor internal reactions, both their own and those of others, which prevents them from engaging naturally or fluently in social situations. This people are more likely to display suicidal behaviour as a way of dealing with their challenges of feeling inept (DSM V, 2013).

3.2.2.3 Dependent personality disorder

This is characterized by lack of self-confidence and an excessive need to be looked after. The person needs a lot of help in making everyday decisions and surrenders important life decisions to the care of others. They have excessive fear of abandonment and may go through considerable lengths to secure and maintain relationships. A person with this disorder may see herself or himself as inadequate and helpless and surrenders personal responsibility and submits herself or himself to one another (DSM V, 2013). He or she imagines that they are one with these protective other(s), whom they idealize as competent and powerful, and towards whom they behave in a manner that is ingratiating and self-effacing. People with dependent PD have limited insight into themselves and others and this leaves them vulnerable to abuse and exploitation, and this may also trigger suicidal ideation (DSM V, 2013).

3.2.3. Eating disorder

Eating disorder is highly associated with self-harm such as suicidal behaviour. It was found that 40% of screened patients were engaged in self-injurious behaviour. Most of them were diagnosed with *bulimia nervosa* and had a history of binge eating (Peebles, Wilson & Lock, 2011). Those adolescents diagnosed with *bulimia nervosa* have a history of being bullied at schools. Being bullied showed elevated levels of stress and depression. Most of these people are reported to receive medical attention following suicide attempt (Sadock, Sadock & Pedro, 2015).

3.2.4 Biological factors

Biological factors are those which affects the function and behaviour of living organisms. These factors can be physical and medical in nature. Biological factors are the primary

determinants of human behaviour. In this study, biological factors are those factors which are genetically inherited. Below is a brief explanation of some of the biological factors which can trigger suicidal thoughts.

3.2.4.1 Chronic and physical illness

There is a relationship between physical disease and suicidal behaviour and people experiencing these conditions are likely to develop suicidal thoughts because of the pain or discomfort related to their condition, treatment and/ or physical appearance (Schlebusch, 2005; Wasserman & Wasserman, 2009). For example, life-threatening diseases such as cancer, hypertension and diabetic mellitus can trigger suicidal thoughts (Schlebusch, 2005). This argument is also corroborated by Recklitise, Lockwood & Rothwell (2006) who stated that suicidal behavior can be triggered by traumatic experiences of hospitalization and oncology treatment. Such people are likely to suffer from emotional pain and seeing loved ones struggling to deal with the condition. As their condition deteriorates they may attempt to end their lives. Family members can be psychologically severely affected by the condition of their loved ones. Severe physical illness, pain and traumatic experiences are attributed to the high rate of suicide and suicide attempt (Akechi,Nakano & Akizuki, 2002; Cassaza & Chulu, 2016).

In many African countries, suicidal behaviour is triggered by severe psychosocial stress associated with HIV/AIDS, which is a massive public health problem. Furthermore, stigma, discrimination, isolation and lack of support from family and friends, loss of parents and other family members may trigger suicidal behaviour (Schlebusch *et al*., 2009). The stigma associated with infertility or having children outside marriage can trigger suicidal behaviour among women. Negative comments to women with infertility problems and children outside marriage may lead to low self-esteem, isolation and feeling of loneliness that may also trigger suicidal behaviour. Women who may have children

outside marriage may feel harassed, rejected and not supported when their children are not accepted by their in-laws. Such a situation may lead to suicidal ideation.

In a recent study conducted by Park (2014), cerebrovascular accident (CVA) and other physical illnesses were identified as risk factors of suicide ideation and suicide death, with roughly 1,743 patients. Moreover, people with CVA have a higher rate of suicidal ideation, especially those with poor family support systems. They develop suicidal plans due to high levels of stress. Furthermore, patients with right-sided stroke and being disabled were more likely to have suicidal thoughts due to inability to perform other duties they used to do prior the stroke. It was also confirmed that they usually used non-violent methods in non-impulsive ways (Pompili, Venturini, Campi, Sereti, Montebovi, Lamis, Serafini, Amore & Girardi, 2012). According to Rao, Jackson and Howard (1999) and Fuller-Thomson, Tulipano and Song (2012), CVA can also contribute to many physical illnesses and intellectual disabilities, such as problems in controlling movements, paralysis, sensory disturbances, emotional disturbances and cognitive impairment. The problem of thinking and memory loss could also increase the risk of dementia, impulsivity and suicidal ideation. Although stroke was not found to be a risk factor for death it could increase the possibility of death due to the pains experienced emotionally and physically.

3.2.4.2 Sexual and physical abuse

People who are exposed to sexual and physical abuse are at higher risk of mental health outcomes such as suicidal ideation and behaviour (Brent & Bridge, 2003). In addition, exposure to sexual abuse has more effect on the mental health of the victims. This may also expose them to high levels of suicidal behaviour than those exposed to physical abuse (Fergusson, Mcleod & Horwood, 2013).

According to Braush, Decker & Hadley (2011), approximately 50% and 33% of suicidal behaviour among women are due to physical abuse, sexual abuse and witnessed

domestic violence. A study conducted by Afifi, Enns and Cox (2008) indicates that life experiences could have serious effect which can lead to suicidal behavior. If a person experiences abuse and other problems, for example, divorce and domestic violence, there is a high risk of suicidal behaviour in life (Afifi, Boman & Fleisher, 2009).

Afifi, Enns & Cox (2008), conducted a longitudinal cohort study to determine the relationship between abuse and suicidal behaviour. The study found that non-abused people were less likely to develop suicidal behaviour compared to those who experienced abuse. Sexual and physical abuse by an immediate family member was likely to lead to an increased risk of suicidal behaviour.

3.2.5 Socio-economic and cultural factors

The following section gives a brief outline of some of the socio-economic and cultural factors which may trigger suicidal behavior.

3.2.5.1 Problem-solving skills

Many suicidal cases among young people are caused by poor problem-solving skills (Hawton, van Heeringen, 2000 & Schlebusch, 2005). Suicidal behaviour has been viewed as an inappropriate problem-solving strategy and method of communication when people feel uncomfortable to express their emotions. It can be employed as a more desperate way of crying for help by young people. According to Schlebusch (2005), the majority of young women present their suicidal behaviour either verbally or non-verbally. This indicates the person's intentions of dying. Schlebusch (2005) further argues that young people are known to tend to threaten to commit suicide as a way of seeking help or attention.

According to a study conducted by Schlebusch (2005), more than two-thirds of people who engage in suicidal behaviour communicate their intention to do so within three months preceding the suicidal behaviour. Many people who commit or attempt suicide have either indicated a need for help or present some suicidal symptoms (Pirkis & Burgess, 1998; Schlebusch, 2005). In South Africa, many young people do not have access to specialised mental health services or health professionals at the time of a suicidal crisis, which extremely limits them to get help (Schlebusch, 2005). Some may find it difficult to share their problems and are likely to develop suicidal ideations.

3.2.5.2 Family dysfunction

According to Schlebusch (2009), family dysfunction is one of the contributory factors to suicide and suicide attempt. High prevalence rate of family conflicts such as marital problems may have negative impact on their daily lives and people close to them. Relationship problems between people who are dating can lead them to suicidal behaviour. Other family problems involving feelings of loss of support because of family changes caused by divorce and remarriage have higher influence on suicidal ideations.

Financial problems within the family are also linked to suicidal behavior. In young people, school-related problems, especially with poor family support systems can lead to suicidal behaviour. Suicidal behavior can also be triggered by an exposure to family violence, family dysfunction, over-controlling and overprotective parents. With these risk factors, the young person's ability to function appropriately within the family can be disrupted and start to develop suicidal thoughts.

3.2.5.3 Unemployment

The socio-economic context has a significant impact on the prevalence of suicide and suicide attempt. In South Africa, the rate of unemployment and poverty is very high

(Bezuidenhout, 2013). Unemployment is known to have a negative effect on human well-being, which can lead to stressful situations. Unemployed people often experience financial stress and an increase in financial difficulties can also increase someone‘s risk of suicidal behaviour. Boredom, alienation and hopelessness are problems faced by young unemployed people. Economic inequalities may expose young people to a wide range of stressors and negative life events in their families and communities. Such a situation may also diminish their own hopes and expectations for a positive future, with meaningful opportunities for work and life. High rates of unemployment and decreased family income may lead to increased stress-related conditions such as somatic conditions, mental health problems and suicidality (Kolves, 2010).

Unemployment is known to be an important risk factor for suicidal behaviour worldwide (Platt & Hawton, 2000). This association also reported in SA, even though the national the unemployment rate is reported to be 25% (Statistics South Africa, 2012). In a study conducted by the Bloemfontein mortuary it was found that 56.9% of individuals who died by suicide were unemployed (Stark, Joubert, Struwig, Pretorius, Van der Merwe, Botha & Krynauw, 2010). The result of this study revealed that employment status may be a significant risk factor for suicidal behaviour in South Africa.

2.2.5.4 Gender based violence

According to Dryden and Edwards (2011), men are breadwinners in most societies. This puts women under pressure as they are expected to be submissive to their spouses all the time because they are financially dependent on them. As a result, women tend to be abused emotionally, physically and financially. This may cause psychosocial stressors in women leading to suicidal behavior, substance abuse, and sexual and reproductive health problems among women.

Marginalisation and oppression on women also leads women to suicidal behaviour. In many relationships men are not faithful to their partners, hence becomes difficult for women to cope. If a woman is failing to give birth it becomes a serious problem because men believe that women are the ones who can fail to give birth. Sometimes men can push their wives to give birth time and again because some men become sexually active when they are under the influence of substances. On the other hand, men who abuse substances find it difficult to maintain their family needs. Such men may become sexually inactive and fail to satisfy their wives sexually. Some engage in domestic violence due to the use of substances. Other abuse their wives and children physically and threaten to kill them. These problems may trigger suicidal behaviour among women (Boluk & Carnicelli, 2019).

3.2.6 Sexual orientation

In most of African traditional societies, Lesbians, Gays, Bisexuals, Transsexuals and Intersexual (LGBTIs) are not welcome. Members of the LGBTI community are not expected in traditional African communities because their sexual orientation is viewed as a taboo. This is due to the fact that in traditional African communities, men are not expected to have an intimate relationship with other men, and the same goes with women. Social rejection often leads to social isolation. Lesbians are more likely to attempt suicide than gays or bisexual males. Gays and lesbians are likely to experience family rejection that may lead to suicidal behaviour (Ryan & Deci, 2000).

When people who are isolated may feel unaccepted, unloved and lonely leading to suicidal behavior. Young female homosexuals are at a higher risk of suicidal behaviour than heterosexuals. (Silenzo, Pena, Duberstein, Cerel & Knox, 2007). LGBTIs, who attempt suicide are perceived as having weaker skills for coping with discrimination, isolation, and loneliness. A study conducted by (Remafedi, Farrow & Deisher, 1991) revealed that (LGBTIs) who attempted suicide had more feminine tendencies. According

to Wichstrom and Hegna (2003), homosexual identity is the highest predictor of suicidal behavior.

Sexual orientation has also become a serious problem which may trigger suicidal thoughts in people whose behaviour is viewed as being opposed to the socially accepted norms (Silenzo, Pena, Duberstein, Cerel & Knox, 2007). There are young men and women who may be put under pressure by members of the community because of their sexual orientation. There are many young women in South Africa who have been attacked and some have been killed because of their sexual orientation. For example, Motshidisi Pascalina's body was discovered in an open field with her body burnt, her eyes gouged out and her private parts mutilated.

3.2.7 Environmental factors

Environment factors are described as everything that is around us, be it living or non-living objects. It can include the physical, chemical and any other natural forces. In this study, environmental factors may be described as the place, people and other things that a person lives with or stay with which suicidal behaviour. They may constantly interact with it and try to adapt themselves to conditions in their environment.

3.2.7.1 Prison conditions

Those who have committed more serious crime such as murder are at high risk of suicide or suicide attempt. Lack of support and rejection by their family members are effective stressors which also lead prisoners to suicidal behaviour (Akechi *et al.,* 2002). In prison inmates abuse each and may become a serious problem which may lead abused inmates to suicidal behaviour. Some inmates may decide to end their lives as a way of dealing with the stressors they are facing.

The inmates sometimes take advantage of their counterparts who are weak by taking their food and belongings. When this happens more repeatedly, it triggers stressors which may lead to suicidal behavior. Inmates also abuse each other sexually which may lead the abused to think of committing suicide. On the other hand, the inmates who are serving very long-term jail sentences are also frustrated by the expected long stay in jail. Such frustration may induce suicidal behavior in such individuals.

3.2.7.2 Religion and culture

Although, religion is not viewed as a contributory factor to suicidal behaviour, religious teachings, interpretations and practice may lead to suicidal behaviour. There are many religions which reinforce suicidal behaviour to their followers (Bezuidenhout, 2013). For example, there is a religion whereby, if a husband passes away the wife is expected to end her life as a way of honoring her husband's life. In some churches, pastors have the tendency of focusing and praying for those who give offerings than those who do not have money to offer. Such pastors even arrange for one-on-one interviews for the congregants who have the money to offer to such pastors.

These congregants often offer money to pastors hoping to be prayed for the solutions of their problems. This practice tends to disadvantage congregants who do not have money to offer to the pastor. This may push them to incur debts so that they can also be able to offer money to the pastor in the hope that they will be prayed for to receive miracles. This may create financial problems for such congregants. Once they are unable to manage their debts, the affected congregants may develop suicidal thoughts. In some religions and cultures, young women who fall pregnant at a younger age may be hounded and isolated by other community members. As a result, these young women may feel unaccepted resulting in suicidal behavior (Teen Suicide Statistics, 2011). Furthermore, married young women are also exposed to suicidal behavior because culturally they are

not expected to talk about challenges they would be facing in their marriage. They are expected to keep quiet and accept whatever marital problems they have. This is the case because culturally, women who talk about their marital challenges are viewed as being weak and immature. As a result, they may find an alternative way of expressing their emotions by attempting to end their lives (Schelebusch, 2005; Silenzo *et al*, 2007). Culture and religious differences are also considered factors associated with suicidal behaviour in African countries (Kinyanda, Kizza, Kevin, Ndyanabangi & Abbo, 2011; Schlebusch *et al*., 2009).

3.2.7.3 Substance use

The use and abuse of substances is associated with self-harming behaviour such as suicide and suicide attempt. In a study conducted by Haw, Hawton and Houston (2001), in South Africa it was found that approximately 40% of individuals who died by suicide's blood tested positive on substance use. Women who abuse substances are more likely to develop suicidal behaviour. This behaviour puts them at high risk of suicidal behaviour than women. Approximately three quarters of women who engaged themselves in self-injury behaviour reported that they were under the influence of substances (Bezuidenhout, 2013). Therefore, the use of substances can influence suicidal behavior.

As stated above the use of substances is more predominant among young people. The abuse of substances is also linked with an increase of suicide and suicide attempt. In a study conducted by Hawton (1998), 30% of suicidal behaviour is due to substance abuse. The abuse of substances may lead to poor interactions with other people and failure to accomplish desired goals. Therefore, this may also lead the substance abusers to consider ending their lives. According to Apter, Bursztein, Bertolote, Fleischman and Wasserman (2009), some people use substances as a coping mechanism for stressors they are going through and the use of substances may lead to impaired judgement and decreased inhibition and thus facilitate suicidal behaviour. Substance use also leads to

domestic violence. Due to fear of repercussions of domestic violence, some perpetrators may think of ending their lives than facing the court of law.

3.2.7.4 Academic performance

According to Orozzo, Benjet, Borges, Arce, Ito, Fleiz & Villatoro, (2018), there is strong association between low school performance and the risk of suicide and suicide attempt by young people. There is an increase of suicidal behaviour among students, with low perceived academic performance compared to those with good performance. A study conducted in Mexico found that among 802 female students who had attempted suicide, 5% was due to poor academic performance. It was argued that in East Asian countries there is a high number of young people suffering from psychosocial stressors due to poor academic performance and these are likely to develop suicidal ideations due to stressors they would be going through in their lives (WHO, 2014).

An investigation with the aim to assess the association of suicidal behaviour and school achievement revealed that there appeared to be significant but with an indirect association between poor academic achievement and suicidal behaviour. Poor school performance and attendance was positively associated with suicidal behaviour. In addition, students with negative attitudes towards their school work was reported to have a high risk of suicidal behaviour. Teens who demonstrate difficulties at school or poor academic performance and lack of academic motivation are likely to develop suicidal thoughts.

3.3 Effects of suicidal behaviour

Suicidal behaviour can cause serious mental health problems which affects many people (WHO, 2012). Suicidal behaviour is a very complex phenomenon whose occurrence can

be traumatic to everyone who has been exposed to it. It may have severe prolonged effects on the survivors, their families and other people around them. The following is a discussion of some of the effects of suicidal behaviour.

3.3.1 Effects of suicidal behaviour on family members

Family members who have been exposed to suicidal behaviour or lost loved ones may experience difficulties on how to cope with it. The survivors themselves may also find it difficult to cope. As part of their reaction to an incident of suicidal behaviour, some family members and survivors may display symptoms of acute stress disorders (ASD) and post traumatic disorders (PTSD), depending on the onset of event. The symptoms may include flashbacks, nightmares about the event, not feeling connected to other people, not enjoying what they use to enjoy, staying away from situations that remind them of the event, sleeping problems and being unable to feel their emotions. Later if PTSDs are not treated, they may result in symptoms of a major depressive disorder (MDD). Examples of MDD include, withdrawal from other people, feelings of sadness, loss of interest, insomnia, poor appetite, and weight loss (DSM-V, 2013). Loss of a loved one usually has a great impact, for example, women who have lost their husbands due to suicide or husband who have been involved in suicidal behaviour may have serious challenges with their in-laws. In most cases, they may be blamed for the suicidal behavior of their husbands. Such people may feel rejected, isolated, and likely to develop anger which may lead to suicidal ideation.

Loss of a family member due to suicide is often judged in a negative way compared to other types of losses. Parents whose children have displayed suicidal behaviour may seem to be more disturbed and blame themselves. People surrounding them may not offer empathy and compassion. This may also worsen their situation. Family members may experience anger, conflict, poor communication, lack of support and concern for each other when they are trying to cope with the loss. Family members may also feel uncomfortable to express their emotions related to suicidal behaviour due to fear of being judged.

After hearing that a loved one attempted suicide, there is a sense of numbness, as if life is not real, or that it must be happening to someone else. The experience of an attempted suicide is traumatic for all involved and the emotional consequences will have far reaching implications on the lives of the survivors and his/ her family. There is likely to have negative feelings associated with attempted suicides. Common reactions may include intense anger at loved ones, feeling guilty that one should have done more to stop what happened, anxiety or fear that if it happens again and it is fatal, sense of shame, feeling powerless and helpless, hurt and betrayal. When suicidal behaviour occurs, family members experience a serious problem because they are very close to the survivor. Their experiences may include pain and distress with the potential for long-term effects including, suicidal ideation and other forms of psychological distress. In most families where suicide attempt occurred their first immediate reaction is shock and guilty feelings. Family members may regret things they did, said or did not say to the survivor prior the incident. They may also feel that they are the cause of the problem or they are the ones who triggered suicidal ideation to the survivor. They may also blame themselves for not preventing the suicidal act (Buus, Caspersen, Hansen, Stenager & Fleischer, 2014). For instance, family members may also express intense fear of another suicidal act within their families. Moreover, this can affect other family members by bringing about physical and psychological symptoms such as losing weight or gaining, headache, body pains, insomnia or hypersomnia.

The other common experience that symbolises the aftermath of suicide attempt among family members is shame. This shame is caused by the stigma that suicidal behaviour may bring into the family. The feeling of shame may discourage family members from seeking help from anyone, including the extended family or other people around them.

Stigmatization is a symbol or mark of shame within the family which can also affect the future generations. This shows the layers of stigma, namely intra family stigma and extra-family stigma. Family members are expected to deal with stigmatization and to provide

care to the survivor who may be viewed as the cause of the problem or stigma they are trying to deal with in that family, which might also perpetuate the problem. This may also be difficult to the family members and the survivor (Osafo, 2016).

Cerel, Fristad, Weller & Weller (2000) and Shepherd & Barraclough, (1976) conducted a study on the difficulties encountered by family members after their loved ones experienced suicidal behaviour. These scholars found that family members start to experience difficulties in emotional bonding. They also have difficulties in responding to situational and developmental stress in their lives. Such family members may experience psychosocial stressors in their marriage, problems with their in-laws and this may also lead to domestic violence.

Witchcraft is also associated with suicidal behavior which may cause serious challenges to family members and survivors. Some may believe that the survivor was bewitched. This may have a negative impact on their lives. The belief in witchcraft may result in mistrust thereby affecting interpersonal relationships with other people.

3.3.2 Effects of suicidal behaviour on survivors

According to Jordan (2001), suicide survivors may have negative attitudes towards themselves. They are also viewed more negatively by others. People may ask them many questions in an attempt to understand the reason behind the suicidal behaviour. Other people around the survivors may view it as a failure by the victim and his/her family to deal with the problems encountered (Cvinar, 2005). Suicidal behaviour is a very sensitive issue to talk about. So, other people may not offer support or may not know what to say since people may assume that the survivors would not want to talk about it. Therefore, lack emotional support can be painful for suicide survivors because their family members may also find it difficult to ask them what really triggered the suicidal thoughts (Lukas & Seiden, 2007).

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Their experiences may include pain and distress with the potential for long-term effects including, suicidal ideation and other forms of psychological distress. In most families where suicide attempt occurred their first immediate reaction is shock and guilty feelings. Family members may regret the things they did, said or did not say to the survivor prior the incident. They may also feel that they are the cause of the problem or are the ones who triggered suicidal ideation to the survivor. They may also blame themselves for not preventing the suicidal act (Buus, Caspersen, Hansen, Stenager & Fleischer (2014). For instance, family members may also express intense fear of another suicidal act within their families. Moreover, this can affect other family members through manifestation of physical and psychological symptoms such as weight loss or weight gain, headache, body pains, insomnia or hypersomnia.

3.3.2.1 Stigmatisation

Survivors may find it difficult to cope due to the stigma associated with suicidal behaviour. Suicide survivors may face extreme stigmatization due to messages from the society.

They may not be taken seriously because they are viewed as weak people who cannot handle their problems in a positive manner. Furthermore, due to stigma, chances of repeating suicidal behaviour are very high (Witte, Smith & Joiner, 2010). Stigma can make them not to seek help because they are afraid to be judged. Shame and self-blame are reactions of suicidal behaviours to suicide survivors and their families. Stigmatization is a symbol or mark of shame within the family which can also affect the future generations. Family members are expected to deal with stigmatization and to provide care to the survivor who may be viewed as the cause of the problem or stigma they are trying to deal with in that family which might also perpetuate the problem. This may also be difficult to the family members and the survivor (Osafo, 2016).

3.3.2.2 Shame and blame

Most of the effects of suicidal and attempted suicidal behavior manifests on social networks whereby communication that may occur after the incident is difficult to cope with. This is particularly the case with issues of blame. The survivors are judged more negatively than survivors of any type of behaviour that may lead to death. Their families may also be judged and blamed as the ones who caused the problem which led the survivor to attempt suicide. Being blamed and judged may be expressed through nonverbal and verbal cues. Feeling of shame may discourage family members and survivors from seeking help from anyone, including the extended family or other people around them. Loss of a loved one usually has a great impact, for example, women who have lost their husbands due to suicide or husband who have been involved in suicidal behaviour may have serious challenges with their in-laws. In most cases, they may be blamed for the suicidal behavior of their husbands. These people may feel rejected, isolated, and likely to develop anger which may lead to suicidal ideation (Witte, Smith & Joiner, 2010).

3.3.2.3 Isolation (Ostracism)

Many people around the survivors may be socially withdrawn (Barlow & Coleman, 2003). People around the survivor, including family members, may withdraw from engaging with the survivor because they may not know what to say when they are with the survivor. They may think that whatever they say in the presence of the survivor may exacerbate the condition of the survivor. This reaction on the part of the people around the survivor may be due to their confusion of not knowing how to handle the situation. As they withdraw from engaging with the survivor, this may leave the survivor isolated. In the end, the survivor's situation may be worsened as they may not have anyone to talk to about their ordeal.

On the other hand, the survivor may isolate him/ herself because he/ she may feel ashamed and bored because they may be expected to give more detailed explanation of the reasons for their behaviour. Suicidal behaviour is known to have a long history of stigmatization in different cultures whereby families of the survivors were often punished. Therefore, the stigma associated with suicidal behaviour is a significant source of distress for many survivors and may lead them to isolation.

3.3.2.4 Trauma

Survivors and family members who have been exposed to suicidal behaviour or have lost their loved ones may experience difficulties in coping with it. As part of their reaction to an incident of suicidal behaviour, some family members and survivors may display symptoms of acute stress disorder (ASD) and post traumatic disorder (PTSD) depending on the onset of event. The symptoms may include having flashbacks or nightmares about the event, not feeling connected to other people, not enjoying what they use to enjoy, staying away from situations that remind them of the event, sleeping problems and being unable to feel their emotions. If PTSD not treated survivors may display symptoms of a

major depressive disorder (MDD). Examples of MDD include, withdrawal from other people, feelings of sadness, loss of interest, insomnia, poor appetite, and weight loss (DSM-V, 2013).

3.3.2.5 Witchcraft

Witchcraft is also associated with suicidal behavior and this can a serious issue to the family members and survivors. Some may believe that the survivor was bewitched and this may have a negative impact on their lives. This belief may result in mistrust and may also affect interpersonal relationship with other people. (Dedic, Djurdjevic & Golubovic, 2010; News 24, 2014), reported that in Tzaneen a Mozambican man was chased out of his village after being accused of using witchcraft to drive other villagers to suicidal behaviour. It was believed by the community members that he was influencing people to kill themselves. The accused also agreed that he was hired by some villagers to practice his witchcraft through suicidal behaviour. In a study conducted by Dr. Obida in 2008 at Tshilidzini Regional Hospital, it was found that some participants believed that they had been bewitched into suicidal behaviour by people very close to them.

3.3.2.6 Economic costs

According to WHO (2012), an increase in suicidal behaviour may lead to a massive economic loss. It is estimated that by 2020, suicidal behaviour will constitute 2.4% of the total disease burden. Therefore, suicidal behaviour can lead to a serious economic burden for the families of the survivors and the country. For example, in the USA, 17% of the victims of suicide attempt were permanently disabled and restricted in their workplace at a cost of $127,000 per person each year. In Switzerland, treatment of suicide survivors in public hospitals amounted to $3,373,025 for psychiatric care.

In South Africa, there is a high rate of suicide and suicide attempts which need medical attention. At Tshilidzini Regional hospital, it was found that due to the high number of suicide attempt cases there is shortage of beds. The nurses are working under pressure due to the high number of patients who need of medical attention. Huge costs are also incurred by the Department of Health because other patients may be transferred to other wards such as a private ward. If such a situation arises, the patients will not pay the actual fees charged for the use of the private ward. The hospital will also have to pay for the health-care professionals who will be helping the staff. This costs the hospital more since these extra health-care professionals *moonlighting* there will have not been budgeted for. Other suicide survivors may develop some conditions due to their suicidal behaviour.

In conclusion, in most studies of suicidal behaviour, the medical conditions are dealt with while the psychosocial issues are overlooked. The experiences on how families and suicide survivors are coping after attempted suicide have not been given sufficient attention. This may affect the relationship between the victim and families because of the consequences and misunderstandings of what happened. The effects of suicidal behaviour may vary from one cultural setting to the other. For example, in some African countries, suicidal behaviour is considered a taboo and thus has serious consequences to the family (Vawda, 2012; Adinkrah, 2012) in that they may be abused and stigmatized. Such normative condemning attitudes and strict communal proscriptions may not be pervasive in other settings.

3.4 Coping mechanisms of suicide survivors and their families

There are various mechanisms which survivors and family members can use to cope with this ordeal. Spirituality or spiritual beliefs, social network, positive attitude towards life, ventilating their emotions and seeking professional help are some of the mechanisms often used by survivors and their families following a suicide attempt.

3.4.1 Spiritual belief/ spirituality

The family and survivors can cope through personalized spiritual coping mechanisms. This type as a gesture of commitment to religious belief, whereby it is believed that prayer is the only thing which is directed towards God. Furthermore, survivors and family members believe that seeking intervention from other people may not be helpful, because they may not understand what they are going through. The religious teachings on love and morality may also help the survivors and family members to cope with ordeal. Being involved in religious activities is viewed as the greatest weapon to cope with suicidal acts. Spirituality helps survivors and family members to understand and manage life challenges through prayers. Furthermore, there is a strong association between prayer and overcoming negative feelings or views triggered by the suicidal behaviour (Smith, Segal Robinson, 2010).

Family members and survivors may use their spiritual beliefs as a way of coping with distress following suicidal behaviour. Survivors and family members' spiritual beliefs may also lead them to avoid social interaction with other people around them and such withdrawal is viewed as a gesture of commitment to their spiritual belief. Other survivors and family members believe that telling other people what they are going through may worsen their problems because they may gossip about it with other people, hence the belief that prayer is the key solution to their problems. It is argued that some survivors and family members may use prayers with some level of paranoid disorder. This disorder may be triggered by the suicidal behaviour experiences, especially if there have been many episodes of suicidal behaviour in their families or in them. Such people are likely to develop unpopular ways of coping with their experiences (Mugisha, Hjelmeland, Kinyanda & Knizek, 2011; WHO, 2014).

Others may use prayer and interaction with other people around them as a way of coping with stressors caused by suicidal behaviour. However, their major coping mechanism is involvement in spiritual activities such as home cells and all night prayers. Visiting other people and having fun with friends also helps them to cope with distress triggered by

suicidal behaviour. The availability of friends making funny comments and laughing can make them feel better as these make them forget about the suicidal behaviour.

3.4.2 Social and family support

According to Mugisha et al (2011), the social support can come from different people. Survivors can be supported by the family members, relatives and friends. The family is viewed as the most important building block in society for emotional and physical development. A good family support system is synonymous with strong communities because they care for others by providing hope and comfort. The family members can also be supported by their friends as well as nuclear and extended family members.

Nuclear and extended family members can also help survivors and their parents to cope with distress by providing emotional support. It is the role of the family member to offer unconditional love and have quality time with the survivors. Furthermore, as part of family support they need to show the following appreciation, give verbally compliment to one another. This as a great way to strengthen family relationships. Support from nuclear and extended family members helps the survivors and their parents to face the world positively. Social support also helps survivors and family members to boost their moral, self-esteem and enthusiasm about life.

Having people like family, relatives and friends who provide support may also help the survivors and family members to cope with stress associated with suicidal behaviour. The people offering support to the survivors and family members empathize and inspire hope in them. This support makes it easier for the survivors and family members to manage and cope with their distress.

3.4.3 Positive attitudes towards life

According to Zhang, Wieczorek, Conwell and Ming-Tu (2011), attitude is a state of mind in which you approach a situation or how you look at the world. Hence, a positive attitude towards life is regarded as a good coping mechanism. In addition, attitude is demonstrated by how you act and react. It was stated that having a positive attitude in life helps people to easily cope with events that occur in their lives and to avoid distractions and negative thinking when they have positive attitude towards their lives. It becomes easy to cope with events that occur in their lives and can able People with positive attitudes in their lives have the ability to believe in themselves and become successful. In addition, it can provide the mental excuse to behave consistently. Having positive attitudes towards life gives self-motivation on how to get through difficult situations in their lives. This helps survivors and family members to view life and their experiences in a positive manner. In that way, they can find better ways to accept whatever situation comes their way. Their positive mindedness also helps them to be able to respond in a way that is helpful to themselves and others around them. Relaxation techniques like deep breathing can also help the survivors to stay positive and experience their emotions without feeling overwhelmed.

3.4.4 Ventilating their feelings

Talking about your feelings or choosing to tell others about how you feel also helps one to deal with suicide experience. Ventilating one's emotions helps to clarify a lot in the minds of the people around the survivor. As a result, people will no longer judge the survivor because they will be knowing everything about the situation the survivor's ordeal. Ventilating helps people to understand what had really happened. It makes them to understand better what the survivor was going through and what kind of support can to be offered. When the survivor of suicide and family members acknowledge their experience of suicidal behaviour it helps them to move on freely in their lives. When

suicide survivors ventilate their emotions, it helps them to deal with stigmatization (Zhang et al., 2011; Preffer, 2001).

3.4.5 Seeking professional help

Seeking professional help is an important protective and coping mechanism when dealing with traumatic exposure of a suicidal act. Finding someone who is a good listener can help survivors and family members to get extra support. It is very helpful to seek professional help from a spiritual advisor and health care professionals such as psychologist, counselors and social workers. Being involved in support groups also helps because members of the group share the experiences and can be able to relate in different ways (Smith *et al*., 2010). Since members of the support group have had traumatic experiences, they feel comfortable and understand each other. They are also able to learn from each other's strength to cope with their ordeal.

3.5 The intervention strategies to help curb suicidal behaviour

There are many strategies which can be useful in curbing suicidal behavior. Some of these are discussed below.

3.5.1 Strengthening health care services

Health care professionals such as nurses, social workers, psychologists and counselors play an important role in curbing suicidal behavior (Van der Feltz-Cornelis, Sarchiapone, Postuvan, Volker, Roskar and Tancic Grum (2011). Given that they may be a first point of contact in response to young people's feelings, health care professionals can able to recognize people with suicide thoughts and can also treat and manage suicidal behaviour. In addition, training and support equips the health care professionals with the knowledge, skills and assessment tools that can help recognize and address suicide risk.

Strengthening of the health care services can be realized by conducting suicide seminars, workshops and further training can also help health-care professionals in the recognition, referral and quality care of people with suicidal thoughts. Health education programmes that can help in the recognition of the symptoms of mental disorders which that trigger suicidal thoughts. For example, health care professionals may be still using an outdated tool to assess patient suicide risk due to lack of updated tools and knowledge. This may have negative effects on the suicide survivors.

3.5.3 Awareness campaigns

Public awareness campaign is defined as a comprehensive effort that includes multiple components to help reach specific goals (Bouder, 2013). Awareness campaign usually strives to raise awareness about a key issue and includes a desired positive behavioural change.

Public awareness campaigns and health education would also help in increasing the general population's awareness on suicide and suicide attempt. This may also help to reduce negative associations people may have on suicide and suicide attempt. Awareness campaigns can also help people to have a better understanding and what needs to be done if they noticed those signs and symptoms of suicidal behaviour. Awareness campaigns can provide people with information on where they can seek help (Mann, Apter, Bertolote, Beautrais, Currier & Haas, 2005).

The awareness campaign may have different goals. In this study awareness focuses on individual behaviour change and public campaign. The individual change campaigns strive to encourage people to modify a specific behaviour. This type of awareness campaign would help empower the parents and other community members with information on how violent behaviour can affect young people's lives. The public awareness campaign would help to provide people with an opportunity to respond to a

call for policy change. It also strives to promote policy change (Coffman, 2002). The public awareness campaign helps to mobilise people to engage in processes that changes the broader organization.

3.5.4 Psychotherapy

Psychotherapy is a professional relationship between the therapist and a suicide survivor which is based on therapeutic principles, structures and techniques. This is a process whereby psychosocial stressors are treated through communication and relationship factors between an individual and a trained health care professional. Several studies found good results on how psychotherapy helps people with suicidal thoughts (WHO, 2012; Sadock & Sadock, 2014). This process helps suicide survivors to deal with whatever triggered suicidal thoughts in them. If they have conditions which require medication, a health care professional can help them to understand the importance of taking their medication. The health care professional can assist people with suicidal thoughts to develop problem solving skills and coping with stressors in their lives (Tarrier, Taylor & Gooding, 2008).

3.5.5. Overcoming the barriers related to suicidal behaviour

Limited health literacy, reluctance in help seeking and not adhering to treatment regimens may present barriers between young people and suicide prevention. For example, young people experiencing suicidal thoughts, due to behaviours associated with depression such as social withdrawal may lack the motivation to seek help or adhere to their treatment regimen. Therefore, those working with young people are better positioned to encourage or motivate them to seek help from appropriate services.

3.5.6 Recreational and leisure activities

In 2007 the office of the minister published the national recreation policy for young people. The main objective was to provide a framework for the promotion of appropriate recreational opportunities for young people. The policy covered both organized and casual activities that young people engage in during their spare time. Furthermore, the recreational and leisure activities relate to personal and community development.

Recreational and leisure activities can also be formal and informal. The formal and informal recreational and leisure activities are considered important. These activities can help empower young people in different areas such as physical, social and emotional development (Beauvias, 2001). The formal recreational and leisure activities include the following organized sports and other skill based activities. The informal activities include an individual's hobbies, games, social activities, reading and other entertainment.

The development of recreational and leisure activities in our community can help young people to acquire skills and competencies. Young people can form friendships, relationships, achieve mental and physical health. It can also help to improve their emotional well-being, develop self-identity and acquire a sense of meaning and purpose in life (King, Law, Hanna, King, Hurley & Rosenbaum, 2006). Motivation on recreation and leisure activity is of importance in determining the development of effective of activities (Hunter & Csikszentmihalyi, 2003; Renninger, 2000).

3.6 Conclusion

This chapter discussed factors that contribute to suicide attempts the effects of suicide attempt on young female survivors and their families**,** coping mechanisms used by young female suicide survivors and their families. The chapter also discussed available support

for the young female suicide survivors and explored the strategies that can help to curb suicidal behaviour among young females. These issues were interrogated extensively in order to unpack the phenomenon of suicide attempt, which often has far reaching implications on the lives of young female suicide survivors.

CHAPTER 4: RESEARCH METHODOLOGY

4.1 Introduction

This chapter outlines the research methods, processes and procedures which were followed in this study. Research approach, paradigm, design, population and location, sampling procedure, data collection, data analysis and ethical considerations are discussed in this chapter.

4.2 Research paradigm

Research paradigm is helpful in determining the approach for any research to be undertaken. This means that the approach to be used for the investigation of an identified phenomenon is dependent on a research paradigm. According to Franzel du Plooy-Cilliers et al (2014), research paradigm is a cluster of beliefs. A research paradigm dictates how the phenomenon should be studied and how obtained results should be interpreted. The phrase 'research paradigm' is often used in the natural sciences. However, in the social sciences, researchers often talk of research tradition. There are three dominant traditions, namely, positivism, interpretivism and critical realism. This study is based on the interpretivist tradition. This tradition is described based on the epistemology and ontological positions. Interpretivism developed as a reaction to the shortcomings and limitations of positivism. Proponents of interpretivism argue that human beings cannot be studied in the same way as objects are studied in the natural sciences. Human beings are likely to change all the time and, also depend on the environment in which they find themselves (Franzel du Plooy-Cilliers et al., 2014).

Interpretivism was applied in order to determine and select the appropriate research approach to investigate the phenomenon of suicide attempt by young female survivors. The choice of an appropriate research approach, with the help of this paradigm, helps the

researcher to gain an in-depth understanding of the phenomenon of suicide attempt by young female survivors. It enables the researcher to find daily life experiences of the survivors and their family members. There are three dominant research positions which helped to explain the use of interpretivism to determine an appropriate methodology for this study.

4.2.1 The epistemological position of interpretivism

The interpretivists are opposed to the views espoused by positivists. Positivists maintain that scientific knowledge is the only valid form of knowledge. They disregard common sense as a form of knowledge. The interpretivists argue that common sense guides people in their daily lives. Furthermore, to understand human behaviour, there is need to understand what people view as common sense to them. Interpretivists maintain that common sense is an important source of information (Franzel du Plooy-Cilliers *et al*., 2014). For example, many people may believe that suicidal behaviour is due to witchcraft and this belief may be seen as a fact. However, there may be many contributory factors to suicidal behaviour other than witchcraft.

4.2.2 The ontological position of interpretivism

In as far as the ontological position is concerned, interpretivists hold the view that reality is a social construction and that depends on the meaning that people ascribe to their own experiences. This is also based on how people interact with each other (Franzel du Plooy ., 2014). For example, one may see a person who attempted suicide as a coward or weak. However, when finding out what triggered suicidal thoughts in the person who attempted suicide one may dramatically change one's perception.

4.3 Research approach

The study was qualitative in nature. With qualitative research, the researcher aimed at explaining and describing the phenomenon of suicide attempt in a real life. Qualitative approach seeks to find answers to the questions for a better understanding of the phenomenon being investigated, in this case, the phenomenon of suicide attempt by young female survivors. In this study, the researcher asked questions to interrogate the phenomenon of suicide attempt by young female survivors. The answers were given by participants based on their experiences of suicide attempt. The participants' views were helpful to achieve the objectives of the study (Berg, 2007; De Vos *et al*., 2011 & Creswell et al*.,* 2016). The qualitative research approach allowed the researcher to conduct an in-depth study of the phenomenon of suicide attempt by young female suicide survivors. This approach allowed the participants to be open and provide detailed information about the phenomenon of suicide attempt among young female survivors (Terre Blance, Durrheim & Painter, 2014:47; Creswell *et al*., 2016: 309).

This approach helped to reveal the natural, holistic and inductive meanings of the experiences of the phenomenon of suicide attempt by young female survivors. The qualitative approach made it possible for the participants to explain, in a natural, non-manipulative, non-controlling and open manner (Terre Blance *et al*., 2014), the experiences of their real-world situations with regard to the phenomenon of suicide attempt among young female suicide survivors. With this approach the whole phenomenon under investigation was understood as a complex system that is more than the sum of its parts, and also focused on more complex interdependencies. The use of qualitative approach does not focus on isolating and controlling variables. It connects and extends the power of ordinary language and expression to help us understand the phenomenon of suicide attempt by young female suicide survivors. With qualitative approach, the data is collected in the form of written, spoken language or in the form of observations that are recorded in language and data is analysed by identifying and categorizing the themes (Terre Blance *et al*., 2014).

In qualitative study the issue of quality was addressed by putting into consideration the aspects of validity and reliability. Emphasing validity and reliability increased the trustworthiness of the study. In qualitative approach the personal involvement and in-depth responses of participants secured a sufficient level of validity and reliability. Validity in qualitative research helped to maintain the least amount interference, while increasing the quality of the data obtained (Creswell *et al*., 2016).

The researcher used the qualitative approach to conduct an in-depth, open and detailed investigation of the phenomenon of suicide attempt by young female suicide survivor at Tshilidzini Regional Hospital in Thulamela Municipality, Vhembe District, Limpopo Province, South Africa. The reason of conducting an in-depth study was to give participants an opportunity to express their views freely. This was necessary because it enabled the researcher to dig deeper into experiences of young female survivors.

4.4 Research design

According to Terre Blanche et al. (2014), research design is the plan of how, when and where the research was conducted. It is a strategy that moves from the underlying theoretical assumptions to specify the selection of participants and the data gathering and analysis methods to be used. The exploratory research design was used. The type of research design used in this study was based on the researcher's ontological and epistemological perspective (Creswell *et al*., 2016). Normally, the planning of the research design is done in a linear manner by following a prescriptive guide that arranges the components or tasks involved in planning or conducting a study. This type of prescriptive guide is intended to help understand the actual structure of the study as well as to plan properly a qualitative research study and carry it out. An essential characteristic of this model is that it treats research design holistically and as a real object.

According to Creswell *et al* (2016), there are five major components of research design. The aim of these components is to yield good results for the phenomenon being studied. In addition, the components of a research design help to avoid a situation in which the results do not address the research questions. In the context of this study, the components of research design help to give answers on why young females are more likely to attempt suicide than males. The components discussed are the research question, goals or aims, conceptual framework, methods and validity.

4.4.1 The research questions

The research questions help to bind all aspects of the phenomenon being studied together. This also helps the researcher to achieve the study objectives as it guides and directs the phenomenon of suicide attempt by young female survivors until the end. Furthermore, all the components of the research design should be aimed at answering the research questions. Research questions use the literature to narrow the researcher's interest to the phenomenon being studied. In this component, the researcher needs to identify the questions about the phenomenon being studied and check if research concludes with new questions for the future research (See Appendix A the interview guide).

4.4.2 Aim

According to Creswell *et al.,* (2016), aim helps to direct focus on the importance of studying the phenomenon of suicide attempt by young female survivors. The researcher should give a detailed explanation of why this study is important, what issues need to be clarified, what needs to be done to help curb the suicidal behaviour among young females and why the results of the phenomenon being studied are of importance. For example, the researcher may think that suicidal behaviour among young females is a way of crying

for help. Therefore, there is need to find out or determine factors that contribute to such behaviour among young females.

4.4.3 Theoretical framework

The theoretical framework helps the researcher to have a better understanding of the theories, beliefs and prior research findings as it helps to guide the study (Creswell et al., 2016), A better understanding of theories helps the researcher to find the best suitable intervention strategies of the studied phenomenon. For example, in this study young female suicide survivors and their family members are the key unit of analysis. Therefore, this component is also referred as the anchor of the study and the stage of data analysis and interpretation.

The unit of analysis is associated with the fundamental problem of defining what the case is. Furthermore, for this component to be addressed clearly we need questions and goals which can help find the appropriate information to be collected. Without questions and the aim, it could be difficult to cover everything with regard to the phenomenon being studied.

4.4.4 Methods

Methods are the tools that researchers use to collect data. These tools enable the researcher to gather data from different individuals who can form part of the phenomenon being studied. For example, in this case it is the interviews that the researcher conducted to solicit information from the young female suicide survivors. It is important for the researcher to remember that the methods used in the study should be guided by the research questions and the goals of the study. This will help to collect and analyse data that can constitute an integrated strategy of the phenomenon being studied.

4.4.5 Interpreting the study findings

This depends on the obtained data from the study participants. Currently there is a wide range of research designs from which the researcher may select one. Therefore, in this study the researcher selected the exploratory research design because it was congruent to the research questions. This is an appropriate design for generating the kind of data required to answer the research questions (Creswell *et al.*, 2016). With this design, the researcher encounters an issue which is already known and has a description to it. However, the researcher is prompted to ask why things are the way they are or the problem is still occurring. The exploratory research design explores the full nature of the phenomenon being studied, the manner in which it is manifested and other associated factors (De Vos *et al*., 2011; Stebbins, 2011; Babbie & Mouton, 2012).

The exploratory research design was used to make preliminary investigations into relatively unknown areas of research. It assisted the researcher to engage in an open, flexible and inductive manner to research because it looks for new insights into the phenomenon being studied. The exploratory research design was selected to satisfy the researcher's curiosity and desire for a better understanding, to test the feasibility of undertaking a more careful study and to develop the methods employed in any subsequent study (Terre Blanche *et al*., 2014 & Babbie & Mouton, 2012). The exploratory research design made it easier for the researcher to identify the problem and what needed to be done to solve the identified problems of the phenomenon of suicide attempt by young female. Exploratory research design also helped to provide satisfactory answers to the research questions.

In this study, the researcher used the exploratory design because it was useful in exploring the full nature of the phenomenon of suicide attempt by young female survivors. This design helped the researcher to arrive at a new and deeper understanding of the

phenomenon of suicide attempt by young female suicide survivors at Tshilidzini Regional Hospital in Thulamela Municipality.

4.5 Population and location

Study population refers to an aggregation of elements from which the sample is selected (Babbie & Mouton, 2012:174). The population is also known as the larger pool from which our sampling elements are drawn and to which we want to generalize the findings of the study. The population comprises all the elements that make up a unit of analysis. In addition, it encompasses the total collection of all units of analysis about which the researcher wishes to make specific conclusions (Terre Blance et al., 2014). According to De Vos *et al*., (2011), a population is defined as the full set of cases from which a sample is taken or selected. This means that study population is constituted by the selected individuals who possess the same characteristics in which the researcher is interested. (De Vos et al., 2011). For example, the population for this study consisted of young females who have attempted suicide, who were 18 to 35 years old, had been admitted at a female medical ward and were accompanied by their family members.

The study was conducted at Tshilidzini Regional Hospital in Thulamela Municipality; Vhembe District, Limpopo Province, South Africa. Participants selected for this study were drawn from the Vhembe District population. Vhembe District Municipality is a Category C Municipality established in the year 2000, in terms of Local Government Municipal Structures Act No. 117 of 1998. It is a municipality with a Mayoral Executive System contemplated in section 3(b) of the Northern Province Determination of Types of Municipality Act, 2000. It consists of four local municipalities, namely, Thulamela, Makhado and Musina and Lim 43. The first three are category B executive municipalities while Musina is a category B municipality. Vhembe District is located in the northern part of Limpopo Province and shares boarders with Capricorn and Mopani District municipalities in the eastern and western directions respectively. Vhembe District also

shares boarders with Zimbabwe and Botswana in the North West and Mozambique in the south east through the Kruger National Park, respectively as indicated in figure 1.1 below. Vhembe District covers 21 407 square km of land with total population of 1 294 722 people (Stats SA, 2011). Makhado covers 8 567.38km².23° 00′ 00′′ S 29° 45′ 00′′ E:, Thulamela covers 2 904.55km² :22° 57′ S 30° 29′ E, Mutale municipality covers 2 367.19 km² :22° 35′ S 30° 40′ E), Musina covers 757 829 km² : 23° 20′ 17′′ S 30° 02′ 30′′ E. Hereunder is the Vhembe District Municipality Map, (Infrastructure Development Plan, 2017/2018)

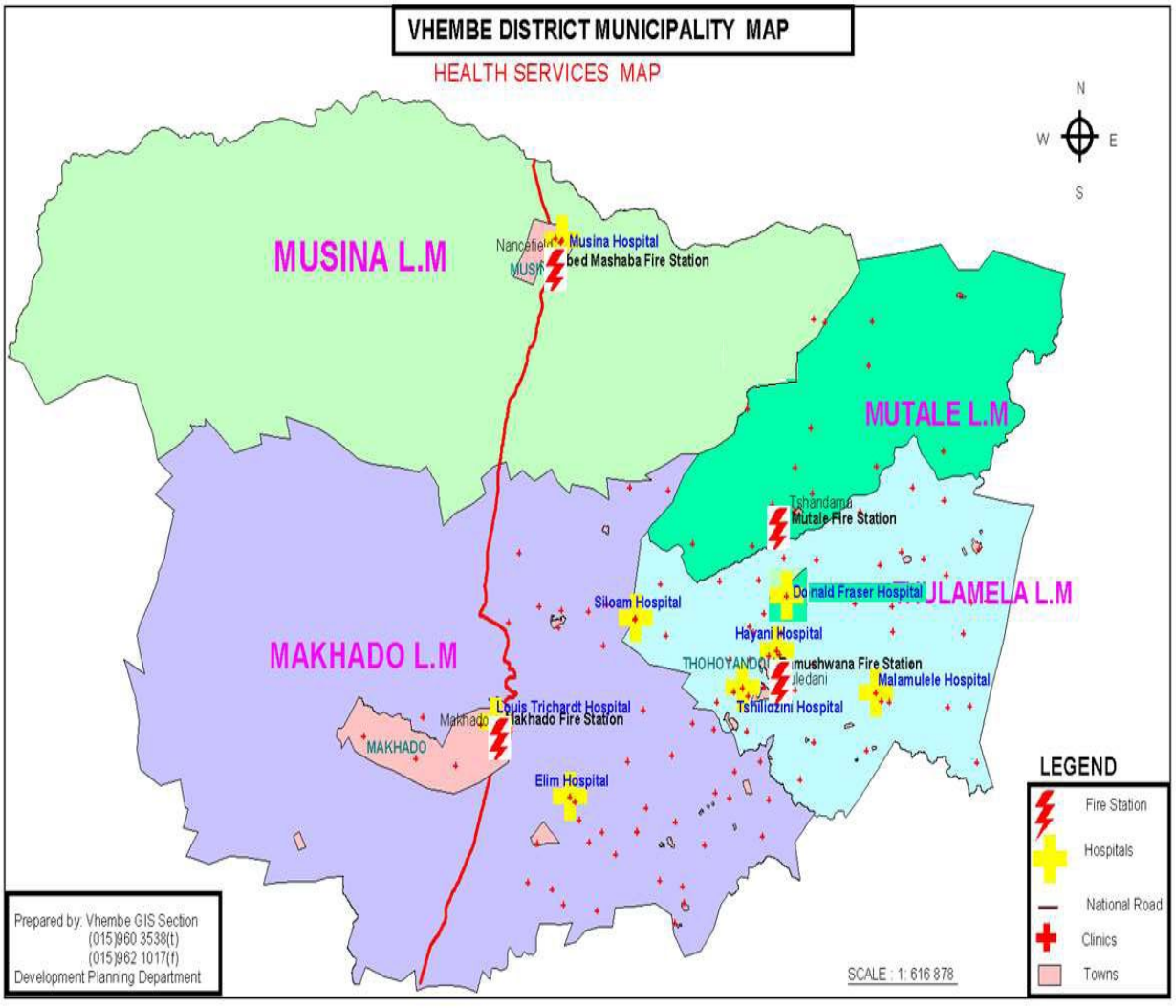

Figure 3: Vhembe District map

4.6 Sampling procedures

Sampling procedure is defined as taking any portion or elements from the population as a representative of the chosen or designated population (Terre Blanche *et al*., 2014; De Vos *et al*., 2011). Sampling is important in research because the research cannot take everybody and include them in the study. Therefore, only a few of individuals with defined and specific shared characteristics had to be selected and used in the study. This makes it easier for the researcher to deal with the data which would have been solicited from the selected individuals who represent the group under study.

In this study, non-probability convenience sampling technique was used since the population elements (i.e. participants) for this study were easily and conveniently available for the researcher (Creswell *et al*., 2016). With convenience sampling, participants are usually those who are nearest and easily available to the researcher. The sample was drawn from the population of young female suicide survivors aged 18 to 35 years and their family members who often accompanied them to the hospital. The young female suicide survivors were easily available because they are regularly referred to the Clinical Psychology Unit for counseling from the female medical ward at Tshilidzini Regional Hospital.

The participants were 10 young female suicide survivors (excluding the LGBTIs) and 10 family members. Only one young female suicide survivor and a family member were interviewed per week for a period of five weeks. There were also two focus group discussions. The first focus group consisted of five young female suicide survivors and five family members respectively. The participants were interviewed post counseling because they were psychologically stable to ventilate their emotions. The reason behind the decision to interview young female suicide survivors who had been counselled was that they still wanted to talk about their experiences. It was important for the researcher

to avoid those who had been counselled a long time ago because they may not have been willing to participate in the study since this could remind them about their ordeals.

4.7 Data collection

Data or information about the phenomenon being investigated is very crucial in research. This is done by soliciting the data from the selected participants. Data collection is the 'precise, systematic gathering of information relevant to the research purpose or specific objectives and questions of the study' (Burns & Groove, 2009:43). It is the basic materials which researchers work on from the interviews and observations (Terre Blanche *et al*., 2014). In this study, the data were collected using face-to-face in-depth unstructured interviews. This type of interview often takes the form of a conversation with the intention that the researcher explores participants' views, ideas, beliefs and attitudes about the phenomenon being investigated (Creswell *et al*., 2016). The participants provide insight about the phenomenon of suicide attempt and may also propose solutions based on their experiences. However, the focus is mainly on their own perceptions of the events or phenomenon being studied. An interview guide with opened-ended questions was used to collect data from the selected participants.

Face to face semi-structured interviews were used. They are one of the oldest and most widely used methods when conducting qualitative research. There are many advantages of using the face to face interview, such as the use of tape recorder and reading the non-verbal cues from the participants. The body language and facial expressions are more clearly identified and understood. With this type of interview, the researcher can gain a deeper insight into the phenomenon being studied by getting specific answers to the questions. This method was employed in this study because it allowed more in-depth data collection and better understanding of the phenomenon of suicide attempt from the participants' point of view. With this type of interview the researcher was able to probe in

order to get detailed explanations of the participants' responses to their suicidal behaviour (De Vos *et al*., 2011). See Appendix A.

Focus group discussions were also used to collect data for this study. This is a group of a small number of participants or individuals that are drawn from the study population by the researcher. In this group 5 female suicide survivors and 5 family members were interviewed. The main purpose of using a focus group discussion was to give the participants chance to express their opinions and views based on their experiences of the phenomenon being studied. The focused group discussions were used to determine the participants' attitudes, behaviour and experiences on the phenomenon of suicide attempt by young female survivors. Moreover, it also helps participants to learn from each other and in turn assist in solving their challenges based on the experiences. A focus group discussion gives the researcher an opportunity to ask further questions on the experiences of the participants in relation to the phenomenon of suicide attempt by young female survivors. This data collection technique enables the researcher to obtain detailed information. Finally, with the focus group discussion the researcher is able to get opinions from many participants at the same and faster than other methods of qualitative approach (Franzel Du Plooy-Cilliers et *al*., 2014).

4.8 Data analysis

Once the data have been collected, the next step for the researcher was to analyse and interpret the data to decode the meaning hidden in the views expressed by the participants. Data analysis means breaking up collected data into manageable themes, patterns, trends and relationships with the aims to reach or give the best possible understanding of the phenomenon being studied (Mouton, 2008:108; Creswell *et al*., 2016). In qualitative research, data are analysed systematically by organizing the field notes, interview transcript and other accumulated materials. This process is done in such a manner that the researcher is able to identify and group together common themes which

respond to the research questions about the phenomenon being investigated. (Bailey, 2007).

Thematic content analysis was used in this study. Content data analysis is a systematic replicable technique for compressing many words from the text into fewer content categories based on explicit rules of coding (Creswell *et al*., 2016: 111). It is also a technique for making inferences by objectively and systematically identifying specified characteristics of messages (Creswell *et al*., 2016:111). Thus, content analysis entails broad analytic approaches ranging from rough, intuitive, interpretive analyses to systematic and strict written analyses. It enables the researcher to sieve through large volumes of data with relative ease in a systematic manner. This is done to help the researcher to unearth the underlying meanings in the information from the participants. This is a useful technique for allowing a researcher to discover and describe actions and context of the phenomenon of suicide attempt by young female survivors.

The collected data were analysed by using following the steps: preparation of data, inducing themes, coding, elaboration and interpretation and checking (Terre Blance et al., 2014, Creswell *et al*., 2016; Franzel Du Plooy-Cilliers *et al*., 2014).

These steps are discussed in detail below:

Step 1: Preparation of data or familiarisation and immersion of data

Preparation of data is an important step in a qualitative data analysis. In qualitative research, any data analysis has to be systematically organized so that the researcher can easily locate information in the data set. In this step, it is also important to have a preliminary understanding of the meaning of the data and take all materials and immense

oneself in it again. This works with field notes and interview transcripts (Creswell *et al*., 2016 & Terre Blance *et al*., 2014).

In order to prepare your data thoroughly, the researcher has to describe the participants since the data are obtained from a variety of sources. The data being prepared for analysis should be as detailed as possible. This should also include the number of participants, how they were selected, their biographical information and an in-depth discussion of the context in which the study was done.

All data collected in this study were audio recorded. They were later transcribed by the researcher and research assistant. This also helped to include some of the non-verbal cues in the transcript. Finally, once the data have been sorted and typed, the researcher should understand the data thoroughly because good analysis of one's data often depends on one's understanding of the data (Creswell *et al*., 2016).

Step 2: Coding

Coding is the process of reading carefully the transcribed data line by line and dividing it into meaningful analytical units. Coding is also described as marking segments of data with symbols, descriptive words or unique identifying names (Creswell *et al*., 2016). It simply means that whenever one finds a meaningful segment of text in a transcript one needs to assign a code that represents a particular segment. This process enables the researcher to quickly retrieve and collect all the text and other data that can be associated with some thematic idea. Moreover, this process is open and it continues until all the data have been segmented and completed at the initial coding (Creswell *et al*., 2016). In this study, the data collected from young female suicide survivors and their family members were organized in manageable portions or ideas. The researcher coded or organized the data into thematic ideas by relying on the views expressed by the participants when they were responding to the research questions.

Step 3: Establishing themes and categories

Establishing categories is the fundamental feature of qualitative data analysis. Once the researcher is done with coding, then the process of categorizing the various codes into a system to help make sense of the entire data follows. When the ordering of the categories has been completed, there is need to develop definitions for each category, subcategory and code. Defining these categories assisted in the preparation for reporting the findings. The patterns of each code and category from the data were identified. This helped the researcher to keep focus on the meaning of every code and category and also helped in discussing the findings (Creswell *et al*., 2016 & Terre Blance *et al*., 2014).

Step 4: Elaboration

According to Terre Blance *et al.,* (2014), elaboration is the process of exploring themes more closely. What themes and coding achieve is to break up this sequence so that events or remarks that were far away from one another are now brought close to other. The purpose of this is to provide an in-depth understanding of the data. This allows the researcher to carefully compare sections of the text that appear to belong together. This is also an opportunity to revise the coding system. This is a thorough analysis of the data. Elaboration is not about coming up with one correct way of structuring the material, but to provide a good account of what is going on in the data.

Step 5: Interpretation and checking of data

The purpose of data interpretation in research is to get the essence of the phenomenon being studied or making sense of your data. When interpreting the analysed data, there is need to search for the emerging patterns, associations, concepts and explanations in your data. It is very important for the researcher to avoid the temptation to stop with a set of categories (Franzel Du Plooy-Cilliers *et al*., 2014).

Step: 6 Assessing coding consistency

Assessing consistency of data is very important. Once the coding of the data is done it needs to be rechecked. In this study, after coding the data, the coding was rechecked to ensure that it was consistent. This ensured that the data collected were consistent with the study objectives and the interview guide (Franzel Du Plooy-Cilliers *et al*., 2014).

Step 7: Drawing conclusions from the coded data or interpreting the data

This is the step which involves the interpretation of identified themes. At this stage, the researchers can make inferences and present their reconstructions of meanings derived from the data. In this step, the researcher has to rely on their ability to strengthen the analysis process with one's own interpretation by drawing on existing theories and previously conducted studies and one's own sense of meaning of the text (Franzel Du Plooy-Cilliers *et al*., 2014). Furthermore, the interpretation of suicidal behaviour was explained based on the relationships found, that data was taken into consideration and all relevant factors associated with the problem was considered to avoid the false interpretation.

Step: Reporting the methods and findings

According to Franzel Du Plooy-Cilliers *et al*., (2014), this step requires the researcher to report on the process that has been followed during coding, analysis and interpretation as completely and truthfully as possible.

4.9 Ethical considerations

Ethics refer to what is or what is not legitimate to do, or what 'moral' research procedures involve (Neumann, 2014). Ethics is also associated with morality as it deals with matters of right and wrong (Creswell *et al*., 2016). As stated above, a moral issue is concerned with whether the behaviour is right or wrong and whether the behaviour obeys a set of principles or not (Bless, Higson-Smith & Sithole, 2013).

Research ethics helps to prevent insults or mistreatment of the participants and also assists the researchers in understanding their responsibilities in an ethical manner. Research ethics place importance on human beings. It calls for researchers to be humane and sensitive to the research participants who may be placed at varying degrees of risk due to research procedures (Bless *et al*., 2013: 28). It is the researcher's responsibility to ensure that all ethical considerations were followed appropriately. It is of importance to ensure that before a single participant is contacted, the research plan has passed an ethical evaluation. The ethical standards in research attempt to strike a balance between supporting freedom of scientific inquiry, and also to protect the well-being of participants. In research, researchers have a right to search for the truth and knowledge, but not violation of the rights of other individuals. Participants have t rights the moment they decide to participate in a study. They have rights to privacy and protection from physical

and psychological harm. The main goal of research ethics is to minimize risk to participants (Bless *et al*., 2013).

The institutional ethics were followed in this study. The researcher presented the proposal to the Institute of Gender and Youth Studies, then to the school of Human and Social Sciences. The ethical clearance certificates were secured from the University Higher Degrees Committee as well as the Provincial Health Department authorizing the researcher to collect data from young female suicide survivors at Tshilidzini Regional Hospital in Vhembe District, Limpopo Province, South Africa.

Many academic disciplines, including the social sciences have professional bodies that have published guidelines to help researchers on how to follow ethical issues when they conduct their study. This study was guided by the following ethical principles**.**

4.9.1 Informed consent

Informed consent entails giving as much information as possible about the research to participants so that they make well informed decisions. The participants have the right to know what the research is all about and if it will affect them. They also need to know the risks and benefits of participation (Bless *et al*., 2013). The purpose is to conduct research openly and without deception and also ensure that participant's rights were protected through respect, justice and beneficence (Silverman, 2013; Burns & Grove, 2009).

The participants in this study were given information regarding all aspects of the study and the possible risks. They were requested to sign an informed consent form which was an indication that they indeed understood what had been explained to them and that they were aware of the risks and that they chose to participate besides all the mentioned

aspects. All participants received a copy of the consent form for their own records (See appendix B).

4.9.2 Confidentiality

Confidentiality is an ethical principle that protects the participants by making sure that all information regarding the research participants is not going to be disclosed. This requires the researcher to ensure that the research data and its sources remain confidential unless participants have given consent for their disclosure (Silverman, 2013). In this study the researcher made it clear to the participants that this study guaranteed confidentiality, and also that, the researcher promised not to disclose their details. Furthermore, confidentiality was discussed with the participants before undertaking the study because suicide is a very personal and sensitive issue. Therefore, participants should be guaranteed the highest possible level of confidentiality when conducting a study of this nature. The solicited data from the participants was not made available to the public (Babbie & Mouton, 2012).

4.9.3 Anonymity

The principle of anonymity is also linked with confidentiality. According to Neumann (2011), anonymity is the ethical principle that states that research participants should remain nameless. This means that the participants' identity is protected from disclosure and remains unknown. The researcher assigned numbers to the participants to ensure that they remained anonymous. In research, anonymity applies to all aspects of the research process from the time that the researcher contacts a potential research participant to the publication of reports and findings. During the interviews, participants were assigned numbers instead of using their real names. During the presentation of the data, the researcher used numbers instead of their names, for example participant 1 and family member of participant 1.

4.9.4 No harm to the participants

In Social Sciences, research should be conducted in a way that minimizes harm to participants regardless of whether they volunteered for the study or not. In this study, the researcher avoided any form of harm by observing dangers and guard against them because some participants could be harmed psychologically during the study (Silverman, 2013; Babbie & Mouton, 2012). The burdens and benefits of the research were shared fairly within all who volunteered to participate in this study (Babbie & Mouton, 2012). To avoid harm, to the participants were asked to reveal any deviant behavior or attitudes they felt were unpopular or personal characteristics that may seem demeaning.

In this study, all participants were respected and their participation was completely voluntary and based on the full understanding of what was involved in the study and special precautions were taken to protect them.

4.9.5 Voluntary participation

Voluntary participation is a norm that applies to social research which states that no one should be forced to participate in a research (Babbie & Mouton, 2012; Neuman, 2011). The researcher did not force anyone to participate in the study. If people are forced to participate, their participation is no longer voluntary. The researcher ensured that participation in this study was not forced. Participants were told that their participation in this study was completely voluntary. They were also informed that non-participation would not affect services they should receive within the hospital as others may fear that not participating can put their lives at risk. In this study, only those young female suicide survivors and their family members who were willing to be part of the study participated.

They took their own decision to participate in this study since no one forced or threatened them to participate in the study.

4.9.6 Debriefing of participant

According to Babbie & Mouton (2012: 71), debriefing entails interviews to discover any problems generated by the research experience so that those problems can be addressed. This is of importance because there is a possibility that the participants may be affected by their participation. In this study debriefing sessions were conducted with all the research participants after data collection. The purpose of the debriefing of the participants was to work through their experiences and their aftermath since suicide is a very sensitive issue. Through this process the problems generated by the research experience were addressed. Participants were given chance to ventilate their feelings about the whole project and the researcher rectified misperceptions that arose in the minds of participants (De Vos *et al*., 2011).

4.10 Trustworthiness of the study

Trustworthiness of the study refers to the degree of confidence that the researcher has in the data collected. In this study the trustworthiness was assessed using the following: credibility, dependability, confirmability and transferability (Creswell *et al*., 2016).

4.10.1 Credibility

According to Franzel Du Plooy-Cilliers *et al*., 2014, credibility refers to the accuracy with which the researcher interpreted the data that was provided by the participants. Credibility

helps to deal with the research questions on how congruent they are and the findings' reality. It also helps to ensure that the reader believe the findings of the study by using well established research methods and also ensure that the research design, research questions and theoretical framework that are aligned with the study. Credibility was ensured in this study because the researcher established rapport and spent long periods of time with the participants to understand them better and also gain insight into their lives. Credibility was also ensured by gathering information from the young female suicide survivors and their family members. Other measures to ensure credibility were that all the interviews were conducted by the researcher and debriefings sessions between the researcher and participants were also conducted by the researcher. The researcher also asked the participants to verify the data gathered in earlier interviews to verify whether the interpretation of what they had shared with them was correct (Creswell *et al*., 2016).

4.10.2 Confirmability

This refers to how the data was collected and how it supports the findings of the study and its interpretation. This indicates how well the findings flow from the data. In this study the researcher used the non-probability convenience sampling technique and described the whole process of this study in detail, the aim being to assist in scrutinising the research design. Confirmability in this study is also understood as the degree of neutrality to which the findings of a study are shaped by the participants and not by the researcher's bias or interest (Babbie & Mouton, 2012; Creswell *et al.,* 2016). Being qualitative in nature, there were some strategies used to increase confirmability in this study. These include triangulation, which helps to reduce the effect of researcher bias. In a qualitative study the researcher can reduce research bias by admitting their own predispositions. It is of importance to follow the steps outlined for member checking and involving others in the way indicated can remedy the problem of bias. When using quotations, it can lend valuable support to data interpretation, researchers often use quotes that only indirectly support the argument given by participants. This leads the researcher to use participants' quotes to illustrate a point.

4.10.3 Dependability

Dependability refers to the quality of the process of integration that takes place between the data collection method, data analysis and the theory generated from the data. The analysis process should be documented so that another person can see the decisions that one made and how they went about the analysis and how they arrived at the interpretations of their study findings. This process also refers to the reliability of data and helps to ensure that the research study was conducted in accordance with the focus and boundaries where it was based on the problem statement (Babbie & Mouton, 2012).

4.10.4 Transferability

This refers to the generalisability of data and the ability of the findings to be applied to a similar situation and delivering similar results (Polit & Beck, 2008). This process allows for generalization within an approach that does not lend itself to generalized findings. However, it invites the readers of research to make connections between elements of a study and their own experience (Creswell *et al*., 2016:124). Qualitative researchers can increase transferability in their study by focusing on how typical the participants are to the phenomenon being studied and the context to which findings apply. In the first consideration, the participants need to be typical of the phenomenon being studied, for example, the young female suicide survivors. Other considerations relate to the provision of a complete understanding of the context being studied. Therefore, readers can explore the research document and determine if the findings can be transferred to their environment. The full picture of the context being studied needs to be painted by the researcher. It is also the researcher's responsibility to allow the reader to determine if the research is transferable to their context. Moreover, it is the degree to which the results and analysis can be applied beyond a specific research project. The researchers and readers can then begin to make connections from the revealed data to both local and entire community level behaviour and practice (Creswell *et al.,* 2016).

4.11 Conclusion

This chapter discussed the methodology followed in this study. It outlined how the research process in the context of this study unfolded with the aim to achieve the study objectives. The paradigm which determined the theoretical framework on which this study is premised has also been outlined in this chapter. This chapter also gave a detailed discussion of how the study was conducted, the method of data analysis adopted the ethical considerations considered to help protect the integrity of the research as well as protect the participants from harm. The chapter also reflected the credibility, reliability, dependability and confirmability of the study to ensure the quality of the research.

CHAPTER 5: PRESENTATION, ANALYSIS AND INTERPRETATION OF FINDINGS

5.1 Introduction

This chapter presents findings of the study. The main aim of the study was to investigate the phenomenon of suicide attempt by young female suicide survivors at a selected hospital in Thulamela Municipality of Vhembe District, Limpopo Province, South Africa. The specific objectives of the study were to identify the contributory factors to suicide attempt by young females, to determine the effects of suicide attempt by young female suicide survivors and their families, to investigate the coping mechanisms used by survivors of suicide attempt and their families, to find out about the available support for the young female survivors of suicide attempt and their families and to explore intervention strategies that can help to curb suicide attempt by young female suicide survivors.

5.2 Biographical information

Variable	Category	Frequency
Category of interviewee	Focus group family members	1
	Focus group suicide survivors	1
	Individuals (survivors and family members)	10
Education level	Grade 10	3
	Grade 11	3
	Grade 12	3
	Tertiary level	3
Employment status	Employed	2

	Self employed	3
	Unemployed	7
Marital status	Divorced	1
	Married Single Widowed	1 8 2
Medical condition	Diabetes Mellitus HIV/AIDS Hypertension	1 1 1
	None	9

Table 2: Biographical information

5.3 Contributory factors to suicide attempt

Below is the network diagram which illustrates the contributory factors of suicide attempt by young female suicide survivors.

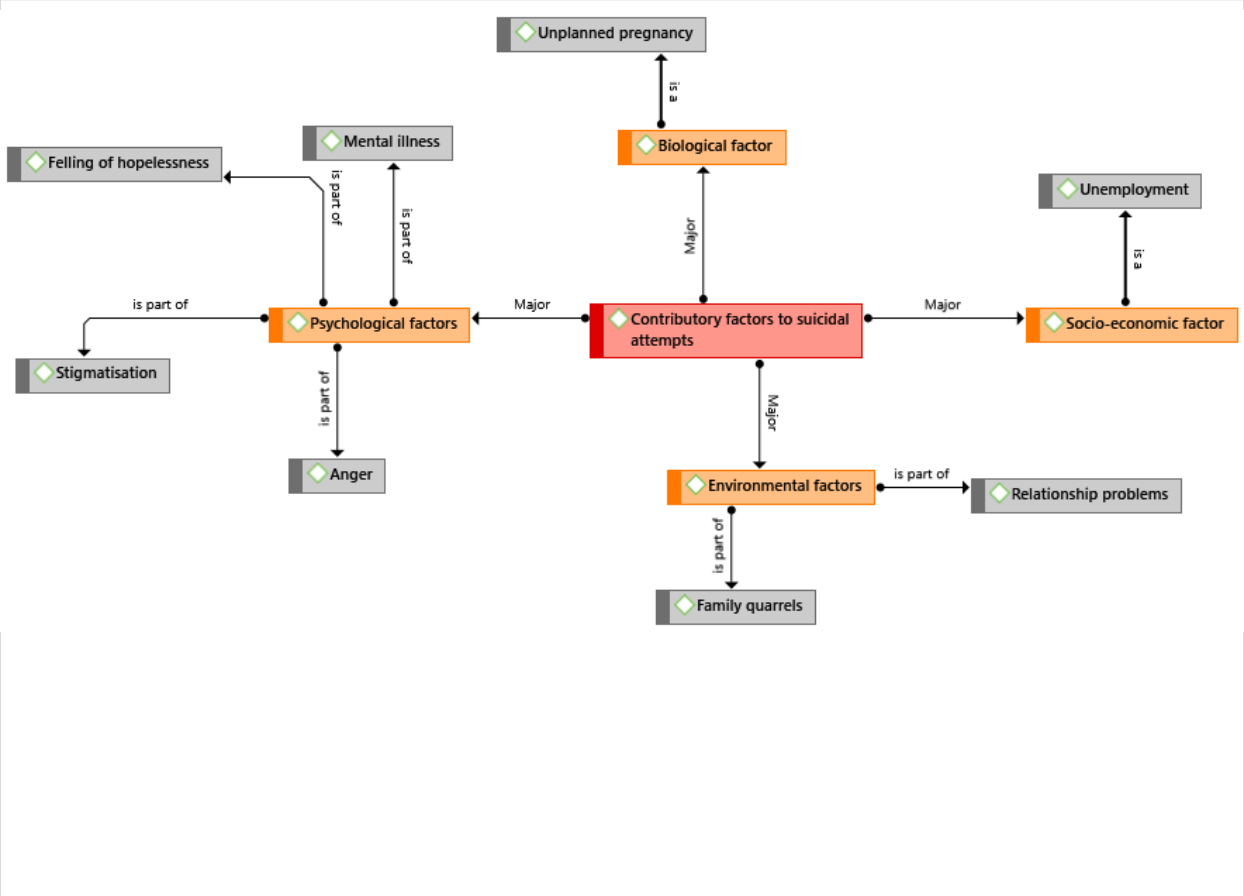

Diagram1: Network diagram o contributory factors to suicide attempt

As stated in the introduction, this study consisted of five study objectives which are which are also stated in the introduction of this chapter. The first objective of the study was about the contributory factors to suicide attempt by young female suicide survivors.

Twenty participants were involved in one-on one-interviews and focus group discussions. Participants 1 to 5 were the young female suicide survivors who participated in the one-on one-interviews. Participants 6 to 10 were young female suicide survivors who participated in the focus group discussions. The one-on-one interviews with the family

members included participants 11 to 15. Lastly, participants 15 to 20 were family members who took part in the focus group discussions. Therefore, in response to the first question ("What are the factors that contribute to suicide attempt by young females suicide survivors?"), the participants gave the following responses:

Participant 1

"I used to have future plans about myself, my baby and the father of my baby. I then realized that most of my plans were not going to be fulfilled because the father of my baby no longer wanted to be part of my life. What hurt me most is when he told me that he no longer loves me and it made me feel like I could no longer continue living".

Participant 3

"I wanted to get away from the problem I was facing. The father of my child was cheating on me with many girlfriends and not willing to stop. Whenever I confronted him about his behavior, he was very defensive and threatened to beat me. I am tired of his behaviour and felt that it is better to end my life than to stay with someone who really doesn't care."

Participant 5

"It was an unexpected breakup with my boyfriend, he dumped me because my friend told him that I am having an affair with another guy. *When I tried to explain he was very angry and I wanted to show him that I loved him then I took an overdose".*

Participant 7

"The breakup was unexpected, and he listens to other people stories and take it as it is. When I tried to explain he don't listen and was very angry. Because I loved him very much I took an overdose of tablets to end my life".

It was found that participant 1 and 7 were faced with a relationship problem whereby the father of their sons were no longer interested in them. Participant 1 felt that it was better to end her life than to live with somebody who did not care about their relationship. This shows that Participant 1 had entrusted her life to the father of her son because she did not see herself moving forward in her life without him. In other words, her statement shows

that her future plans could not be achieved if the father of her son was no longer part of her life. Hence, she decided to end her life because she thought that it was impossible for her to continue living without him. The same applies to participant 5 and 7 whose boyfriends had dumped them because friends gossiped about them. The friend had told her boyfriend that participant 5 was having an affair with another young man. Unfortunately, the boyfriend believed the friend and did not want to have anything to do with participant 5. As a result, participant 5 was very angry and hurt by the fact that she was being dumped by her boyfriend because of a mere gossip which was unfounded. Out of anger and frustration, participant 5 decided to own lives life by taking an overdose of tablets. She did this in attempt to show him how much she loved him. She loved him so much that she was prepared to take away her life. Taking her own life was the ultimate price she was willing to pay because of her love for him.

The statements made by participants 1, 5 and 7 show that their partners were very important in their lives, so much so that they were afraid to go on with life without their partners. That is why they decided to end their own lives since the thought that they could not face life without their partners. The way participants 1 and 5 handled their situation indicates that they value their partners more than they value themselves. Their decision to end their lives proves that they did not value their lives. Their statements and actions help to illustrate the fact that if intimate relationships are not functional, there can be a negative impact with disastrous consequences on someone‘s life because one sees one’s life as intricately to their partner’s life.

Participant 3 also had relationship problems with the father of her son who was cheating on her as he had an affair with another woman. Participant 3 tried to address the problem with her partner so that they could find a solution and move on with their lives. However, participant 3‘s partner was not even remorseful about his unacceptable behaviour. He even threatened to hurt her physically when she confronted him about his behaviour. Participant 3 felt overwhelmed by the unfaithfulness and lack of remorse by the father of her child since he was not even willing to admit that what he was doing was wrong and

needed to change his behaviour. She also felt that the only solution to her problem was to end her life because she had tried to address the problem which her partner was not seeing as a problem. She felt that it was pointless staying with someone who did not care about her feelings and also not prepared to listen to her complaints. For her, the only solution was to end her life than being in an abusive relationship with no solutions at all.

Participant 3's response shows that her partner was defensive when she confronted him about his cheating. What really hurt her even more was that her partner was not willing to apologize for his cheating. This worsened the stress that participant 3 was going through. This pushed her to view death as her only solution to her problem because the person who was supposed to admit his wrongdoing and apologise was not willing to do so. This illustrates that communication and problem-solving skills are important in an intimate relationship. Based on the statement mentioned by participant 3 the lack of communication and problem-solving skills led to suicidal ideation which prompted her to attempt suicide. Cheating has negative impact in intimate relationships because it destroys the other partner's trust and honesty. Such a situation often leads to quarrels which may trigger suicidal behaviour.

Finally, most of the participants who had relationship problems with their partners as stated above were angered and hurt by the unfaithfulness and the partner's unwillingness to apologise and by always displaying aggressive behaviour. Based on the participants' responses from question 1, the researcher found that suicidal behaviour was triggered by relationship problems was as a result of the environment of their relationship at the time.

The above argument is corroborated by Schlebusch (2009) who argues that a high prevalence rate of family conflicts such as marital or relational problems may have negative impacts on people's lives. The relationship problems between people who are dating or married can lead them to suicidal behaviour. Other family problems involving feelings of loss of support because of family changes caused by divorce and remarriage

have higher influence on suicidal behaviour. Poor communication within the family has been linked to high suicidal behavior among young people. Marital or relationship-related problems especially with poor family support system can lead to suicidal behaviour (Schlebusch, 2009). Sometimes the problem may come from their spouses or in-laws and the extra marital relationships can also cause quarrels within the family.

In addition, suicidal behavior can be triggered by an exposure to family violence, family dysfunction, over-controlling and overprotective siblings. With these risk factors, the young person's ability to function appropriately within the family can be disrupted and may start to develop suicidal ideations (Hawton, Witt & Taylor, 2016). The emotional insults or challenges, such as marital or relationship problems, rejection, public humiliation or shame may be experienced as very painful. These may lead an individual to isolation, which may also trigger suicidal ideations at later stage.

Misunderstandings which are linked to poorer communication. Due to poorer communication there can be conflicts within the family which can also lead someone to suicidal behaviour. The high prevalence rate of family conflicts such as marital problems and divorce may also trigger suicidal thoughts to people close to them. In addition, other family problems involving feeling of loss of support because of family changes caused by divorce and remarriage have higher influence on suicidal behaviour (Hawton et al., 2016). Suicidal behaviour can also be triggered by an exposure to family violence, dysfunction, over-controlling and overprotective siblings. With these contributory factors, the person's ability to function appropriately within the family can be disrupted and start to develop suicidal thoughts (Schlebusch, 2009). Phillip, Li, and Zhang (2002) share similar views with Schlebusch (2009) who argue that family conflicts and lack of support may predispose people to suicidal behaviour.

Based on the findings obtained from participants, the researcher observed that most participants were faced with problems in family relationships problems in intimate relationships. It was found that the major was that of partners cheating while women complained about their male partners' over-controlling tendencies in their relationships.

Such a situation is likely to lead to misunderstanding and family conflicts which may trigger suicidal thoughts in young women.

In this study the two theories, namely, the interpersonal psychological theory of suicidal behaviour and radical feminist theory, were used as they complement each other based in addressing the objectives of the study. In as far as the first theory, it was found that the high prevalence of conflicts within families such as marital problems, poor communication and medical related problems have contributed to suicidal behaviour among young females. This may also make feel that their presence is a burden to the family, friends and society. This view may induce the idea that dying is the solution or worth more than life to family, friends and society. Moreover, the feeling of loneliness due to lack of support from their spouse makes them to develop low sense of belonging because they are alienated from others and this may also trigger suicidal ideation. Many started developing negative view towards themselves, the world and their future, hence, the likelihood of developing suicidal thoughts became severe and acted upon it.

Advocates of the radical feminist theory maintain that women are oppressed and less privileged compared to men because of the patriarchal nature of society. Their oppression creates unbearable living conditions for women in their relationships. In this study, as evidenced by the statements made by participants 1, 3, 5 and 7 above, young women are faced with partner related problems caused by their spouses. This predisposes predispose them to trauma which leads them to suicidal behavior, and also have negative impact on their well-being (Honwana, 2012). Being financially dependent on men also tends to make men to think that they can own their partners. Men tend to exploit such a situation and abuse or exploit their female partners.

In view of the above-mentioned theories and what the participants said there is a significant association of the feeling of burdensomeness, social alienation and the

oppression of women in relation to suicidal behaviour by young female suicide survivors (Joiner, 2005 & McClennen, 2010).

Participant 2

"It's because I looked around and found no solution to my problems. I went to the clinic and found that I am pregnant. When I told my boyfriend he said he is not going to take responsibility because he impregnated another lady and wanted to marry her. I looked around and found no solution to my problem because I was not working and I depended on him financially and my siblings were struggling financially and support system is also not good. Then I decided to end my life by taking an overdose of tablets."

As noted from the above, participant 2 was informed by nurses at the clinic that she was pregnant. She informed her boyfriend but he did not show any excitement. He said he was not going to be responsible for the unborn child. Moreover, he also impregnated another lady whom he loved very much and was planning to marry her. After hearing those painful words, participant 2 did not know what to do. She was dependent on her boyfriend financially. She found it difficult to understand what the boyfriend told her since he was the only person who gave her all the support as she was not working. She did not find any solution to her problems and what worsened the problem was the fact that she also had no family support. Participant 2 was dealing with this problem alone and had no one to ventilate to. Ultimately, she decided to commit suicide by taking an overdose of tablets which she got from the clinic during her last visit. According to participant 2, this was the only solution to her problem because she tried to think of how she was going to survive but had no answer. Participant 2 felt lonely and that no one was going to understand her problems because the person she trusted the most had disappointed her. In this case disappointment in an intimate relationship seemed to be stressful, especially when the partner was not supportive. What hurt even more was the fact that her boyfriend had told her he was in love with another woman and he was also planning to marry that women. Participant 2 was seriously hurt by her boyfriend because she was expecting that he was going to be supportive and even love her more since she was expecting his child.

Participant 2‘s statement shows that unplanned pregnancy to a person who is unemployed can cause psychosocial stressors. The stressors are also worsened by poor family support system which leads to suicidal behaviour. Furthermore, lack of support from the partner was a stressor which triggered suicidal thoughts. In this case the boyfriend triggered stressors in her when he did not show interest after she fell pregnant. The fact that she had no support from the boyfriend devastated her to such an extent that she developed suicidal ideations.

The statement made by participant 2 highlights the fact that participant 2 developed suicidal behaviour as a result of socio economic and psychosocial stressors which were triggered by her boyfriend when he dumped her and was not willing to support her financially. This further shows how one’s economic and psychological conditions can affect one’s life.

In this study, unplanned pregnancy is also viewed as a contributory factor to suicidal behaviour among young women. This may be due to the lower socio-economic status, not yet finished their studies and the lack of support from their families as well as interpersonal conflicts between partners. (Czeizel, 2011; Gentile, 2011). The socio-economic context has a significant impact on the prevalence of suicidal behaviour. In South Africa, the rate of unemployment among young people is very high (Bezuidenhout, 2013). Unplanned pregnancy is regarded as a risk factor for suicidal behaviour among young women because some of them get into relationships with economically well to do men for the sake of security.

There may be poor psychological outcomes following the unplanned pregnancy such as depression which can lead them to suicidal behaviour. Most young people are unemployed and financially dependent on their parents and partners who may find it difficult to accept or understand when they fall pregnant. Failing pregnant may also lead to stigmatization. Therefore, stigma attached to pregnancy while not married also triggers

suicidal thoughts in young women Poor relationships with their partners during pregnancy lead to suicidal thoughts as in the case of participant 2. People in such a situation become hopeless and discouraged by the attitude of their families and partners. They may also develop an overwhelming sense of shame and guilty. In many African countries having a child at younger age is a taboo and unacceptable. Moreover, parents of the young women may be regarded as irresponsible parents. Parents of such children may treat them badly during pregnancy and may likely to develop suicidal thoughts. Those parents may be blamed for failing to prevent such behaviour among their children. (Buus, Caspersen, Hansen, Stenager & Fleischer, 2014).

Unemployment is known to have a negative effect on the welfare of human beings, resulting stressful situations. Unemployed people often experience financial stressors. An increase of financial difficulties can also increase someone‘s risk of suicidal behaviour. For instance, participant 2 became alienated and hopeless because her boyfriend dumped her. The fact that she was not working worsened her problems and this led her to suicidal ideations. This shows that economic conditions may expose young people to a wide range of stressors. Such a situation may also diminish their own hopes and expectations for a positive future, with meaningful opportunities for work and life. Unemployment and decreased family income may lead to stress-related conditions, such as suicidality (Kolves, 2010). Unemployment is known to be an important risk factor for suicidal behaviour worldwide (Platt & Hawton, 2000). Participant 2 developed suicidal thoughts because she was unemployed and no one to give her financial support. It has been reported that in South Africa there is high rate of unemployment among young people and they are likely to develop suicidal thoughts (Statistics South Africa, 2012). In a study conducted by the Bloemfontein mortuary, it was found that 56.9% of the individuals who died by suicide were unemployed (Stark *et al*., 2010). The result of this study revealed that employment status may be a significant risk factor for suicidal behaviour in SA.

Participant 4

"It's because I am always thinking of ending my life. The day I tried to hang myself I cannot recall what happened but I saw a tall man who came and gave me a rope and instructed me to go and hang myself. I became very angry to him and I sometimes feels angry at myself and everyone next to me. I also find it difficult to control my anger and most of the time I become aggressive. Then after I don't remember what happened I was shocked seeing myself in hospital bed".

Participant 4 was experiencing with psychological problems. She attempted suicide due to the anger and visual hallucinations she was going through. She reported that she 4 was seeing a man whom she did not know. That man was telling her that she must go and hang herself using a rope. This shows that participant 4's suicidal thoughts were triggered by psychological stressors. The participant might have been suffering from mental illness. She might have had an episode of psychosis because she was unable recall what happened the day she tried to end her life. Her statement portrays her as someone known to be a mental health care user with aggressive behavior, which puts her and other people in danger. The fact that she found it difficult to control her anger shows that her psychological state was not stable at the time. This is also supported by the last statement she gave that she was shocked to see herself in hospital and could not recall what happened prior admission. This shows that having mental illness can lead someone to aggressive and suicidal behaviour. Participant 4 was suffering from anger. She was easily irritated and found it difficult to control herself whenever faced with challenges. She tried to end her life because she was unable to control her anger. Participant 4 resorted to negative ways of dealing with her problems. Anger is a psychological problem and as stated above she used destructive ways of dealing with the challenges she was facing.

The statement by participant 4 above shows that an individual 's actions are often driven by emotions. There are different factors that can influence one's behavior, either in a negative or positive way, such as motivation, perception, attitudes and beliefs. Participant

4 was driven by psychological factors which triggered suicidal behaviour as a way of dealing with the challenge she was going through.

The psychological factor which triggered suicidal thoughts in participant 4 is related to mental illness. Mental illness is a psychiatric disorder associated with a range of symptoms that can trigger suicidal ideation. For example, psychotic features which can be accompanied by auditory and visual hallucinations. Participant 4 reported that she was hearing voices and seeing a man who gave her the rope to hang herself. Some people turn to suicidal behaviour as an escape from their seemingly unending problems. Others may turn to suicidal behavior in order to get other people's attention, or to punish other people. Roughly 30% of suicides are committed by people with psychiatric disorders such as mood disorders, personality, schizophrenia, sleep disorders and eating disorders. About 90% of people who attempted or committed suicide have one or more mental illnesses. People who are diagnosed with mental illness are at higher risk of suicidal behaviour (Nielssen & Large, 2009).

According to Harris & Barraclough (1999), over 90% of fatal suicidal behaviour cases are known to be psychiatric related illness at the time of their death. Schizophrenia, which is one of psychiatric related illness, is rated to be less compared to other psychiatric illness. However, it was reported that close to 19% of the people under the age of 35 who suffered from schizophrenia displayed suicidal behavior (Appelby, Cooper, Amos & Faragher, 2009). The high number of psychiatric illness leads to an increase of suicidal behaviour risk as illustrated by some studies showing a significant increase in mortality rate (Harris & Barraclough, 1997; Balhara & Verma, 2012). Psychiatric disorder is also associated with suicidal symptoms that can trigger suicidal ideations. For example, people who are suffering from schizophrenia may experience auditory and visual hallucinations that may give them instructions of killing themselves. People experiencing these auditory and visual hallucinations may feel like they are being instructed to engage in suicidal behaviour. As a result, of those hallucinations participant 4 attempted suicide because she was seeing a tall man who gave her rope and instructed her to kill herself. In addition,

other mental disorders may cause poor impulse control and lack of judgement which can also lead to suicidal behaviour. They are likely to use lethal methods in response to the voices they hear and delusions.

The cause of suicide is not well-understood especially in black communities and it is often linked with witchcraft. However, in many developed countries it was found that mental illness such as schizophrenia and depression are one of the contributory factors to suicidal behaviour. Suicide is the leading cause of death among mental health care users or people with mental illness. People with mental illness are more likely to use lethal methods than those with other risk factors of suicidal behaviour (Koeda, Otsuka, Nakamura, Yambe, Fukumoto, Onuma, Saga, Yoshioka, Mita, Mizugia, Sakai & Endo, 2012).

Anger is a negative feeling that is typically associated with hostile thoughts and maladaptive behaviour. This behaviour usually happens in response to unwanted actions of another person or unexpected situations. Anger is associated with high rates of suicidal behaviour among young women in South Africa. In relation to this study, when participant 4 tried to end her life she was very angry. This is associated with both the inward and outward expression which is also linked to major depression. Anger is an immediate response that arises when we feel threatened or mistreated. Those threats can be physical and financial threats. In addition, if these threats are occurring they may also lead to aggression behaviour which can trigger suicidal thoughts. Females with anger problems find it difficult to control their emotions. They come back to their normal senses after such an act which can make them to regret.

In this study the interpersonal psychological theory of suicidal behaviour and radical feminism where used to help guide the study. There are many factors which can trigger suicidal behaviour in young females. Therefore, in this study the interpersonal psychological theory of suicidal behaviour helps to give better understanding on how

people develop suicidal thoughts. Anger is viewed as a psychological problem whereby an individual may develop feelings of loneliness and of burdensomeness to people close to her. Participant 4 was experiencing visual and auditory hallucinations which made other people to find it difficult to understand what she was going through. Participant 4 felt isolated and alienated from others due to her condition. She may have felt that she was burden to other people and her siblings because she was exhibiting inappropriate behaviour. She was likely to develop suicidal thoughts and act in a more lethal way. The issue of doing things which other people find it difficult to understand also worsens their condition and makes them to feel like they are living in their own world which other people do not understand.

Some of the participants alluded to the fact that their suicidal behaviour was due to their chronic illnesses and lack of appropriate support from their families and partners. This view captured in the following statements by participants 6, 9 and 10.

Participant 6

"I am on hypertension treatment and my siblings treat me like am faking my illness. My younger sisters don't respect me, they treat me badly, including my mother. They are not supportive and am always stressing about my condition because my siblings don't understand what am going through. What worsens the problem is when my sister tells me that I must start buying food at home because she is tired of feeding someone who is lazy to work and pretend to be sick. I got angry and decided to end my life because I didn't choose to suffer from hypertension which is uncontrollable. I am scared of stroking because nurses told me that if my condition is uncontrollable I am likely to stroke. I feel hopeless about my medical condition and the condition at home is better to die".

In the above extract, Participant 6 has a chronic illness, namely, hypertension. This illness creates a problem for her because she does not get the support she expects from her siblings because they. Believe that she is faking the illness. She feels disrespected by

her siblings. Their disrespect and continued accusations that she is faking illness drove her to consider committing suicide as the only option left for her. In this case, the disrespect, accusations and lack of support from her family triggered stressors in her. This worsened her medical condition which became uncontrollable. This was further compounded by the nurses' statement that she was likely to suffer from stroke. Subsequently, this led her to develop suicidal thoughts.

Participant 6 found it difficult to control her emotions and anger. She became hopeless and saw death as the only solution to her problems. Furthermore, she did not even think about her only child who is still young and needs her care. She finally decided to end her life by taking an overdose of her medication. She was very angry because she did not choose to suffer from hypertension.

Participant 6's case, as outlined above, shows that if a person is suffering from a chronic medical condition and not getting support, being falsely accused and feeling disrespected this may trigger stressors which may ultimately lead to suicidal thoughts.

Participant 9 also had a chronic condition, namely, HIV/AIDS. Her partner was always stressing her by not being supportive, shouting at her and having many affairs. This triggered suicidal thoughts in her. Furthermore, she was also worried about her mother's medical condition (cardiac problem) thereby worsening her psychosocial stressors. She finally attempted suicide by taking an overdose of her HIV/AIDS treatment. This is aptly captured as follows below by

Participant 9

"When I think about my HIV/AIDS status I feel hopeless and the way how the father of my son is treating me I felt so sad about my condition and hopeless. My mother is also having cardiac problem and her hope is on me and she is not even aware of my condition."

Participant 9 is an HIV/AIDS patient and was having challenges with the father of her son because he was not supportive and was abusing her emotionally. Participant 9 felt hopeless about her condition because she was not getting support from her partner. She was also afraid of telling her mother about the stress she was going through. She did not want to tell her mother about her situation because her mother had a cardiac problem. This stress worsened participant 9's problems because she had no one to talk to. Participant 9's mother was not aware of her HIV status since her daughter did not tell her about her status because she was afraid that it could worsened her mother's condition. Participant 9 believed that she was the only hope in her family and her mother relied on her for everything she needed. As a result, participant 9 became hopeless and developed suicidal thoughts due to the stress she was experiencing and the lack of support from people around her. Participant 9's statement above showed that having a chronic condition without support is very stressful and can lead to suicidal thoughts. When participant 9 became hopeless due to her condition, she became negative about herself and the future. She felt that killing herself was the only solution to her problems because there was no one she could ventilate her emotions with. In addition, lack of her intimate partner's support in her condition contributed to her suicidal behaviour. Since she did not have her partner's support, she started judging herself and lost hope. All these triggered suicidal thoughts in her.

Chronic illnesses in this study are seen as a contributory factor to suicidal behaviour. This was also stated by participant 10 who was diagnosed with HIV/AIDS and started developing suicidal thoughts. Her suicidal thoughts were also triggered by lack of support from her partner who had dumped her after she was diagnosed with HIV. Below is a statement on how participant 10's HIV status triggered her suicidal thoughts:

Participant 10

"When I discovered that I was HIV positive I found it difficult to cope with it because I disclosed to my boyfriend and he dumped me. I felt that it was better to die because the person who was supposed to provide me with support dumped me. I felt hopeless and I

no longer saw any reason to live since I thought no one was going to accept and love me since I was now sick and that the person who infected me ran away".

Being diagnosed with HIV/AIDS became stressful to participant 10. It was very difficult for her to adjust to newly diagnosed condition. She decided to disclose her HIV status to her boyfriend because she was not coping well. The aim was to get support from her boyfriend but instead of him giving her support he dumped her. This worsened her problems because he was the only person she trusted. Participant 10 felt that her life would not be normal because she was sick and thought that other people were also going to do what her boyfriend had done to her. She became hopelessness and no longer saw herself failing in love again. She was very angry at her boyfriend because he was the one who gave her the virus but left her with no support. This triggered suicidal thoughts in her and she tried to end her life by taking an overdose of tablets. Being rejected by one's intimate partner after discovering her HIV status became a serious problem for her because she found it extremely difficult to cope with her newly diagnosed HIV status.

The foregoing discussion shows that there is a relationship between chronic illness and suicidal behaviour. People with chronic condition such as HIV/AIDS, Diabetes mellitus and hypertension are likely to develop suicidal thoughts because of the discomfort related to their condition, treatment and physical appearance (Schlebusch, 2005, Wasserman & Wasserman, 2009). Furthermore, life-threatening diseases such as HIV/AIDS and hypertension can trigger suicidal thoughts because they develop the feeling of hopelessness and void in their lives (Schlebusch, 2005). This argument is also corroborated by Recklitise *et al*., (2006), who stated that suicidal behaviour can be triggered by poor support from siblings and intimate partners whenever they discovered that there is chronic condition which needs life-long treatment. In this study participants 6, 9 and 10 attempted to end their lives due to the psychosocial stressors in their lives. Furthermore, lack of support from their intimate partners and family members worsened their situation. Such people are likely to suffer from emotional and physical pain. Lack of support from loved ones on how to adjust to their conditions also triggered stress which

led them to suicidal thoughts. As a result, participant 6's condition was becoming uncontrollable to such an extent that she was afraid of getting cerebrovascular accident and lost hope of recovering from her condition. Moreover, participants 9 and 10 were severely affected by their medical condition. Lack of support from their intimate partners also led them to suicidal thoughts as a way of dealing with their challenges (Akechi *et al.,* 2002).

In many African countries, suicidal behaviour is triggered by severe psychosocial stress associated with HIV/AIDS, which is a massive public health problem. HIV/AIDS is known to have a strong association with suicidal behaviour (WHO, 2016). South Africa is experiencing a higher rate of HIV/AIDS epidemic although their ART programme is improving and doing well. However, the HIV infection and death remain high. In addition, the life expectancy of young people decreases due to HIV/AIDS pandemic. Furthermore, stigma, discrimination, isolation and lack of support from family and friends associated with HIV/AIDS may trigger suicidal ideations (Schlebusch *et al*., 2009). Negative comments to people with HIV/AIDS may lead to low self-esteem, isolation and feeling of loneliness which may also trigger suicidal thoughts. Participants 9 and 10 were going through the same challenges of not getting support from people very close to them. They developed the fear of being lonely and stigma since their partners knew about their HIV status but were not willing to support them.

In a recent study conducted by Park (2014), hypertension and other chronic illnesses such as HIV/AIDS were identified as risk factors of suicide ideation and suicide death. Moreover, people with HIV/AIDS and hypertension have higher rate of suicidal ideation, especially those with poor family support system. For example, participants 6, 9 and 10 were not getting support from their families and intimate partners. Furthermore, patients with HIV/AIDS are likely to develop treatment side effects such as rash, headache, bone marrow suppression, liver toxicity nausea and diarrhea. These side effects may lead them to suicidal thoughts due to the co-morbidity of disease. According to Harwood, Hawton and Hope (2006), HIV/AIDS is a life threatening disease and its treatment is a life time

therapy. Therefore, it can lead to emotional distress and also increase the risk of developing psychopathology more especially when there is poor family support. The sufferers can also develop suicidal ideations due to high level of stress. (Pompili, Venturini, Campi, Sereti, Montebovi, Lamis, Serafini, Amore & Girardi, 2012). According to Rao, Jackson and Howard (1999) and Fuller-Thomson, Tulipano and Song (2012), HIV/AIDS can affect the person‘s intellectual functioning. This can lead to cognitive impairment and emotional disturbances. Problems such as inappropriate thinking and memory loss could also increase the risk of suicidal ideation. Participant 9 stated that whenever she thought of her condition, she became hopeless. This shows that this condition was disturbing her emotionally and could not think appropriately.

This study shows that people suffering from chronic medical conditions are likely to develop suicidal thoughts due to e stressors linked to their conditions. Most this people are on lifelong treatment which needs emotional and financial support. However, due to the stigma attached to their illness some are not getting support. As a result, they may feel isolated or alienated from others and feel like there are a burden to their relatives. Such people are likely to develop feelings of hopelessness and helplessness. They may end up trying to end their lives due to the negative feelings they have towards themselves, the world and their future (Schneider, 2012). In this regard the interpersonal psychological theory of suicidal behaviour and radical feminism help to elaborate on their reactions towards their condition. The interpersonal psychological theory states that people who are alienated from others and who also feel that they are a burden to other people are likely to develop suicidal thoughts (Joiner, 2005). Furthermore, radical feminism views patriarchy as the root of inequality between men and women or the social dominance of women by men in society (Honwana, 2012). Advocates of this theory argue that patriarchy divides rights, privileges and power primarily by sex as a result of oppressing women and being rejected by their partners from whom they were expecting support. Therefore, women’s experience of being disregarded and undermined triggered suicidal ideations due to oppression from their partners. This means that suicidal ideation in young female suicide survivors is attributed to lack of support and rejection by their partners.

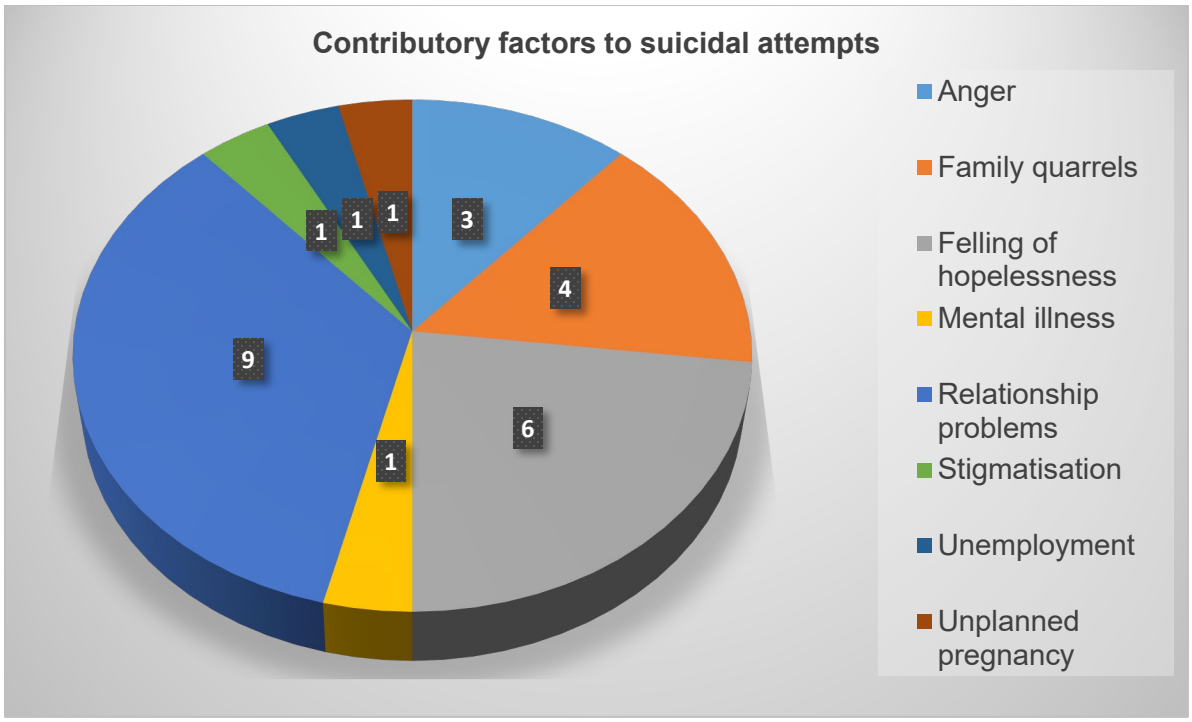

Figure 4: Pie chart for contributory factors to suicide attempt

The above graph illustrates factors that contribute to suicide attempt by young female suicide survivors. The graph shows that a high number of participants attempted suicide because of relationship problems and chronic medical illnesses. Unplanned pregnancy, unemployment and mental illness had low percentage compared to relationship problems and chronic medical conditions.

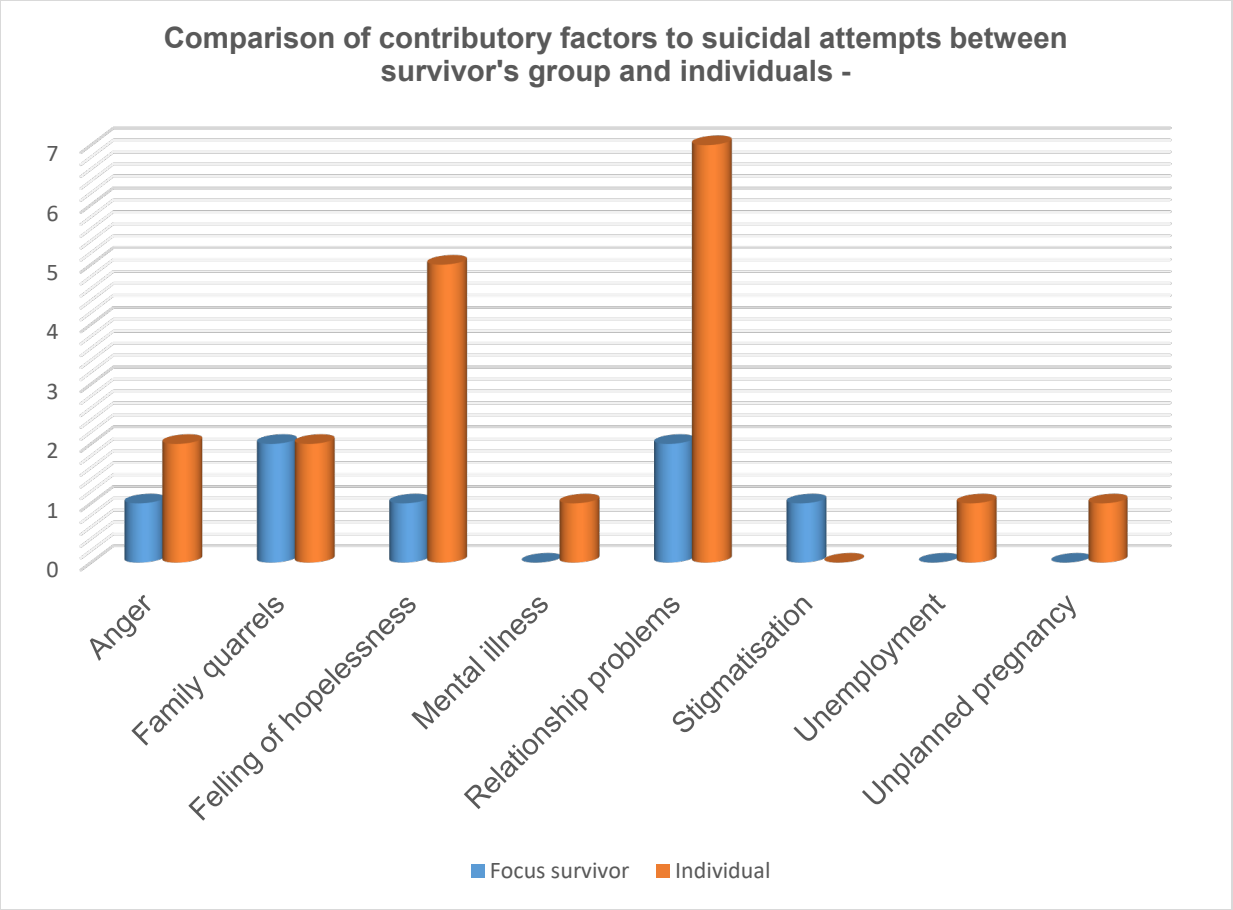

Figure 5: Bar graph of contributory factors to suicide attempt

The above graph compared the young female suicide survivors who participated in one-on-one interviews and those who were part of the focus group discussions. It illustrates the factors which overwhelmed the thinking capacity of the above-mentioned participants. It shows that feelings of hopelessness and misunderstandings were the most dominant in contributing to suicide attempts among the participants.

5.4 The effects of suicide attempt on young female suicide survivors and their family members

Suicide and suicide attempt are devastating and their effects can be severe to those who attempted to end their lives together with their family members. Losing your loved one due to suicide or being a survivor can be absolutely traumatic (Feigelman and Gorman, 2008). In this study participants and their family members presented were asked about the effects of suicidal behaviour. They indicated that the effects of suicidal behaviour were of psychological and medical nature. Stigma, abdominal pains, delayed academic progress, trauma and stressors related to their ordeal, eating and sleeping problems were some of the effects of suicidal behaviour. The following are the statements which have been solicited from the participants in relation to effects of suicidal behaviour.

Participant 1

"Since I have tried to end my life, I noticed that people from my village judged me as if I am mentally disturbed and I am also not free to go out and face the public because I can see many people now don't understand me".

Participant 4

"Am not happy and sometimes I feel lonely because people always said am not okay upstairs because of what I did. They think I am mentally disturbed others even said they are afraid to be with me because I am suicidal".

Participant 19

"I a*m a very shy person and feel like other people are talking about what happened to my daughter. Some people even said my daughter is mentally disturbed because a normal person cannot end her own life".*

The above statements show that participants 1, 4 and 19 were experiencing the same reaction or challenges since they were exposed to suicidal behaviour. The above-mentioned participants felt like other people were judging them and blaming them for what happened to them and their loved ones. Many community members were judging them and thought that these young female suicide survivors were mentally disturbed. The

participants also wanted to isolate themselves from other people. Subsequently, participants 1, 4 and 19 did not want to go out and socialize with other people due to the stigma attached to their suicidal behaviour. The negative comments from different people forced them to withdraw and stop engaging socially with other members of the community. They were afraid of being judged as people who were suffering from mental illness due to their suicidal behaviour. After their ordeal, participants 1, 4 and 19 were not happy because of their traumatic exposure and the way the community members perceived them. They were afraid to meet other people in public places because they always gave negative comments which aggravated their situation. Consequently, they became withdrawn and felt like there was no one who understood their situation.

The statements below were made by participants 12, 15 and 20 who were also affected by the suicidal behaviour. These participants felt as if other people were laughing at them and judging them for their suicidal behaviour. People saw them as people who are weak and having intellectual problems. In response to this they withdrew from social activities because they felt like everyone was talking about them. The foregoing argument is captured as follows:

Participant 12

This incident seriously affects us because other people are laughing at my daughter and saying bad things about her and me as her mother".

Participant 15

"*I am very affected because since my daughter tried to end her life I am afraid to go out. I feel like other people are talking about my daughter"*.

Participant 20

"*I could see that my daughter is afraid to be in public places since she attempted suicide and I also feel the same way. Since it happened I hate to be in public gatherings because I feel like everyone is talking about me and my daughter".*

In the above statements, participants 12, 15 and 20 suffered psychological effects due to the trauma they were been exposed to. Since this ordeal, they felt much better whenever they were on their own than going outside and socialize with other people. Being in public places worsened their problems because they felt like other people were gossiping about them. These participants were severely affected by suicide attempt as they were struggling to deal with it. They were being judged as weak people. Their family members were judged as the ones who failed to deal with their loved ones' challenges which led to their suicidal behaviour.

The above statements uttered by participants 12, 15 and 20 show that suicidal behaviour is also highly associated with stigmatisation. In this study, stigma was found to be the source of psychological effects to the young female suicide survivors together with their family members. As illustrated in the above statements, people were judging them as if they were mentally disturbed. Participants 12, 15 and 20 found it difficult to deal with their stigma. Furthermore, being blamed, judged and not accepted made them to isolate themselves from others because people did not offer empathy towards them (Osafo, 2016).

Participants 12, 15 and 20 faced extreme stigmatisation due to attitudes of community members and their extended family members that they are mentally disturbed. The participants were not taken seriously because they were viewed as weak people who could not handle their problems. Furthermore, chances of them attempting suicide again is very high due to the stigma (Witte, Smith & Joiner, 2010). As a result of the stigma, they could not even seek help because they were afraid of being judged and blamed. Shame and self-blame were a responses of participants 12, 15 and 20 to their suicide attempt. Stigmatisation is a mark of shame within the family which can also affect future generations due to the history of suicidal behaviour in their families (Osafo, 2016). The above statements by participants 12, 15 and 20 show the layers of stigma which are publicly perceived and self-perceived stigma (Corrigan, 2002). These participants were

afraid to be in public places because people were judging and blaming them for their suicidal behaviour.

In response to what the public was doing to them, participants 12, 15 and 20 also started blaming themselves for what they had done. They had to deal with stigmatization on their own as they were not getting the care and support of community members and their extended family members. For example, in the community when someone dies or is faced with life stressors other people often offer empathy and compassion. However, if a person has killed herself or if a family has lost a loved one due to suicidal behaviour, it is difficult for the community members to offer empathy. In this case the people who were supposed to offer empathy and compassion were the ones who exacerbated their problems and found it difficult to adjust (Osafo, 2016). Furthermore, the participants might have found it difficult to talk about suicide and the way they felt due to stigma attached to their suicidal behaviour. The fear of being judged, condemned and blamed also aggravated their situation. Consequently, these participants may end up isolating themselves and are also likely to have a second episode of suicide attempt.

Suicide survivors are judged more negatively than other survivors of any type of behaviour that may lead to death. Their families may also be judged and blamed as the ones who caused the problem which led to their suicidal behaviour. Being blamed and judged may be expressed through non-verbal and verbal cues. Feeling of shame may discourage family members and suicide survivors from seeking help from anyone including the extended family or other people around them (Cvinar, 2005). Loss of a loved one usually has a great impact. Such people may be blamed for the suicidal behavior of their loved ones. They may feel rejected, isolated, and likely to develop anger which may lead to suicidal behaviour (Witte et al., 2010).

As mentioned above the stigma attached to suicidal behaviour led participants to experience a feeling of rejection, isolation and anger (Scocco, Castriota, Toffol & Preti,

2012). Subsequently, they also felt that they were alone and also felt like they were a burden to other people. This is in line with what the advocates of the interpersonal psychological theory of suicidal behaviour stated, that when someone starts developing feeling of being alone and a burden to other people, that person is likely to develop suicidal thoughts. In this study the participants are likely to have a second episode of suicidal behaviour due to the stigma attached to their behaviour.

In the following statements made by the participants 2, 3, 9 and 11, effects of suicidal behaviour mentioned by these participants were of medical nature. Many of the participants complained about abdominal pains after they had attempted to end their lives by taking an overdose of tablets. The following extracts capture what the above participants cited as effects of the suicidal behaviour:

Participant 2

"*I am still suffering from abdominal pains. Another thing is that am not thinking appropriately and my concentration is very poor as compared to how I was prior the incident of trying to end my life".*

Participant 3

I am lagging behind in my studies because am in hospital and I don't have an idea on how am I going to be at the same level with other learners".

Participant *9*

"*To be admitted in hospital and losing some school lessons really affected me".*

Participant 11

My daughter's academic performance is affected she is not performing well since she attempted suicide it shows that she is not coping well".

Participant 17

"*My daughter is still suffering from abdominal pains and her studies have been affected because she was admitted for many days".*

In the above statements, participant 2, 3, 9, 11 and 17 highlighted the fact that medical and stalled academic progress are the effects of suicidal behaviour. In this regard, the above mentioned participants were suffering from abdominal pains after they had attempted to end their lives. They also performed poorly at school. This was due to their long stay in hospital which made them lag in their studies.

The foregoing discussion shows that medical and academic challenges experienced by young female suicide survivors are the main effects of suicide attempt by the participants. Below are statements made by participants 5, 6, 10, 16 and 18 which only focused on medical and psychological problems as the effects of suicidal behaviour. They talked about abdominal pains, hypertension, chest pains and the flashbacks as the effects of suicide attempt. They also talked about their traumatic exposure as a result of their suicidal behaviour.

Participant 5

"Prior admission I was having abdominal pains and scared if my intestine is damaged due to overdose I took and if I may develop chronic illness".

Participant 6

"As I am suffering from hypertension, I am also afraid that this may cause other medical problems or worsen my condition, and my baby was also affected psychologically because he told me about the incident and I can hear that he is traumatised".

Participant 10

"*I am just afraid that I may develop other medical problems which can be caused by the poison I have ingested because since I took an overdose I am suffering from abdominal pains and I am afraid if it will affect my uterus and became infertile"*.

Participant 16

"*I am very affected and I need help on how to face my husband who is a stepfather to my daughter because he is the one who made my daughter to think of ending her life. He is always shouting at her. Since it happened I cannot sleep having flashbacks of what I have seen when I found my daughter lying and have chest pains"*.

Participant 18

"*I am severely affected because my blood pressure is uncontrollable after hearing that my daughter attempted suicide because am always asking myself lot of question and not getting answers. I am also afraid to confront her because I am not sure if she will to do it again or not. So far I am worried because I don't know how to help her".*

The effects of suicide attempt were medical and psychological nature. Below are views from different scholars supporting the participants' argument based on their experiences. According to Recktilise *et al*., (2006) and Akechi *et al*., (2002), suicidal behaviour by ingesting toxic substances can lead to mental health problems and medical problems. As a result, some participants were complaining of poor concentration at school after they attempted suicide. This may be due to the poison they ingested and the overdose they took. Overdosing tablets can also affect one's health in different ways, such as medical illnesses. A few days and weeks after failing to end their life many participants started experiencing medical and psychological challenges. If someone took an overdose of tablets or ingested poison, they could experience medical problems such as abdominal pains, headache, dizziness, fainting with loss of consciousness and heartburn.

Abdominal pains were reported by participants who took an overdose of tablets. They said that taking an overdose of tablets interfered with their health because they suffered from abdominal pains. Furthermore, they thought they may could infertile. This statement shows that their ability to perform or participate in any other daily activities can be affected. This, coupled with social isolation, may lead to an increased rate of anxiety and

depression. Drug overdose is very dangerous and can lead to death. These effects were often linked with social and emotional consequences which may have negative impact on the participant's lives. (Pompilli *et al*., 2012). This shows that medical and psychological conditions can lead to stressful life events which decrease the quality of life.

Depression is very common in psychological conditions and can negatively affect the way people feel, think and act. Such stressful situations may cause feelings of sadness and loss of interest in activities that an individual used to enjoy. This can also lead to a variety of emotional and physical problems which can decrease a person's ability to function appropriately. Some of the participants mentioned that they were severely affected by the attempted suicide and were feeling depressed (DSM V, 2013). The following statements highlight some of the effects discussed above:

Participant 7

"*My mother does not feel comfortable when an alone in my room. This also makes me feel bad. And since I tried to end my life my mood is very low, not feeling happy and feel like I am lonely and no one who understands the way how I feel about myself.*

Participant 8

"*If I was dead it was going to be a serious problem to my mom and my son. Am also worried about myself and guilty feeling of what I did. Whenever I think about it I feel depressed and feels like I can try to end my life again."*

Participant 13

"*If she was dead no one was going to replace her, this was going to hurt me until I die and I am still shocked and scared*."

Participant 14

"*It affected me badly because I was unable to sleep and eat".*

After a suicidal act, there is a sense of numbness, as if life is not real, or that it must be happening to someone else. The experience of an attempted suicide is traumatic for all involved and the emotional consequences will have far reaching implications on the lives of the survivors and her family members. Some participants and family members reported that they were psychologically affected and not coping well with the ordeal. Survivors were also feeling guilty for what they had done to their families as family members were also feeling like they were the ones who made their loved ones to develop suicidal thoughts (Schlebusch & Burrows, 2009). People who are suffering from a prolonged depressive episode are particularly at a higher risk of engaging in suicidal behaviour (Sadag, 2011). When depressive symptoms begin to worsen, more energy is available for planning suicidal behaviour. Being depressed increases the likelihood of developing suicidal thoughts. For instance, the physical symptoms of depression resolve faster than cognitive symptoms so that an individual may have more energy to carry out destructive thoughts instead of constructive ideas. Therefore, survivors may also express intense fear on how other people are going to treat them including their family members. In most cases, depressed people are likely to develop eating and sleeping problems (DSM V, 2013 & Buus *et al*., 2014).

In this study the participants reported that they had academic challenges following their suicide attempt. Participants found it difficult to manage their studies. Due to long stay in hospital they were overwhelmed with their school work. This was also affecting them psychologically because they were trying to deal with the suicidal behaviour while at the same time trying to manage their school work. According to Orozco *et* al., (2018), there is strong association between low school performance and the risk of suicide and suicide attempt by young people. There is an increase of suicidal behaviour among students with low academic performance compared to those with good performance. The above argument shows that the participants and their family members were trying to deal with stressors which triggered suicidal thoughts in them, hence they tried to exert themselves more in their school work and this was also stressful. These participants were likely to

redevelop suicidal ideations due to the stressors they were going through in their lives (WHO, 2014).

The above discussion helped to identify the effects of suicide attempt by young female suicide survivors and their families. It was shown that suicide attempt had negative effects on the academic performance of the young female suicide survivors. The above statements made by participants 7, 8, 13 and 14 show that there is positive association between suicidal behaviour and academic performance. Subsequently, teens who have attempted to end their lives experience difficulties at school or perform poorly academically (Sadag, 2011).

Participant 3

I am behind in my studies because I was admitted in hospital for many days. It is also difficult for me to concentrate on school because I felt like everyone knows what happened to me when I was hospitalized.

Participant 4

"To be admitted in hospital and losing some school lessons really affected me and I am still struggling with what happened to me because most of the time I feel lonely.

Participants 3 and 4 said that being admitted in hospital had a negative effect on their studies. The long stay in hospital made them to miss many lessons. They said that they were struggling to manage their school work. Furthermore, they felt lonely because it was like other learners knew what had happened to them. What participant 3 and 4 said shows that being admitted in hospital had a negative effect in their lives because of lost time while in hospital and subsequent lack of concentration after being discharged from the hospital.

It is clear from the foregoing discussion that young female suicidal behaviour affected them negatively. The major effects suffered by the young female suicide survivors were

their rejection by community members, being blamed for their suicidal behaviour and judged as weak people who could not deal with their challenges. Therefore, the young female suicide survivors and their families developed a feeling of loneliness. They also felt like they were a burden to other people. As a result, they withdrew from any social activities and interaction with other people because of the negative comments from members of the community. This also increased the likelihood of developing suicidal thoughts. This means that young female suicide survivors and their families were at a higher risk of another episode of suicidal behaviour. Participants' responses had strong association with the interpersonal psychological theory of suicidal behaviour. This theory states that when someone has a feeling of loneliness and being a burden to other people such a person is likely to develop suicidal thoughts. The person may also isolate oneself and this may aggravate her suicidal ideation. Furthermore, the radical feminist theory had a significant role in this study. The young female suicide survivors and their family felt that they were discriminated against and oppressed due their exposure to suicidal behaviour. The oppression and discrimination by other people also led them to higher risks of suicidal behaviour. This was exacerbated by the fact that they were not accepted by their community and extended family members. Therefore, the interpersonal psychological theory and radical feminism were used to help unpack and explain the suicidal behaviour of young female suicide survivors and their families in this study.

Below is a pie chart showing the effects of suicide attempts. It helped to view the most occurring effects. The effects were psychologically (trauma, stigma, eating and sleeping problems), medically (abdominal pains) and academically (Delayed academic progress or poor concentration).

Effects	Participants			
	Family focus group	Survivors focus group	Individuals	Total
Abdominal pains	1		4	5
Delayed academic progress	2		3	5
Stigma	3		2	5
Trauma	1		1	2
Eating and sleeping problem	2		1	3

Table 3: Comparison of the effects of suicide attempt by participants

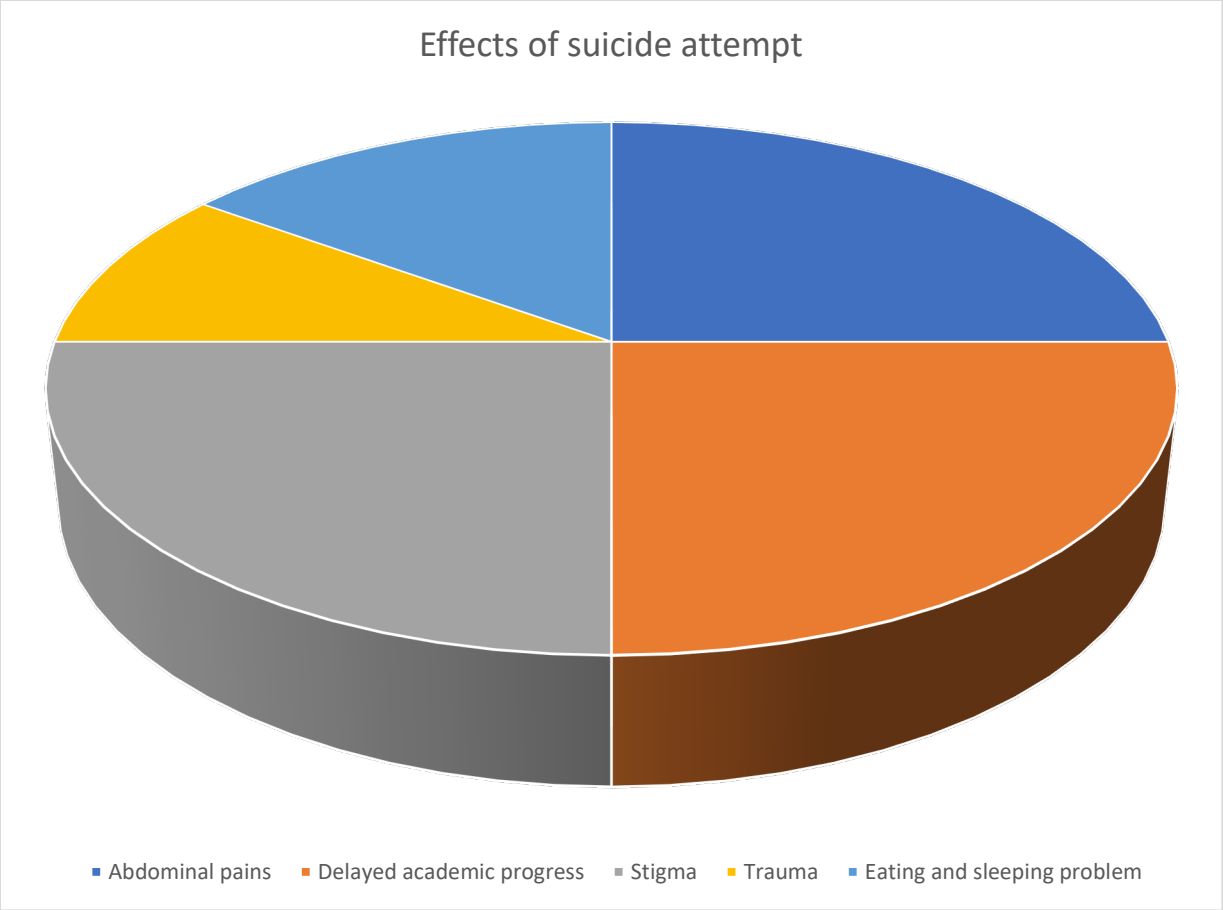

Figure 6: Effects of suicidal behaviour on survivors and family members

5.5 Coping mechanisms used by young female suicide survivors and their family members

Coping mechanism is defined as a cognitive and behavioural effort which is used to master, accept and reduce demands that exceed a person's resources. Coping mechanisms can serve as a protective component to regulate the negative effects triggered by stressful events and creating alternatives on how to solve problems (Feigelman & Feigelman, 2008; Sun, Long, Tsao & Huang, 2014). There are different ways through which the suicide survivors and their families can cope with their stressful situations. They may develop adaptive ways of coping or maladaptive ways of coping.

The statements below made by participants 1, 3 and 8 help to gain insights into the kind of coping mechanisms adopted by survivors of suicide to cope with their ordeal. As indicated in the excerpts below, family support was the commonest coping mechanism used by survivors of suicide attempt. The following extracts show that participants 1, 3 and 8 coped with their ordeal because of the support they received from their parents and children.

Participant 1

"What is helping me is my mother, she is very supportive and encouraging me to concentrate on my studies, my future and my son."

Participant 3

"My siblings are very supportive that makes me to realise that there is hope in my life and ending life is not a solution".

Participant 8

"*The support from my entire family is helping to forgot everything which lead me to suicide attempt. They told me that I am very important to them and they don't want lose me".*

The above statements show that family support helped participants 1, 3 and 8 to cope with their ordeal. They were encouraged to know that their presence was valued by their family members. As a result, they were made to feel irreplaceable. Participants also stated that the thought of their children and plans about their future made them to have hope. This helped these participants to cope with their situation.

According to Mugisha, Hjelmeland, Kinyanda & Knizek (2011), family and social support is very important to people who are faced with life stressors and support can come from different people. In this study, young female survivors were being supported by their family members, relatives and friends. The people around these young female survivors

helped them to cope with the stress by providing emotional support. The support which the survivors received from people close to them helped them and their parents to face the world positively. The emotional support they received boosted their morale, self-esteem and enthusiasm about life.

Having people like family, relatives and friends around and who provide support help the suicide survivors to cope with stress associated with suicidal behaviour. The people offering support to the survivors empathize and inspire hope in them. This support makes it easier for the survivors and to manage and cope with their stress.

The statements below were made by the young female suicide survivors and their family members. These participants mentioned that the support they received in hospital from the health care professionals helped them to cope with their ordeal.

Participant 1

"*The support I received from the nurses in the ward was very good. They counselled me and I started to pray for myself as a way of trying to deal with all the memories".*

Participant 2

"It's the advice I received from people I was admitted with in the same ward, they encouraged me to find someone to talk or come to the hospital and consult whenever I face challenges in my life than to think of ending my life".

Participant 4

"The support I got from the counsellor who works in hospital, the counselling I received helps me to realise who am I counselling session and by telling myself that I will be fine".

Participant 5

"The counselling sessions that I received while admitted in hospital really helped me on how to cope with my ordeal. It also enlightened me on how to deal life challenges in future rather than to take your life"**.**

Participant 6

"*The doctor who assisted me in the ward referred me to the Social worker and Psychologist for counselling and their counselling sessions helped me a lot. I also learnt that it is important to talk to someone whenever faced with problems than to deal with it alone".*

Participant 19

"*The counselling session I received in hospital was helpful and it helped me have move on with my life not even caring of what other people are saying".*

Participants 1, 2, 4, 5, 6, and 19 reported that they were coping well with the support from health care professionals. They stated that they received supportive counselling while in hospital and after. The counselling sessions helped them immensely on how to cope with their ordeal. They mentioned that sharing their experiences with other people also made them to cope well. They also realized who they were and what was important in their lives. They stated that they have seen the importance of ventilating their emotions with someone.

Professional help and positive attitudes toward life also are also viewed as important protective and coping mechanisms when dealing with traumatic exposure to a suicidal act. Finding someone who is a good listener helps survivors to positively deal with their ordeal. It was seen as very helpful to get support from the health-care professionals such as psychologists, counselors, social workers and nurses. (Smith *et al*., 2010).

According to Zhang, Wieczorek, Conwell and Ming Tu (2011), positive attitudes towards life are regarded as a good coping mechanism. This helps the survivors to view life and their experiences in a positive manner. That way they can find better ways to understand and embrace whatever situation comes their way. Their positive mindedness also helps them to be able to respond in a way that is helpful to themselves and others around them. Learning relaxation techniques like deep breathing can also help survivors to stay positive and experience their emotions without feeling overwhelmed.

The above statement highlights the fact that support from the health-care professionals really helped them to cope well with their situation. However, there are other coping mechanisms which other participants found them useful in the situation. Underneath are some of the coping mechanisms used by the young female suicide survivors and their families to cope with their ordeal.

Participant 7

"*What is helping me to cope is that I am a Christian, I believe in God, then am praying for myself I am getting better day by day and I believe that God will help me. Am also focusing on my family which really needs me and they are very supportive*".

Participant 10

"*I am praising God and keep on praying day and night that he saved my daughter's life".*

Participant 11

"*I am always praying believing that God will help her not to think about suicide anymore in her life. I also go to my spiritual father and he gave some holy water which helps to fight those evils thoughts of suicide".*

Participant 12

"*I am trying to be strong because of the support I got from the nurses in hospital and always keep myself busy so that she can forgot about everything happened to me*".

Participant 13

"I believe in God, so I told myself that my God is the answer in everything. Being a Christian gives me strength to overcome this problem".

Participant 14

"I am coping very well because my mother took me to the prophet and he prayed for me. He told me that everything is going to fine. His prophecy gave me strength and positive attitudes towards my life".

Participant 17

"I am praying day and night and I believe that my God is going to help me overcome this and gain strength to move with my life".

Participant 18

"I believe in God, that he is the answer and the only solution to this problem and also attended the counselling session which was helpful".

Participant 20

"*The church members are helping me to cope very well because since they had about this they are coming to my place and pray with my family*".

Participants 7, 10, 11, 12, 13, 14, 17, 18 and 20 stated that spiritual intervention helped them to cope with their ordeal. Their spiritual beliefs made them to find it easy to cope with their situation. Their belief in God gave them strength and helped them to overcome their challenges. These participants expressed their gratitude for the support they received from their prayer partners and church members helped them.

The young female suicide survivors and family members coped with their ordeals through their spiritual beliefs. It was pointed out that prayer was the most important coping mechanisms which helped survivors of suicide to cope.

Furthermore, survivors and family members believed that seeking intervention from other people was not going to be helpful because they believed that such people were not going

to understand what they were going through and it was going to delay their recovery process. The support from church members through their religious teachings on love and faith also helped them immensely. According to the participants, being involved in religious activities was the greatest weapon for them to cope with their suicidal behaviour. The above statements made by the young female suicide survivors show that together with their family members, were helped to understand and manage their life challenges through prayer. Furthermore, this highlights the strong association between prayer and overcoming negative feelings or views triggered by the suicidal behaviour (Smith et al, 2010).

The spiritual beliefs of the survivors and family members helped them to focus on the support they received from their church members and prayer partners. Such an action helped to minimize the chance of sharing their ordeal with people who might not be helpful spiritually. This was extremely important for the survivors because they believed that telling any people other than their fellow Christians about their ordeal was not going to help them. They thought that such an action was going to worsen their problems because those people could gossip about their problems with other people. For them, prayer was their only reliable solution to their problems (Mugisha *et al.*, 2011 & WHO, 2014).

Participants used prayers and interaction with other people around them as a way of coping with stressors caused by their suicidal behaviour. However, their major coping mechanism was involvement in spiritual activities such as home cells and night prayers. Besides engaging in spiritual activities with other church members, the church also organized social gatherings where they could have fun with the survivors. Having fun with church members and friends also helped the survivors to cope with stress triggered by their suicidal behaviour. The availability of church members and friends making funny comments and laughing made them feel better as these make them to forget about their suicidal behaviour.

The statements below were made by the family members of participants 15 and 16. They highlighted that self-consolation was helpful for the suicide survivors to cope with their suicidal behaviour.

Participant 15

"I am trying to ignore what happened and live like nothing happened to her because I knew she was seeking attention. I am telling myself that she learnt her lesson but am happy because she is still alive".

Participant 16

"What makes me to cope and feel good is that my daughter is still alive although I know that she needed of attention".

Participants 15 and 16 mentioned that the realization that their loved ones were still alive made them to cope with their ordeal. Another consolation was that the suicidal behaviour was an attention seeking behaviour. These participants told themselves that the suicidal behaviour taught their daughters who had survived suicide a lesson. They thought going through this ordeal was going to help the survivors to deal with life stressors in a constructive way.

This shows that family support and spiritual beliefs were the most used coping mechanisms by young female suicide survivors and their family members. This indicates that having good support from the family and believing in God could help one to deal with the feelings of loneliness and burdensomeness which were explained as triggers of suicidal behaviour. Family support and spiritual beliefs of the survivors and their family members also helped them to cope with their suicidal thoughts which were caused by their exploitation, discrimination and marginalisation by other people within their families and community (McClennen, 2010).

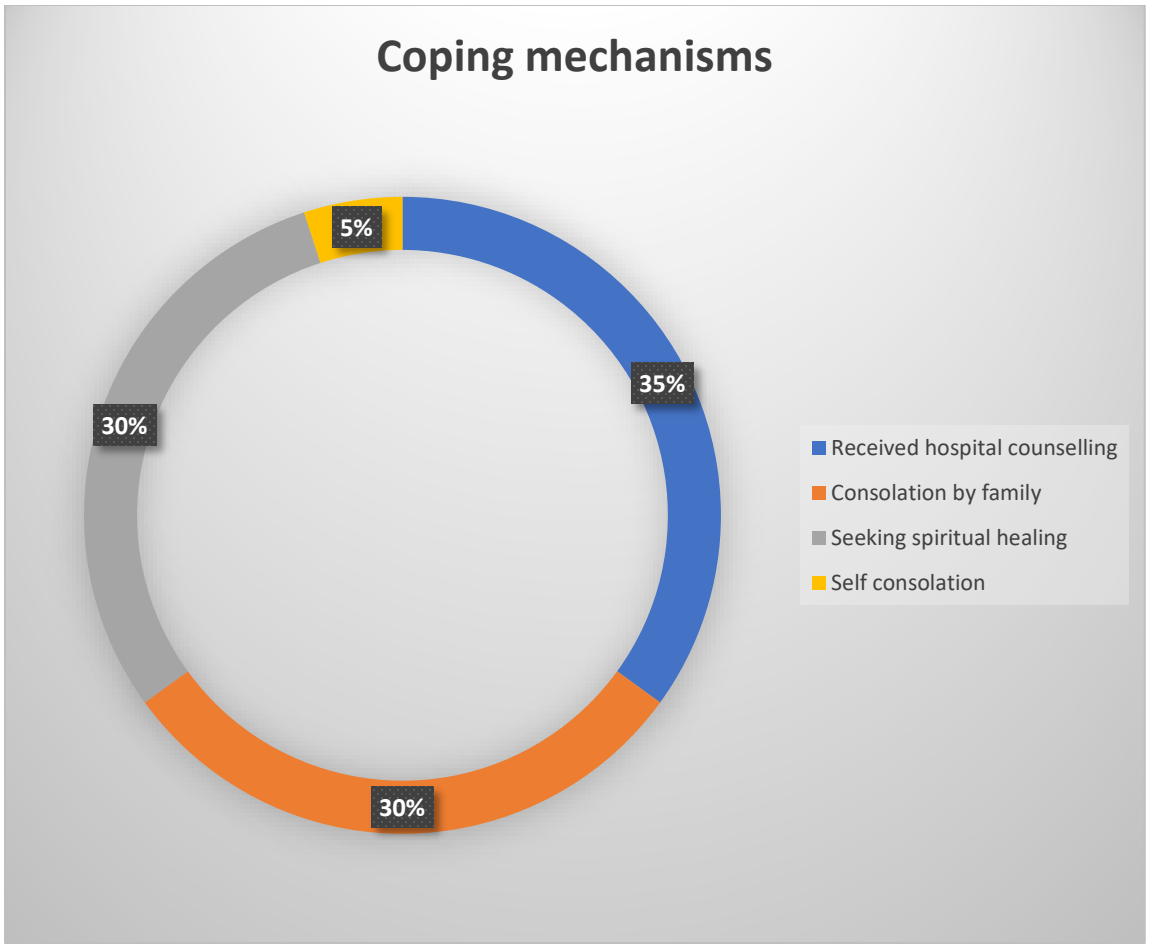

Figure 7: of Coping mechanisms by suicide survivors and their family members

The above graph illustrates the coping mechanisms which helped the young female suicide survivors and their family members. The majority of the participants coped with their ordeal through the counselling sessions they attended at a hospital (35%), followed by consolation by the family (30% and spiritual healing (30%) and the least popular coping mechanism was self-consolation.

5.6 Support systems for young female suicide survivors and family members

This objective aimed to assess if there was any available support for young female suicide survivors and their family members. The responses were given by the survivors and their

family members. Their responses were based on their experiences after the ordeal of suicidal behaviour. Below are the statements given by the participants.

Participant 1

"Since I attempted to end my life I am getting support from my mother, she is very supportive in a manner that she does not want to see me alone."

Participant 2

"I am receiving support from my mother and my elder sisters. They told me that I am very important in their lives and whenever I faced challenges I must talk to them than to take decision alone."

Participant 3

"After this problem I am receiving support from my mother. I can see that she was hurt and I am also trying my best to make her happy and appreciate the support she giving me."

Participant 4

"At home all people are very supportive, because they always saw good things about me and how much they loved me."

Participant 5

"I am getting support from my family members only, I mean my mom sisters and brother. They always encouraged me to forget about the past and what other people are saying about me."

Participant 6

"I am receiving good support from my mother and I can see she rely cares about my life and want to see me happy all the time."

Participant 7

"I am receiving support from my brother, he also told me to feel free to talk to him when I felt lonely".

Participant 9

"My parents are very supportive because they came to see me in hospital every day, every visiting hour. They said they can't wait to see me home".

Participant 10

"I am getting support from my mother because with the help from the hospital I disclosed my status to her and she is very supportive".

Participant 12

"I am getting support from all my family members because they always want to see me happy. Their visit to my family and love they giving me is helping me a lot to overcome this ordeal. Without their support, it was not going to be easy for me to cope"

Participant 13

"My in laws are very supportive. This made me to realise that I am of important to them and everyone. The support I am getting made me to regret what I have done."

Participant 14

"My family is very supportive, this problem made me to see how important I am to people very close to me they always strive to see me happy all the time".

Participant 15

"My siblings are supportive although they are afraid to come to my house because they are scared to meet the father of my child".

Participant 16

"There is good family support and they are also treating me like nothing happened".

Participant 17

"I am getting support from my husband and mother in law, their support is giving me the strength and also made me to be positive."

Participant 18

"My siblings are very supportive and always tells me that it is their duty to see me happy and I don't have to feel lonely in this situation I must feel free to talk to them".

The above responses indicate that the survivors were receiving helpful support from their relatives, especially their parents. This illustrates that support was available from their close relatives as well as from friends, colleagues and classmates. According to the participants support from their families was helpful and made them to realise that they were very important to their families.

The statements above demonstrate that relationships between the family members and social networks can build a strong support system. Hence family support is oriented to family stability and general family functioning compared to a parent centred support. In this study, the family support was focused on the social, health and psychological well-being (Chau, Kabuth & Chau, 2014). The above statements show that family members were trying their best to support their loved ones by empowering survivors socially and psychologically for the sake of their well-being. This illustrates that family support is of importance for suicide survivors together with their family members because they need social and emotional support.

If the family support systems is not available this may lead them to a second episode of suicidal behaviour. According to Mugisha *et al*. (2011), the social support from relatives and friends helps survivors and family members to boost their moral, self-esteem and enthusiasm about life. In addition, having people like family, relatives and friends who provide support help the survivors and family to cope with stress associated with suicidal behaviour. This demonstrates that family support has indeed helped the survivors to cope with their ordeal.

The statements below were in response to the above study objective on the availability of support systems for young female suicide survivors and their family members. The

statements uttered by participants 8, 19 and 20 regarding the availability of support systems are as follows:

Participant 8

"I am getting support from my mother and friends from church. They read the word of God and encouraged me to have positive attitudes towards my life through the word of God".

Participant 19

"I am getting support from my family, pastor and other church members they always pray for and kept on reminding me that God still loves me."

Participant 20

"I am getting support from mother, friends and family friends from church. When they pray for me it gave me hope and become aware that they are people who really care about my life."

The participants indicated that since their ordeal they had received support from their families, pastors and friend from their churches. The availability of support from survivors' families, pastors and friends helped them to cope with their ordeal and also in stilled a positive attitude towards life because they were now able to understood, embrace and cope with their situations. The participants also highlighted that the feeling of not being judged and blamed by their friends was also viewed as useful support. However, there was one participant (participant 11) who expressed a contrary view to what was stated by participants 8, 19 and 20. Participant 11 view is captured as follows:

Participant 11

"I am not getting any support since I attempted suicide. Even at home they are judging me for what I did. But am trying my best to be fine and am feeling good even if there is no one supporting me because this is my life alone".

Participant 11 did not receive any support, meaning that she was on her own. Despite this, she was coping with her ordeal because she thought that she was the one who was supposed to deal with her situation, whether there was support or not. Lack of support from people close to the survivors could lead the survivors to second episode of suicidal behaviour.

With regard to the study objective on the availability of support systems for the survivors and family members, there was sufficient empirical evidence to show that most of the support to the survivors was given by close relatives. Consequently, this assisted the survivors and their families to deal with the ordeal in a constructive manner (Mugisha et al., 2011). It meant that the feeling of being alone and a burden diminished due to the support from people close to the survivors and their families. As a result, the survivors and their families no longer experienced a feeling of loneliness and burdensomeness which could have been generated by their oppression, marginalization and discriminated. Hence the lack of support could also lead to feeling of being lonely (Joiner, 2005). Availability of support systems for the survivors and their families helped survivors to cope with the feeling of being discriminated by other people (McClennen, 2010).

5.7 Intervention strategies to curb suicidal behaviour

Intervention strategies are a combination of programmes designed to produce behaviour changes to improve the quality of life of the entire population (WHO, 2012 and Bolderdijik, Gorsira, Keizer & Steg, 2013). These strategies may include different programmes such as awareness campaigns in health promotion and recreational activities. Furthermore, the designed intervention strategies can help to address problems emanating from the suicidal behaviour of young female suicide survivors. Some of these strategies are captured in the statements below.

Participant 1

"If the government can create after-school youth programmes which can keep young people busy. Such programmes can help them from engaging in unhealthy behaviours which may endanger their lives.

Participant 2

"The government and community members should organize sport activities and youth related programmes. These activities can keep young people busy and avoid engaging in unhealthy behaviour".

Participants stated that recreational activities can help reduce suicidal behaviour among young people. They thought that if the government and community members could work together and come up with a strategy which could help develop young people he rate of suicidal behaviour by young people could decline. Sporting activities could keep young people busy and also help them focus on their studies and other activities which can empower them.

The statement made by participants 1 and 2 can also be supported by views from different scholars. In 2007, the national recreation policy was published in South Africa to provide a framework for the promotion of appropriate recreational opportunities among young people. The policy covered both organised and casual activities that young people engaged in during their free time (Hunter & Csikszentmihalyi, 2003; Renninger, 2000).

Formal and informal recreational and leisure activities are very important for personal and community development and are viewed as an empowerment tool for physical, social and emotional development of young people (Beauvais, 2001). The formal activities include organized sports activities and skill based. On the other hand, informal activities include individuals' hobbies as well as social and physical activities. The use of recreational activities help young people develop a variety of skills and competencies. Young people can form friendships, achieve physical and mental health which can help them to deal with psychosocial stressors they may encounter in their lives. Furthermore, recreational

activities can help improve their emotional well-being, develop self-identity and also acquire sense of meaning and purpose in life (King, Law, Hanna, King, Hurley & Rosenbaum, 2006).

The statements below made by participants 3, 4, 5, 6, 9, 10 and 15 were suggest the different that intervention strategies which can help curb suicidal behaviour. Most of the participants emphasized the importance of awareness campaigns to deal with life stressors.

Participant 3

"Young people need to be educated about life by elderly people and the professionals".

Participant 4

"Young people should be given support through health talks and encouraged on how to support those faced with life challenges."

Participant 5

"People should be taught how to understand and not to judge the person who tried to end his/her life. The community also needs to be educated that they must not look to judge the survivors".

Participant 6

"Social workers, psychologists and pastors should be invited to the community meetings so that they can help empower young and elderly people on what needs to be done whenever faced with challenges.

Participant 9

"The social workers, psychologists and pastors to visit schools for awareness campaigns on how to deal with challenges at home, school and community".

Participant 10

"The professionals should go to the community and teach people on how to deal with life challenges and other illnesses. They should also tell other people not to judge the survivors and their family members".

Participant 15

"Young people should be educated on how to deal with life challenges and counselling is also very important".

As indicated above most the participants highlighted the need for health education and promotion in communities and schools. The participants also indicated that health care professionals should be given an opportunity to deliver health talks in community meetings and schools that can help to promote healthy lifestyle. Participants also stated that many people in the community lack knowledge on how to deal with life stressors or are not even sure what to do when faced with life challenges. Therefore, it is important to introduce awareness campaigns in communities and schools. The community members also need to be educated on how to assist the suicide survivors than to judge them.

There were participants who thought seeking spiritual help and counselling could help people to deal with suicidal behaviour in communities and schools. Below are some of these views:

Participant 7

"*In the family, there should be a representative who will play a role of assisting those with life challenges. Family members should encourage each other to pray and believe in God whenever faced with challenges."*

Participant 8

"Counsellors and other health care professionals should visit communities, schools and churches to conduct health talks on how to deal with life challenges"

Participant 12

"It would be helpful if there can be people in our community who can help those with problems. People should avoid keeping the problems to themselves. They should also seek spiritual intervention for their problems to be solved".

Participant 13

"Parents should have good relationships with their children and allow their children to share their problems with them. Parents should also take responsibility of seeking help for their children from health care professionals".

Participant 14

"Definitely counselling can assist because I don't have many words to say".

Participant 16

"I think when young people are faced with life challenges they should talk to their parents or any other person they feel comfortable to ventilate their emotions like social workers, pastors and psychologists".

Participant 17

"I don't have an idea but I think health care professionals can help more by offering counselling".

Participant 18

"It is very important to seek help from the professionals who can assist with problem solving skills such as social workers, psychologists and pastors. Whenever faced with life challenges, a person should not keep the problem to oneself because it is difficult to find solution alone."

Participant 19

"Children need to be educated on how to admit and apologize whenever they are wrong. They can consult the social workers and their pastors. They don't have to attempt suicide as a way of solving their problems. Parents also need to address problems not in a harmful way and avoid not being harsh when disciplining their children."

Participant 20

"It is important to talk to someone whenever you are faced with challenges or to seek help from people who are trained to help solve problems and I learnt that in a situation like this it is important to have a family which is very supportive. In addition, sharing is also very important than to keep problems to yourself".

These statements indicate that the involvement of the different stakeholders such as health-care professional and pastors could curb the high rate of suicidal behaviour in communities. Health awareness campaigns were cited as a strategy to inform and empower community members on how to deal with life stressors. Participants mentioned that counselling sessions and spiritual support can help curb suicidal behaviour. Support from different stakeholders also provides suicide survivors and their family members with an opportunity to ventilate their emotions in their search for a solution to their problems. In addition, counselling sessions can also help suicide survivors and their family members to deal with stigma attached to suicidal behaviour.

Bouder (2013) acknowledges the critical importance of public awareness campaign as a strategy to raise awareness about a key issue and include a desired positive behavioural change. This means that awareness campaigns can be used to provide health information which can help members of community on how to deal with challenges they come across in life. In the context of this study, awareness campaigns can be used to induce an individual behaviour change with regard to suicidal behaviour (Bounder, 2013 & Coffman, 2002). Individual behaviour change will encourage the young female suicide survivors and other people to modify a specific behaviour from less socially desired to more socially desired behaviour. To realise this, problem solving skills and good communication skills within their community, families and schools are critical.

According to Van der Feltz-Cornelis, Sarchiapone, Postuvan, Volker, Roskar and Tancic Grum (2011), health-care professionals such as nurses, social workers, psychologists

and counselors can play an important role in curbing suicidal behaviour. Given that they may be a first point of contact in response to young people's feelings, health-care professionals can be able to recognize people with suicide thoughts and can also treat and manage suicidal behaviour. In other words, health education by health-care professionals based in the community can help to detect early signs of suicidal behaviour. It could also help to determine the level of care and referral for treatment and subsequent prevention of suicidal behaviour. In addition, they also have the knowledge, skills and assessment tools that can help them to recognize and address suicide risk. Understanding of the social factors and health inequalities that lead to a sense of hopelessness and despair is also crucial. The way other people make sense of certain aspects in their lives and the way they respond to challenges is also important.

Awareness campaigns can be done through different media such as television, radio, newspapers, magazines, brochures, billboards and posters. This approach makes it easier for the community to receive information which can equip them with knowledge and skills of dealing with life stressors which can trigger suicidal thoughts in them. The information can also be conveyed in different ways that impact on people's knowledge such as provision of general information, facts and figures of suicide rate so that people become aware of suicidal behaviour in their country. Such information can be made available through broadcasts or other media (Wakefield, Loken & Hornik, 2010).

The statement below made by participant 11 highlights the importance of parental support to children who do not stay with their parents. Support from both parents makes it easy for children who may be experiencing challenges in life. The parents are able to complement each other in providing support to their children. Support from both parents increases the chance of hope in the child to deal with whatever problems they are facing.

Participant 11

"Family support should be strengthened, especially to children who are staying with separated parents. Parents should allow their children to visit each other understand that children should go and visit the other parents".

Participant 11 stated that family support can help alleviate the suicidal behaviour in communities. This participant emphasized that it was very important for the divorced parents to have a good relationship for the sake of their children. Other close relatives have to accept that children whose parents have separated need support from both parents.

In this study there are different intervention strategies which were found to be helpful in curbing suicidal behaviour. These intervention strategies are designed to empower individuals on how to deal with external and internal factors that may trigger suicidal thoughts as well as and how to detect the signs and symptoms of suicide. For instance, there are major intervention strategies such as the family and community based interventions such as good parent–child relationship, media awareness campaigns, youth awareness campaigns, seeking spiritual healing and provision of counselling services. On the other hand, providing insight into factors associated with suicidal behaviour and also what needs to be done. The above mentioned intervention strategies can help to empower young and elderly people involve encouraging them to engage in physical exercises, anger management, self-comfort and closure.

The community and families are at high risk of suicidal behaviour, especially by young females. Therefore, intervention strategies are crucial to empower both young and elderly people. The fatal and nonfatal suicidal behaviors within the communities and families were linked with conflict and misunderstandings between members of the society, parents, children and friends.

Separation of parents a history of suicidal behaviour and substance abuse are highly associated with suicidal behaviour. The community and family can be described as any group of people who share geographic space, interests and goals (McIntyre and Ellaway, 2000). In addition, they normally share common beliefs or ideologies such as religion. The community and family based intervention strategy focuses on improving the population's health. This can be achieved by addressing the importance of behaviour change. By so doing their knowledge and attitude towards suicidal behaviour can change. Therefore, the key features for flexible and dynamic interventions such as campaigns can be implemented effectively and the screening tool for assessing suicide risk can also be introduced to the community and families so that they can able to detect signs of suicide. (Kindig & Stoddart, 2003, Guo & Harshall, 2002).

Suicide is the second leading cause of death among young people aged 10-25 (CDC, 2014). Schools were found to be the unique environment wherein youth suicide risk was high. In this study, it was also found that there is a high number of young people who attempted suicide. Therefore, the purpose of the school-based intervention strategy is to come up with the best approach and existing empirical support (e.g. suicide screening tool) for school suicide prevention (Cerel, Maple, van de Venne, Moore, Flaherty, & Brown, 2016). This intervention strategy would also focus on the behaviour change, skills training, social activities and emotional support for the students at higher risk (Bouder, 2013). This strategy should also involve the Department of Education, educators and parents. This strategy can assist the Department of Education to empower learners through problem solving skills which can help them to deal with their social and emotional problems. It can be more effective by designing the screening and assessment tools which should be linked to a subject such as Life Orientation (Shekelle, Baglays & Malajas, 2009). With the help of information drawn from the theories cited in this study, the above-mentioned intervention strategies can help young and elderly people to deal with feelings of loneliness, being a burden to others and discrimination which are factors which trigger suicidal thoughts in young people.

The network diagram below gives detailed explanation of the interventions strategies which can help curb suicidal behaviour. It was developed based on the participant's responses.

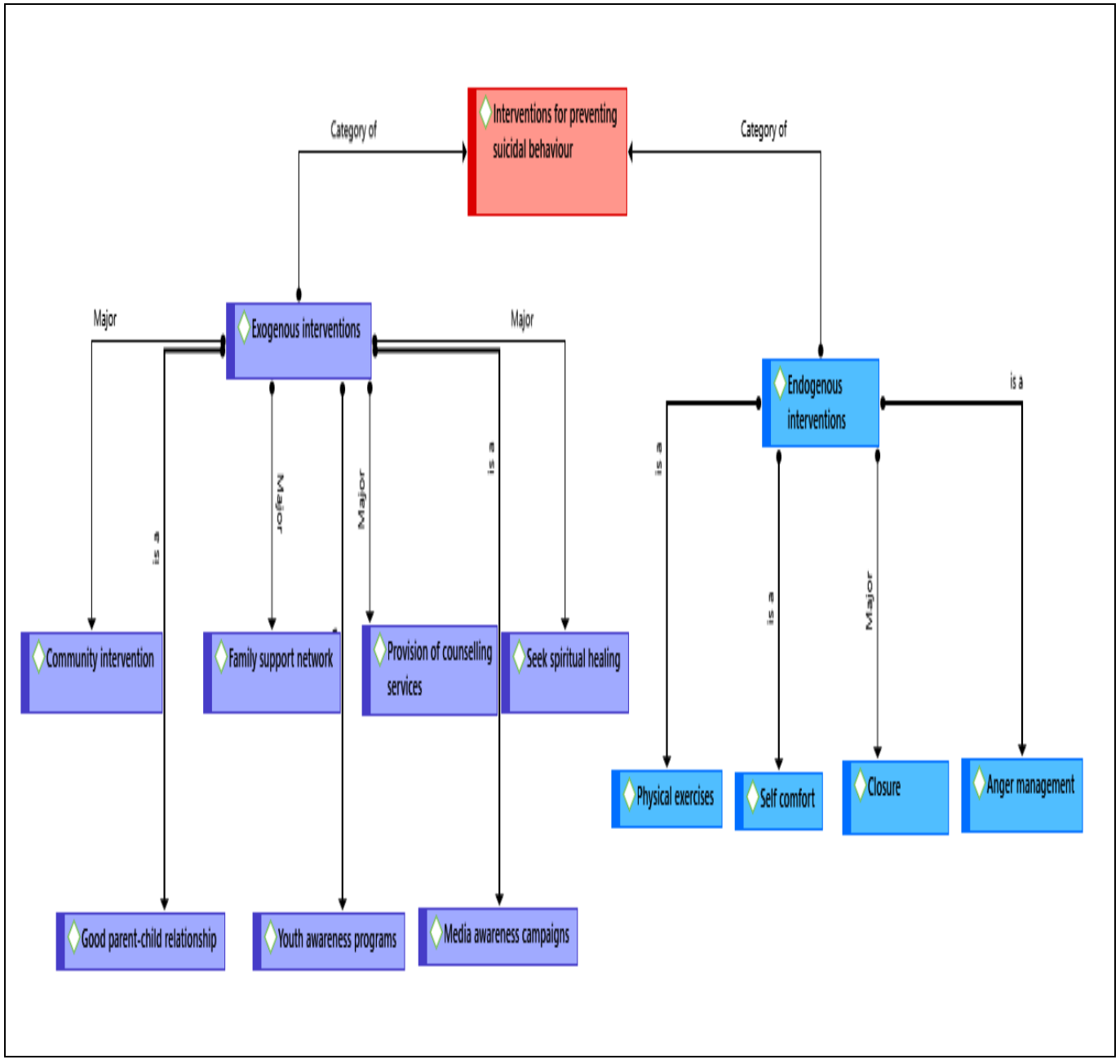

Diagram 2: Network diagram of intervention strategies

5.8 The intervention strategy developed by the researcher

In this study the researcher came up with some intervention strategies. The strategies were developed based on the findings of the study. It was also guided by the major contributory factors of suicide attempt. The purpose of designing an intervention strategy is to find a tool that can help curb suicidal behaviour amongst young females in rural and urban areas, including the literate and illiterate females. Data from participants and literature helped develop a comprehensive strategy to prevent suicide and suicide attempt. Below is a discussion of the strategy and its elements.

5.8.1 The ERAPS suicide intervention strategy

ERAPS is an acronym for empowerment, resilience, assertiveness, problem solving skills and self-awareness. These concepts were put together to coin the name of a strategy which can be used to help curb suicidal behaviour among young women. All the concepts used to coin the name of this strategy have the much-needed principles which can empower young and elderly people to be able to deal with triggers of suicidal behaviour. It was found that the majority of young female suicide survivors attempted suicide due to lack of empowerment, resilience, assertiveness and problem-solving skills whenever they are faced with life and contextualization of the various concepts. Their solution was suicidal behaviour due to the lack of the above mentioned important aspects. Below is a discussion of the concepts used to coin the ERAPS suicide prevention strategy which can be used to address suicidal behaviour.

5.8.1.1 Empowerment

According to the WHO (2014), the word empowerment refers to measures designed to increase the degree of autonomy and self- determination in people and in communities to enable them to represent their interests in a responsible and self-determined way and acting on their own authority. This is the process of becoming stronger and more confident, especially in controlling one's life. This is a process of self-empowerment which can also take place through professional support which enables someone to overcome the sense of powerlessness, lack of influence and to recognize the use of resources. In this study, it was observed that young females need to be empowered at younger age so that they can be able to act on their own considering their own interests. Once they are empowered, they will not be shaken by whatever challenge they face in life.

5.8.1.2 Resilience

This is defined as a persons' ability to effectively cope, adjust or recover from a stressful situation (Rutter, 2012). In life, everybody has different levels of psychological resilience. This simply means that some people may cope better than others when faced with challenges. For example, what affects one person may have little impact to another person. Therefore, it is also of important to educate young females about resilience so that they can able to understand that when faced with life stressors people cannot use the same coping mechanisms. They also need to be informed that having resilience can help buffer the adverse effects of stressful life events. This can help one to have an effective way of dealing with problems. This can also help them to adapt in every situation, to develop constructive coping skills, self-regulation and social support. This is very important to be impressed upon people‘s mind at a younger age. This is necessary because if an individual lacks resilience that person is at higher risk of depression and other mental conditions which can trigger suicidal thoughts (CDC, 2014).

5.8.1.3 Assertiveness

Assertiveness is defined as the ability to stand up for oneself when there is a need to express one's emotions. In this case, one will express one's opinion while still respecting those who need to be respected. A person with assertive skills can be able to describe their behaviour, express their own feelings and negotiate a change in life. Therefore, if women are empowered to develop assertive skills at a younger age they can be able to deal with any life challenges they encounter in their lives. Assertive people are always able to voice out their opinion without disrespecting others. By so doing their self-confidence or self-esteem improves. Assertive people are not easily overwhelmed by life stressors. Therefore, they can solve problems effectively (Bourne, 2000).

5.8.1.4 Problem solving skills

This refers to an individual's ability to solve problems in an effective and timely manner without any impediments. It also involves being able to identify and define the problem by generating the best alternatives and selecting and implementing the suitable solution to a problem encountered. The lack of problem-solving skills can lead someone to destructive ways of dealing with problems. Most of the participants interviewed in this study displayed suicidal behaviour mainly because of their lack of problem-solving skills. It is will important to equip both young and elderly people to problem solving skills so that they can be able to effectively deal with any life stressors encountered (Saygili, 2017).

5.8.1.5 Self-awareness

This is about having a clear perception of your personality, including your strengths and weaknesses, thoughts, beliefs and emotions. This also helps a person to understand other people. Self-awareness helps one to be able to perceive things and to determine

attitudes and develop responses to all the situations. Self-awareness is the first step of creating what one wants in life and where one focuses one's attention, emotions and reactions. This can also determine where one is going in life. It can help one to control his or her emotions and behaviour. Self-awareness helps one to discover who one is and how important one is to other people. This is of importance because if one has a better understanding of oneself, such a person can experience oneself as a unique, special and a separate individual (Duval & Silvia, 2002).

The above elements of the ERAPS suicide prevention strategy can be helpful for both young and elderly people in dealing with life stressors in positive way. When an individual is empowered, strong and self-confident, it is not easy to be shaken by any challenge they face in life. This can help one to have an effective way of dealing with problems, developing constructive coping skills and adapting in every situation. In addition, an individual equipped with the above discussed elements, such a person finds it easier to express one's opinion. If one can understand one's behaviour, express one's own feelings and negotiate a change in one's life, such a person cannot be overwhelmed by challenges which they experience in life. This shows that ERAPS prevention strategy exposes individuals to a variety of skills which can assist them in dealing with life stressors in a positive way.

5.9 Suicide screening tool

This is a screening tool which has been developed by the researcher to help the suicide survivors, community and family members and other stakeholders to identify the signs and symptoms of suicide. Such an exercise can help people to be aware of and understand the situation they face or faced by their family members. This can ultimately be useful for them to know what needs to be done to deal with the identified situation. The diagrammatic representation of the sucide screening tool is as follows (See the next page)

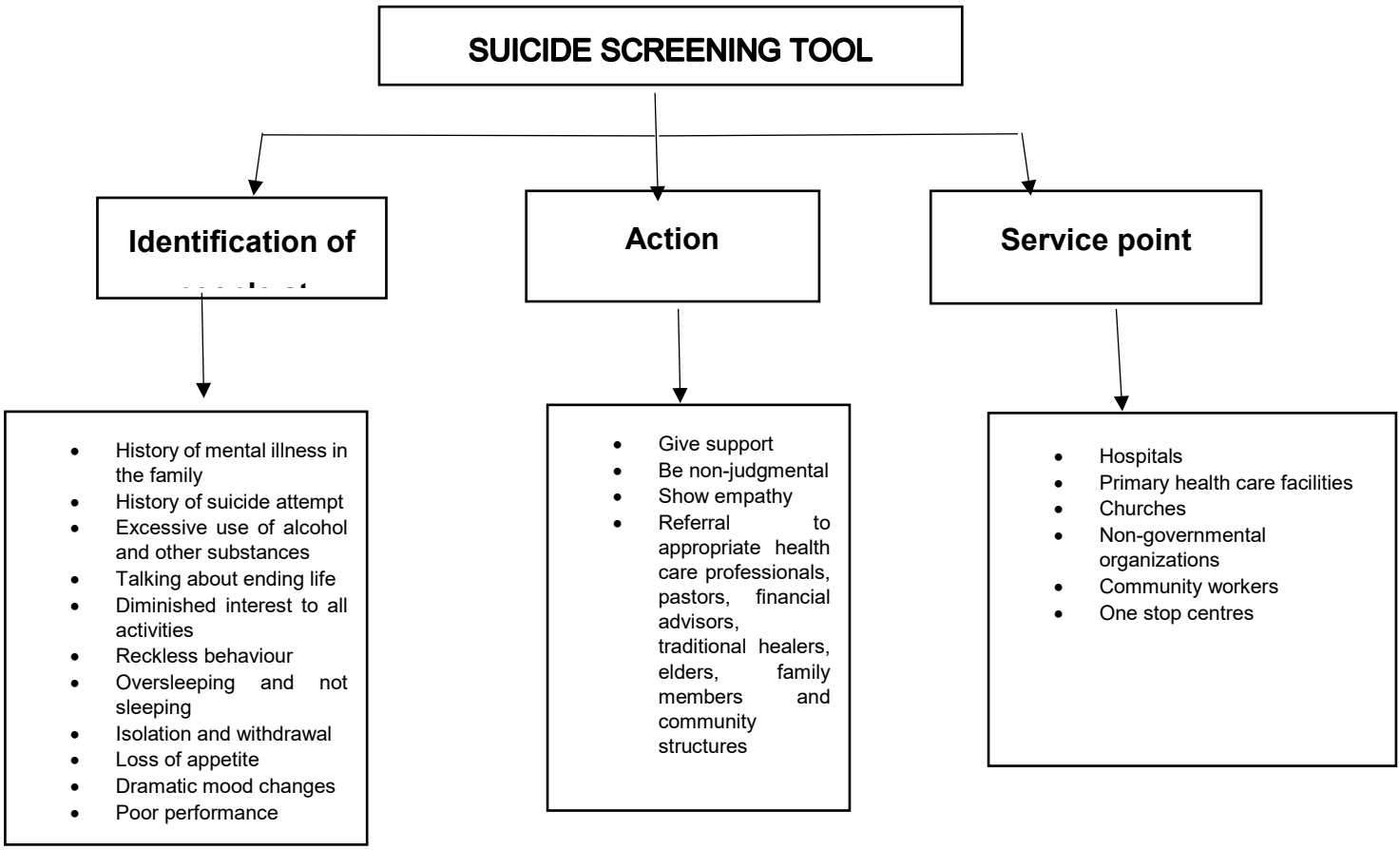

Diagram 3: Suicide screening tool

Source: Developed by the researcher for this study

The above screening tool can be used to determine suicide risks and identify immediate action which should be taken to address the identified suicide risks. In cases where the person attending to a person with a suicide risk is unable to deal with the identified problem, the person with a suicide risk should be referred to an appropriate institution for professional help.

5.10 Conclusion

This chapter presented, analysed and interpreted data on the phenomenon of suicide attempt. The presentation, analysis, and interpretation of the data was done with the help of the qualitative research methods and two selected theories. The chapter also outlined the findings of the phenomenon of suicide attempt in line with the objectives of the study. It also discussed the effects of suicide attempt. A suicide screening tool and the ERAPS suicide prevention strategy were developed and explained in detail in this chapter. The application of these two instruments in combating suicide and suicide attempt can help turn around the lives of many young women who are extremely challenged by life stressors. The suicide screening tool and the ERAPS suicide prevention strategy can be used to empower and young women, their families and other community members with the much-needed knowledge and skills in dealing with challenges they may encounter in their lives. Once empowered and are able to deal with life stressors and take charge of their lives, these young women will become healthy, effective and useful members who can play a meaningful role in their communities.

CHAPTER 6: RECOMMENDATIONS AND CONCLUSION

6.1 Introduction

This chapter gives an overview of the summary of the findings of the study. It also presents the recommendations and conclusion based on the findings of the study. It also highlights the scholarly contribution of the study on the issue of suicidal behaviour by young females.

6.2 The overview of the study

Suicidal behaviour is a serious public health concern worldwide. In South Africa, it also increasing in younger generations. There is an increase in suicide attempt by women compared to completed suicide by men. More scholarly attention on completed has resulted in very little focus on suicide attempt which is often committed by women. The skewed focus on suicide which is mostly committed by men has downplayed the significance of gender in suicide studies which is the central focus of this study. As a result, this study has managed to mainstream the issue of gender in suicide studies by focusing on suicide attempt which is often committed by women. Most of the suicide studies focused on psycho-therapeutic interventions only, at the expense of socio-cultural and religious beliefs. This study has, therefore, helped to close the gap in suicide studies by including the role played by socio-cultural and religious beliefs. This study has helped to close the knowledge gap created by the skewed focus on completed suicide which is often committed by men while overlooking suicide attempt by women.

The main purpose of the study was to investigate the contributory factors to suicide attempt by young female suicide survivors at a selected hospital in Thulamela Municipality, Vhembe District, Limpopo Province in South Africa. The selected hospital

was Tshilidzini Regional hospital which had the highest suicide attempt in the province with a suicide rate of 23% which was above the national average rate of 8% to 10%.

The first objective of the study was to identify factors that contribute to suicide attempt by young female suicide survivors at a selected hospital. The second objective was to determine the effects of suicide attempt on young female suicide survivors and their family members who often accompany them to the hospital. The third objective was to investigate mechanisms used by the young female suicide survivors and their families. The fourth objective was to establish the types of support available for young female suicide attempt survivors and their family members. The fifth objective was to explore the intervention strategies to help curb suicidal behaviour by young females in Thulamela Municipality Vhembe District.

All the objectives of the study were accomplished. Literature was sourced from various studies on suicide and suicide attempt with the aim of understanding better the phenomenon being studied. The literature obtained covered all the above stated objectives.

In this study, the different six theories were discussed and used to interpret the phenomenon of suicidal behaviour by young females. However, only two of those theories served as a premise upon which this study is based. The interpersonal psychological theory of suicidal behaviour and the radical feminism have been used to guide this study. These are the theories whose theoretical assumptions have been extensively applied to unpack the suicidal behaviour of young women. These theories were used to interrogate, explain and understand the prevalence, contributory factors, effects, coping strategies, available support and intervention strategies used by young female suicide survivors and their families. The interpersonal psychological theory of suicidal behaviour and radical feminism were used because they complement each other and provide a better understanding of suicidal behaviour. Furthermore, they helped to make up for each

theory's weaknesses. The phenomenon being studied was fully explained based on of these two theories. The two theories were used to ensure that readers have a clear understanding of the prevalence, contributory factors, effects, coping strategies, available support and intervention strategies used by young female suicide survivors and their families.

In this study the interpretive research paradigm was used to determine the approach used. The research approach employed in this study was qualitative in nature. The research design was exploratory because it was useful in exploring the full nature of the phenomenon being studied and, also helped to reach new and deeper understanding of suicidal behaviour by young female suicide survivors. The non-probability convenience sampling method was used to select the study participants. Ten (10) young female suicide survivors and 10 family members were interviewed. Face to face semi structured interviews and focus group discussions were used to gather data. The data were analysed through the Atlas.ti software and content analysis. It was also presented, interpreted and discussed using themes that emerged from the data. The discussions were supported with literature from different scholars and linked with the theories which were used to explain the phenomenon of suicide attempt among young female suicide survivors.

6.3 Summary of findings

The study had five objectives. A number of findings were made in this study. These findings were presented based on each study objective as stated in chapter 1

6.3.1 Findings of the study objective 1

The first objective of this study was to identify factors that contribute to suicide attempt by young females. Data obtained indicated that suicidal behaviour by young females was caused by factors such as psychological, socio-economic and environmental factors. It was found that most participants had family relationship problems. Young females had problems with their partners who were having extra marital affairs. Communication was also not good because whenever they tried to discuss their problems, their partners were not interested and not willing to change their behaviour. The negative response from their partners triggered suicidal thoughts.

Others were dumped by their partners due to misunderstandings in their relationship. Instead of solving their problems, they were dumped. This made the partner who was dumped to feel lonely and hopeless. Consequently, the dumped partners resorted to suicidal behaviour as a way of dealing with their problems. Unfortunately, the dumped partners did not think of sharing their problems with other people because they feared being blamed and stigmatised.

The study also found that having chronic illness such as hypertension and HIV/AIDS, which require lifelong treatment could lead someone to suicidal behaviour. The lack of support from their spouses and close relatives made them to develop suicidal thoughts. They felt like they were a burden to other people. They also felt like there were being oppressed and discriminated by their spouses as they were not getting support. Socio-economic challenges such as unemployment were also found to suicidal behaviour among pregnant young females. It was found that majority of pregnant young females were unemployed and financially dependent on their parents and partners who found it difficult to accept that their partners were pregnant. Therefore, falling pregnant without being employed triggered suicidal thoughts among young females due to the lack of support from their partners and relatives. In addition, the stigma attached to pregnancy

when not married also triggered suicidal thoughts. Unemployment was found to have a negative effect on human well-being, which led to stressful situations and triggered suicidal thoughts. This shows that financial stressors increased the risk of suicidal behaviour among young females. It was found that the unplanned pregnancy while not working was also a contributory factor to suicidal behaviour among young females.

The psychiatric disorder-related problems were also associated with suicidal thoughts. This study found that some of the young females who were suffering from mental illness experienced auditory and visual hallucinations during which they got instructions to kill themselves. This means that the young females resorted to suicidal behaviour because of the auditory and visual hallucinations. This shows that symptoms of mental illness contributed to suicide attempt by young female suicide survivors as they were seeing people and hearing voices which instructed them to end their lives. It was also found that mental illness caused poor impulse control and lack of judgement, which led to suicidal behaviour among young females.

6.3.2 Findings of the study objective 2

The second objective of this study was to determine effects of suicide attempt on young female survivors and their families. A number of effects of suicide attempt identified which affect both the young female suicide survivors and their families. These effects were psychological, medical and academic in nature.

It was found that many young female suicide survivors and their family members were affected psychologically due to the stigma attached to their suicidal behaviour. As a result, they started isolating themselves from other people. They were even afraid of facing the public because of fear of being judged and blamed for their behaviour. Family members failing to provide care for their loved ones and were seen as weak because of that.

The study also indicated that young female suicide survivors were experiencing medical problems such as abdominal pains because of attempted suicide. The majority of the young female suicide survivors took an overdose of tablets, and also ingested poison in an attempt to end their life. The methods used had serious effect on their health as they were experiencing severe pains in their abdomen. It was also found that some of them were scared by the prospects of not being able to bear children. They felt that whatever they used might have worsened their conditions, especially those with chronic medical condition such hypertension, diabetes mellitus and HIV/AIDS.

It was found that the young female suicide survivors were at a higher risk of not performing well at school. Their school performance had also dropped due to poor concentration. It was difficult for them to adjust and cope with their studies after their ordeal since they had missed a lot while admitted in hospital. They felt like everyone knew what happened to them. They also thought that people were not be willing to assist them as they were the ones who had delayed themselves by attempting to end their lives.

6.3.3 Findings of the study objective 3

Study objective 3 sought to assess how young female suicide survivors and their families coped after their ordeal. The study showed that they were some coping mechanisms which assisted them on how to deal with their ordeal.

It was found that during their stay in hospital they received support from the health-care professionals such as nurses, social workers and psychologists. According to the young female suicide survivors and their family members, the counselling they received in hospital helped them to cope with their ordeal. The counselling sessions gave them strength and positive attitudes towards their lives. It also made them aware that whatever

life stressors they faced they could still get help from the health-care professionals instead of resorting to suicidal thoughts.

This study found that seeking spiritual help was very helpful to the young female suicide survivors and their families. Their spiritual beliefs enabled them to cope well with their ordeal. They believed that God was the only one who could help them deal with their ordeal because they believed that He knew it before it happened. It was also found that they used prayer as a way of coping with the stressful situation they were going through.

The support from their close relatives helped them to cope with their ordeal. This was made possible by the support they received from their close relatives such as parents, sisters, brothers and in laws. The support received from their families and relatives was an important mechanism which helped them to deal well with their ordeal.

6.3.4 The findings for study objective 4

This study objective sought to find out about the available support for the young female suicide survivors and their families. It was found that the support from their close relatives, pastors and churches members was very good. However, there was lack of support from the community (neighbours, leaders of civic and other community organisation and extended family members, etc.). The study found the need to strengthen the support of for people with suicidal behaviour in our community as well as assisting survivors and their families to get proper treatment to prevent a second episode of suicidal behaviour. This was found to be very crucial because lack of support from other people could lead them to develop suicidal thoughts due of alienation. There is need for community engagement on the phenomena of suicide and suicide attempt in order to empower every member of the community.

6.3.5 The findings for study objective 5

The last objective of this study was to explore intervention strategies that could help to curb suicide attempt by young females in Thulamela Municipality of Vhembe District, Limpopo Province in South Africa. The study found that there was a need for different stakeholders to work together to ensure that suicide and suicide attempt were addressed decisively and comprehensively. The study also found that the phenomenon of suicide attempt was attributed to lack of recreational activities in communities that could keep young people busy. There is also need for the health-care professionals and other experts to start awareness campaigns in the villages to make people aware of issues around suicide.

6.4 Scholarly contribution

This study provides new knowledge about the phenomenon being investigated, especially the gender dimension. This was extremely important because previous studies have mostly focused on completed suicide, which is often committed by men. This study has ensured that the phenomenon of suicide attempt, which often committed by women, is also brought to the fore in scholarship.

This study also contributed to knowledge by corroborating other previous studies on suicidal behaviour. This study supports other previous scholarship on suicide studies. This illustrated that dysfunctional intimate relationships are major contributory factors to suicidal behaviour among females staying in Thulamela Municipality of Vhembe District. This raises concerns about what needs to be done to address suicidal behaviour among young females.

The most important contribution from this study is the ERAPS suicide prevention strategy developed by the researcher. The purpose of developing this strategy was to find ways curbing the high rate of suicide attempt by young females in communities.

Another scholarly contribution was through the development of the suicide screening tool which can help different stakeholders to identify people with suicidal thoughts, assist and refer them to where they can find help. This screening tool can people with suicidal thoughts cope with their ordeal.

6.5 Recommendations

This study highlighted the phenomenon of suicide attempt by young female suicide

Survivors which needs serious intervention. The following are some of the recommendations which can go a long way in addressing the phenomenon of suicide attempt among young females.

6.5.1 Collaboration among relevant stakeholders

The national Department of Health, Department of Education, Social Development and other relevant stakeholders (families, faith based organisations, non-governmental organisations, community members, etc.) should collaborate in order to develop an appropriate intervention strategy on how to deal with the ever increasing rate of suicidal behaviour among young females.

6.5.2 Gender-based intervention strategies

Based on the findings of the study, it is of importance to come up with gender-based intervention strategies because there are many young women who attempt suicide than males. This should in reducing the rate of suicidal behaviour by women, and also the higher number of completed suicide by men.

6.5.3 Prioritising suicide cases

As stated above, the national Department of Health should improve on how suicide survivors are cared for. The suicide survivors should be treated as an emergency case or condition which needs a sensitive and thorough assessment by a multi-disciplinary team (psychiatric doctor, nurse, social worker and psychologist). The healthcare professionals need continuous training on how to manage suicide survivors as well as how to help their close relatives and family members. This is important because health-care professionals are often the first contact with suicidal patients. Therefore, proper management of these patients is very important. They also need to be trained on how to use the suicide screening tool to assess the suicide risk. This would help in detecting suicide symptoms at an early stage so that it can be prevented.

6.5.4 Community outreach

It is recommended that health-care professionals should reach out to communities to conduct suicide awareness campaigns, screen suicide risk in communities and to train home-based care givers and community members on how to screen suicide risk so in order to detect signs and symptoms of suicide. Health-care professionals should have outreach programmes in communities on a quarterly basis especially to those communities.

6.5.5 Suicide and suicide attempt data management

The National Department of Health should improve the current data management system. Currently, suicide statistics are not captured in the databases, thus making it difficult for the relevant health-care professionals to know about suicide risks and cases of suicide and suicide attempt. Once there is accurately captured statistics of suicide and suicide attempt, it will be easier to make interventions.

6.5.6 School curriculum review

The Department of Education should review the education curriculum in order to incorporate issues of gender, suicide and suicide attempt into the syllabus of the Life Orientation subject. There is need to teach young people about assertiveness and problem-solving skills. This can help introduce learner's skills of dealing with life stressors at an early age.

6.5.7 School-based health care professionals

Schools should have health care professionals such as social workers, youth workers, educational psychologists and nurses. These professionals can be able to assist them on how to deal with their psychosocial stressors, medical-related conditions, learning and social problems that can trigger suicidal thoughts in learners because of lack of knowledge of where they can get help. Youth workers are also needed by the Department of Education because of their specialized knowledge of the youth. They can assist young people to navigate their lives, in terms of their strength and weaknesses. In addition, they can help them to understand their situations and come up with coping and survival strategies.

6.5.8 Strengthening community and individual support systems

Community and individual support systems need to be strengthened so that they can help survivors and families of the survivors to deal with the issue of stigma, blame and being judged. In cases where there are no community and individual support systems, these have to be initiated. All stakeholders should work together to collectively reduce or minimize suicidal behaviour and the second episode of suicide among young female suicide survivors and their families. Once these systems are strengthened, community members, families of the suicide survivors and survivors themselves will be empowered with knowledge and skills to deal with life stressors.

6.5.9 Use of multi-purpose community centres for information sharing

After the new political dispensation in 1994, the new democratic government established multi-purpose community centres across the country. It is recommended that these community centres should be turned into hubs for information sharing and awareness campaigns on suicide issues. This information can be shared through media such as radio, newspapers, billboards posters, pamphlets and televisions.

6.5.10 Research

Finally, there is need for more research to be conducted in order to ascertain views of community members towards suicidal behaviour by young females. The research should also focus on the association of masculinity and femininity in relation to suicidal behaviour.

6.6 General conclusion

The study aimed to explore the phenomenon of suicide attempt by young female suicide survivors at a selected hospital Thulamela municipality. This study has helped to close the knowledge gap created by the skewed focus on completed suicide which is often committed by men. The study has also mainstreamed the issue of gender in suicide studies by focusing on suicide attempt which is often committed by young women.

In this study, two theories were employed to help explain and unpack suicidal behaviour by young women in our communities. The qualitative approach was used and the data was collected using semi-structured one-on-one in-depth interviews and focus group discussions. The data were analysed using the Atlas.ti software and content analysis. The study revealed that most young female suicide survivors attempted suicide due dysfunctional sexual relationships and chronic medical conditions which require lifelong treatment. Most of them attempted suicide because they were not getting support to deal with challenges they were facing in their lives. There were some effects which the survivors and their families suffered following their ordeal. For instance, some were experiencing medical, psychological and academic problems. In most cases, they received support from their close relatives and pastors. Support from health-care professionals helped survivors and their families to cope with their ordeals. Based on the study findings some multi-pronged intervention strategies were developed to help curb suicidal behaviour among young females in communities.

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APPENDICES

Appendix A: Interview guide

Ms. Nekhubvi F (11532761)

Topic: A Phenomenon of Suicide Attempt by Young Female Survivors at a Selected Hospital in Thulamela Municipality, Limpopo Province, South Africa

PART A: BIOGRAPHICAL INFORMATION

1. Age

……

2. Marital status

……..

3. Educational level

……..

4. Employment status

……..

5. Medical condition

……..

PART B: FACTORS LEADING TO SUICIDAL ATTEMPT

1. Why did you think of committing suicide?

2. How do you feel after failing to commit suicide?

3. What problem/s do you have which lead you to think of ending your life?

4. Can you influence someone to commit suicide whenever faced with the same challenges? Explain why?

5. Are you still thinking of committing suicide? Please give an explanation oy your answer?

5. What can you say to someone with suicidal thoughts?

6. Did you really want to commit suicide? Explain why?

6. Do you think ending your life was the solution to your problem/s? Please explain?

7. Before the plans of committing suicide did you talk to someone about your problem/s, and please explain?

PART C: EFFECTS OF SUICIDE ATTEMPT

1. What are the effects of suicide attempt?

PART D: COPING MECHANISMS

1. How are you coping after failing to commit suicide?
2. Which coping mechanism is helping you to deal with the ordeal?

PART E: IDENTIFY THE AVAILABLE SUPPORT

1. Is there any available support for you after this ordeal, please, explain where did you find support?
2. What challenges do you face based on the support you are getting?

PART F: INTERVENTION STRATEGIES

1. Based on your experience, which strategy can help to prevent suicidal behaviour in our community?
2. What role does the community, family and other stakeholders need to play in terms of suicidal behaviour?

Appendix B: Letter of consent

RESEARCH ETHICS COMMITTEE

UNIVEN Informed Consent

Appendix B

LETTER OF INFORMATION

Title of the Research Study: A Phenomenon of Suicide Attempt by Young Female Survivors at a Selected Hospital at Thulamela Municipality in Vhembe District, Limpopo Province

Principal Investigator/s/ researcher : Nekhubvi F, Master in Public Health

Co-Investigator/s/supervisor/s : Dr Raselekoane N.R, Doctor of Philosophy & Literature

Dr Takalani FJ, Doctor of Philosophy

Dr Mudau, TJ, Doctor of Sociology of Education

Brief introduction and purpose of the study

Suicidal behaviour is an increasingly serious public health concern worldwide. It is a scourge which is upsetting the public health system in both developed and developing countries. There are many reports of suicide and suicide attempt in South Africa. Suicide and suicide attempt are complex behavioural outcomes of suicidal behaviour. This often results from the confluence of demographic, psychiatric and many other risk factors along with other stressful life events (Overholser, Braden & Dieter, 2012). If left unchecked, it can lead to severe prolonged effects on young female suicide survivors, family members and other people left behind. The escalation of this problem raises concerns and also poses threat to the safety and well-being of young people together with their family members. The government also incurs huge costs to provide mental health care services to the people affected by the phenomenon of suicidal behaviour. Most suicide studies focused on psycho-therapeutic interventions. This study has, therefore, helped to close the gap in suicide studies by including the role played by socio-cultural and religious beliefs. This study will help to close the knowledge gap created by the skewed focus on completed suicide which is often committed by men. Too much focus on completed suicide has sidelined the issue of the suicide attempt which is often committed by young women. Therefore, the skewed focus on suicide which is mostly committed by men has downplayed the significance of gender in suicide studies which is the central focus of this study. As a result, this study will manage to mainstream the issue of gender in suicide studies by focusing on suicide attempt which often committed by young women.

Therefore, the aim of this study is to investigate the contributory factors to suicide attempt by young female suicide survivors. The study will be conducted at Tshilidzini Regional Hospital, Thulamela Municipality in Vhembe District, Limpopo Province (South Africa).

Outline of the Procedures

The researcher will contact all the participants who will be interested to form part of the study. The private room will be secured at Tshilidzini Regional Hospital for the interviews. The young female suicide survivors admitted at the female medical ward aged 18 to 35 will be the participants of this study, excluding the LGBTIs. This study will comprise of 5 young female suicide survivors and 5 family members who often accompany them to the

hospital. Only those who attempted suicide will be interviewed and the interviews will be done once a week, meaning that 1 participant and 1 family member per week. The interviews will take an hour or more depending on the saturation of data. Participants are expected to provide the information based on the experiences on the phenomenon of suicide attempt. The face to face interviews and focus group discussions will conducted. There will be no follow us, however the debriefing session will be conducted.

Risks or discomforts to the participant

Suicide is a very sensitive issue, therefore the interview may trigger all the thoughts. However, the debriefing session will be conducted.

Benefits

Several papers will be written for publication in accredited journals.

Reason/s why the participant may be withdrawn from the study

There will be no adverse consequences for the participants should they choose to withdraw.

Remuneration

There will be no remuneration for the participants

Costs of the study : None

Confidentiality

The researcher will ensure that the data and participants remain confidential. Confidentiality will be discussed with the participants before undertaking the study because suicide is very sensitive, and therefore, it should be accorded the confidentiality it deserves. The data solicited from the participants will not made available to the public.

Research-related Injury

Not applicable, however the participant will be debriefed post the interview.

Persons to Contact in the Event of Any Problems or Queries:

(Supervisor and details) Please contact the researcher (tel no.), my supervisor (tel no.) or the University Research Ethics Committee Secretariat on 015 962 9058. Complaints can

be reported to the Director: Research and Innovation, Prof GE Ekosse on 015 962 8313 or Georges Ivo.Ekosse@univen.ac.za

General:

Potential participants must be assured that participation is voluntary and the approximate number of participants to be included should be disclosed. A copy of the information letter should be issued to participants. The information letter and consent form must be translated and provided in the primary spoken language of the research population

CONSENT

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, (*name of researcher*), about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number:
- I have also received, read and understood the above written information (*Participant Letter of*

  Information) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerized system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

Full Name of Participant Date Time Signature

I, ...

.....

(*Name of researcher*) herewith confirm that the above participant has been fully Informed about the nature, conduct and risks of the above study.

Full Name of Researcher

..... Date**.....** Signature**.....**

Full Name of Witness (If applicable)

..... Date **.....** Signature**.....**

Full Name of Legal Guardian (If applicable)

..... Date**.....** Signature**.....**

Please note the following:

Research details must be provided in a clear, simple and culturally appropriate manner and prospective participants should be helped to arrive at an informed decision by use of appropriate language (grade 10 level- use Flesch Reading Ease Scores on Microsoft Word), selecting of a non-threatening environment for interaction and the availability of peer counseling (Department of Health, 2004)

If the potential participant is unable to read/illiterate, then a right thumb print is required and an impartial witness, who is literate and knows the participant e.g. parent, sibling, friend, pastor, etc. should verify in writing, duly signed that informed verbal consent was obtained (Department of Health, 2004).

If anyone makes a mistake completing this document e.g. a wrong date or spelling mistake, a new document should be completed. The incomplete original document should be kept in the participant's file and not thrown away, and copies thereof must be issued to the participant.

RESEARCH AND INNOVATION
OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR:
Ms F Nekhubvi

Student No:
11532761

PROJECT TITLE: **An investigation of the contributory factors to suicide attempt by young female survivors at a selected hospital in Thulamela Municipality, Limpopo Province, South Africa.**

PROJECT NO: SHSS/18/GYS/02/0405

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Dr NR Raselekoane	University of Venda	Promoter
Dr JT Mudau	University of Venda	Co - Promoter
Dr FJ Takalani	University of Venda	Co - Promoter
Ms F Nekhubvi	University of Venda	Investigator – Student

ISSUED BY:
UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE

Date Considered: May 2018
Decision by Ethical Clearance Committee Granted
Signature of Chairperson of the Committee: .....
Name of the Chairperson of the Committee: Senior Prof. G.E. Ekosse

UNIVERSITY OF VENDA
DIRECTOR
RESEARCH AND INNOVATION
2018 -05- 04
Private Bag X5050
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DEPARTMENT OF HEALTH

Enquiries: Stander SS (015 293 6650) Ref:LP_2018_06_006

Nekhubvi F
University of Venda

Greetings,

RE: An investigation of the contributory factors to suicide attempt by young female survivors at a selected hospital in Thulamela Municipality, Limpopo Province, South Africa

The above matter refers.

1. Permission to conduct the above mentioned study is hereby granted.
2. Kindly be informed that:-
   - Research must be loaded on the NHRD site (http://nhrd.hst.org.za) by the researcher.
   - Further arrangement should be made with the targeted institutions, after consultation with the District Executive Manager.
   - In the course of your study there should be no action that disrupts the services, or incur any cost on the Department.
   - After completion of the study, it is mandatory that the findings should be submitted to the Department to serve as a resource.
   - The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
   - The above approval is valid for a 3 year period.
   - If the proposal has been amended, a new approval should be sought from the Department of Health.
   - Kindly note, that the Department can withdraw the approval at any time.

Your cooperation will be highly appreciated.

Head of Department

23/05/2018
Date

Private Bag X9302 Polokwane
Fidel Castro Ruz House, 18 College Street, Polokwane 0700. Tel: 015 293 6000/12. Fax: 015 293 6211.
Website: http/www.limpopo.gov.za

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