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# SELF-DESTRUCTIVE BEHAVIOURS AMONG SECONDARY SCHOOL LEARNERS AT MOPANI DISTRICT, LIMPOPO PROVINCE

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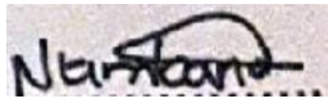
# DECLARATION

I, Ntimbana Brammy Neil, hereby declare that the dissertation titled: 'Self-destructive behaviours among secondary school learners at Mopani District, Limpopo Province' for the degree of Master's in Nursing, has not been submitted previously for a degree at this university or any other university. This is my own work in design, and all references material therein has duly acknowledged.

Signature  Date: 11/03/ 2022



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This dissertation is dedicated to my mother, Nwakubasa Maggie Ntimbana, for her incomparable support in my educational empowerment. It is equally devoted to my wife, Awelani Booi, for all her unreserved support.

The dissertation is also dedicated to my supervisor Prof Shilubane N.H. and Co-Supervisor Dr Mulondo S.A., for putting constructive pressure on me to work hard on my dissertation.



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## LIST OF ABBREVIATIONS AND ACRONYMS

| | |
|---|---|
| APA | American Psychiatric Association |
| APU | Azusa Pacific University |
| CAMHS | Child and adolescent mental health services |
| CDA | Cooperative Development Authority |
| CDC | Center for Disease Control and Prevention |
| DOE | Department of Education |
| DOH | Department of Health |
| EMIS | Education Management Information System |
| GTM | Greater Tzaneen Municipality |
| UNESCO | United Nations Education Scientific and Cultural Organisation |
| US | United State |
| USB | Universal Serial Bus |
| USA | United State of America |
| SA | South Africa |
| SADTU | South African Democratic Teachers Union |
| SAPS | South African Police Service |
| SPSS | Statistical Package for the Social Services |
| WHO | World Health Organisation |
| YRBS | Youth Risk Behaviour Survey |



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# ABSTRACT

South African secondary school children and adolescents are important members of society, and their knowledge and attitude about self-destructive behaviours could be highly influential in their lives. Recent social media trends have encouraged children and adolescents in schools to cause instability, bully each other, disrespect teachers and display bizarre behaviour. The purpose of this study was to investigate the knowledge and attitude of secondary school learners regarding self-destructive behaviour. The study was conducted in the Mopani District in the Greater Tzaneen Local Municipality at Nkowankowa educational circuit in the Limpopo Province. All the ten secondary schools with 8,772 learners within the circuit were targeted for the research study. Based on the sampling frame of 8,772, a sample size of 383 was calculated using Slovin's formula. A stratified sampling selection process was employed using schools as strata, and then, within each stratum, simple random sampling was performed to select participants. The researcher randomly selected one secondary school from the educational circuit for the purposes of a pre-test of the instrument. After the pre-test, an adapted questionnaire from the 'risky, impulsive, and self-destructive behaviour and Youth Risk Behaviour Survey Tool' was used to confirm the validity of the instrument. A quantitative descriptive cross-sectional design was used to collect and analyse data for the study. It was discovered that up to 68.3 per cent of secondary school students that participated were aware of self-destructive behaviour, while 73.4 per cent had a positive attitude towards self-destructive behaviour. In addition, correlation analysis found that knowledge of self-destructive behaviour was significantly positively related to the attitude. Moreover, the study established significant differences between knowledge of and attitude towards self-destructive behaviour between male and female participants. Based on the findings of the study, it was recommended that the department of basic education needs to strengthen awareness levels on the nature of self-destructive behaviour and its implications on school-going learners.

Key words: Adolescent, Attitude, Knowledge, Schools, Self-destructive behaviours



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TABLE OF CONTENTS

**SELF-DESTRUCTIVE BEHAVIOURS AMONG SECONDARY ................................ i**

**SCHOOL LEARNERS AT MOPANI DISTRICT, LIMPOPO PROVINCE.................... i**

**DECLARATION .................................................................................................. ii**

**ACKNOWLEDGEMENTS.................................................................................. iii**

**TABLE OF CONTENTS..................................................................................... vi**

List of Tables..........................................................................................xii

List of Figures .........................................................................................xii

**CHAPTER ONE: INTRODUCTION........................................................................ 1**

1.1 Introduction and Background ........................................................... 1

1.2 Problem statement ........................................................................... 4

1.3 Significance of the study ................................................................... 5

1.4 Purpose and Objectives of the Study ................................................ 5

1.4.1 Research purpose ........................................................................... 5

1.4.2 Research objectives ....................................................................... 5

1.4.3 Definition of the terms .................................................................... 6

**CHAPTER 2: LITERATURE REVIEW .................................................................. 8**

2.1 Introduction ........................................................................................ 8

2.2 Children and Adolescent Mental Health ............................................ 8

2.3 Disruptive Classroom Behaviours among Primary School Pupils ..................... 9



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2.4 Self-Destructive Behaviour ........................................................................ 12

2.5 Aggressive Behaviour in Secondary Schools of Meskan Woreda .................. 17

2.6 Self-destructive behaviours in South African schools .................................... 18

2.7 Engaging critical emancipatory research as an alternative to mitigate school violence in South Africa ........................................................................ 20

**CHAPTER 3: RESEARCH METHODOLOGY ........................................................ 22**

3.1 Introduction ........................................................................ 22

3.2 Research Design ........................................................................ 22

3.3 Study setting ........................................................................ 23

3.4 Study Population ........................................................................ 24

3.4.1 Target population ........................................................................ 24

3.4.2 Sampling processes ........................................................................ 24

3.4.3 Inclusion and exclusion criteria ........................................................................ 25

3.4.4 Measurement instrument ........................................................................ 26

3.4.5 Advantages of questionnaires ........................................................................ 27

3.4.6 Disadvantages of questionnaires ........................................................................ 27

3.4.7 Pre-test of study instrument ........................................................................ 27

3.4.8 Validity and reliability of measuring instruments ........................................ 28

3.4.9 Data collection methods ........................................................................ 29

3.4.10 Data analysis ........................................................................ 29



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3.4.11 Ethical considerations ........ 30

3.4.12 Informed consent ........ 30

3.4.13 Right to autonomy ........ 30

3.4.14 Right to anonymity and confidentiality ........ 31

3.4.15 Termination ........ 31

3.4.16 Benefits and risks ........ 31

3.5 Conclusion ........ 32

**CHAPTER 4: ........ 33**

**DATA ANALYSIS PRESENTATION ........ 33**

4.1 Introduction ........ 33

4.2 Purpose and Objectives of the Study ........ 33

4.3 Biographical Information ........ 33

4.4 The Knowledge of Secondary School Learners Regarding Self-Destructive Behaviours ........ 36

4.5 The Attitude of Secondary School Learners Regarding Self-Destructive Behaviours ........ 37

4.6 The Correlation between Knowledge and Attitude towards Self-Destructive Behaviours ........ 39

4.6.1 Knowledge of secondary school learners regarding self-destructive behaviour ........ 40

4.6.2 Attitudes of secondary school learners regarding Self-destructive behaviour ........ 41



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4.7 The Comparisons of Knowledge and Attitude towards Self-Destructive Behaviours by Gender ........ 42

5. CONCLUSION ........ 45

**CHAPTER 5: DISCUSSION OF FINDINGS ........ 46**

5.1 Introduction ........ 46

5.2 Demographical Characteristics ........ 46

5.2.1 Age ........ 46

5.2.2 School ........ 46

5.2.3 Gender ........ 47

5.2.4 Grade ........ 47

5.3 The Knowledge of Secondary School Learners Regarding Self-Destructive Behaviours ........ 47

5.4 Attitude of Secondary School Learners towards Self-Destructive Behaviours 49

5.4.1 I feel like people with self-destructive behaviours abuse substance ........ 50

5.4.2 People with self-destructive behaviours are most violent ........ 51

5.4.3 People with self-destructive behaviours seek professional psychiatric medical help ........ 52

5.4.4 Self-destructive behaviours can be healed by consulting traditional healers or pastors ........ 52

5.4.5 I feel like I can stay with people who are suffering from self-destructive behaviours ........ 53

5.4.6 I feel like self-destructive behaviours can be prevented ........ 53



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5.4.7 People suffering from self-destructive behaviours are not important ........ 53

5.5 Comparison between Attitude and Knowledge towards Self-Destructive Behaviour by Gender ........ 54

5.6 Conclusion ........ 56

**CHAPTER 6:........ 57**

**Summary, Limitations, recommendations, and Conclusion ........ 57**

6.1 Introduction ........ 57

6.2 Summary........ 57

6.2.1 To assess knowledge of secondary school learners regarding self-destructive behaviours ........ 57

6.2.2 To describe the attitude of secondary school learners towards self-destructive behaviours ........ 58

6.2.3 To determine knowledge and attitude regarding self-destructive behaviours among secondary school learners by gender ........ 59

6.3 Limitations of the Study........ 59

6.4 Recommendations ........ 59

6.4.1 Recommendations for the Department of Education ........ 60

6.4.2 Recommendations for schools........ 60

6.4.3 Recommendations for future research........ 61

6.5 Conclusion ........ 61

**REFERENCES........ 63**



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ANNEXURE II :UNIVEN ETHICAL CLEARANCE ............................................... 79

ANNEXURE III: APPROVAL LETTER FROM THE UNIVERSITY HIGHER DEGREE COMMITTEE. ........................................................................................... 80

ANNEXURE VI: APPLICATION FOR PERMISSION TO CONDUCT A RESEARCH STUDY 80

ANNEXURE V: APPROVAL FROM THE LIMPOPO DEPARTMENT OF EDUCATION ............................................................................................. 81

ANNEXURE VI: COMMITTEE CLEARANCE CERTIFICATE ............................... 82

ANNEXURE VII: UNIVEN INFORMED CONSENT AND LETTER INFORMATION SHEET 83



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## List of Tables

3.1 Learner numbers per school within the population .......................................24

4.3.1 Gender of respondents ......................................................................34

4.3.2 Grades of respondents ......................................................................34

4.3.3 Age of respondents ...........................................................................34

4.3.4 Secondary schools in Nkowankowa educational circuit ................................35

4.4.1 Knowledge of secondary school learners regarding self-destructive behaviour ............................................................................................36

4.5.1 Respondents attitude towards self-destructive behaviour ............................38

4.6.1 Knowledge of secondary school leaners regarding self-destructive behaviour ............................................................................................40

4.6.2 Attitudes of secondary school learners regarding self-destructive behaviour ............................................................................................41

4.7.1 Group Statistics ................................................................................42

4.7.2 Comparison of attitude and knowledge of self-destructive behaviour by gender ............................................................................................43

## List of Figures

3.1 Study setting .....................................................................................23



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# CHAPTER ONE: INTRODUCTION

## 1.1 Introduction and Background

Self-destructive behaviour is defined as any behaviour that is harmful or potentially harmful towards the person who engages in the behaviour (Scherzer, 2018). Self-destructive behaviours are associated with mental disturbances such as borderline personality disorders and schizophrenia (Scherzer, 2018). Mental disturbances are health conditions involving changes in emotion, thinking or behaviour (Kohrt et al., 2018). The World Health Organisation (WHO) describes self-destructive behaviour as a signal of psychological distress which may result in self-harming and reckless behaviours (Kumar, 2017). These disturbances are often associated with stress, problems functioning in society, school, or family activities. Internationally, mental disturbances and related complications are common, with more than 600 million children and adolescents suffering from self-destructive behaviours, depression and stress, which common types of mental illness (Scherzer, 2018). The American Psychiatric Association (APA) predicts that personality disorders will increase among children and adolescents by at least 50 per cent by 2020 (Kohrt et al., 2018). Moreover, a study conducted by Herrera-Ferra and colleagues explained that children and adolescent with repetitive self-destructive behaviours become often multifactorial constructed which involves biological, environmental and socio psychological effects (Herrera-Ferra et al.,2017).

The absence of mental health care services in schools creates unfavourable conditions for those children, adolescents and teachers struggling with or managing self-destructive behaviours. It is essential for the knowledge and attitude of the public towards behavioural problems to be positive to minimise the high risks that can be related to behavioural problems at school, such as antisocial disorders (Khalil, 2017). The Ministry of Health in Malaysia reported that the children and adolescents of parents who had personality disorders themselves contributed to the increase in destructive behaviours in school (Yeong, Shuen & Kim, 2017).



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The public health in USA has being compromised by children and adolescents who extended the self-destructive behaviours to another level. A study conducted by Katsiyannis et al., (2022), revealed that on the 24 May 2022 an adolescent aged 18 year-old killed 18 children and adolescents, and further assaulted 17 of them(learners) using a Gun. Moreover, the study reported that this shooting happened after the 18 year old adolescent consumed unknown substances in the school setting (Katsiyannis et al., 2022). The authors further described self-destructive behaviours in school as an incident which put lives of children and adolescents at risk. In addition, their study further revealed that in 2020, there were rapid increased in number of self-destructive behaviours reported whereby 19,384 children and adolescents were killed by peers in the school setting using sharp objects. Moreover, 95 schools based destructive behaviours incidents reported to date in 2022 in the school premises of USA.

Although, a study conducted by Bah, (2018) revealed that children and adolescents in high school experience hormonal changes in psychological and biological development, and these factors could trigger mental health problems. Furthermore, the Children and Adolescent Mental Health Services (CAMHS) in UK reported that most of children and adolescents who displayed unwanted behaviours in the setting premises needed psychiatric interventions. However, this establishment came with program whereby early prevention of behavioural disorders diagnosed at an early stage and further strengthen the relationship amongst (DOH) Department of health and (DOE) Department of Education (Katsiyannis et al., 2022).

A study by Lola (2017) in Nigeria revealed an increase in the number of children and adolescents displaying undesirable behaviour in schools. Fifty per cent of the participants in the research study were children, adolescents and teachers diagnosed with traumatic disorders in the family and borderline personality disorders (Lola, 2017). A comparative study was conducted in Nigeria and England regarding the issue of destructive behaviours in school (Lola, 2017). However, an important difference found among nationalities is that self-destructive behaviours in schools have become a serious concern to teachers in both countries. However, for teachers to minimise bizarre behaviours in school, various strategies used before the year 2000 resulted in fewer unwanted incidents of obstruction in the teaching processes due to corporal



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punishment. After examining teachers, children, and adolescents' views and attitudes towards destructive behaviours in a school setting, the study concluded that Nigeria should adopt England's disciplinary style to minimise destructive behaviours in school, including corporal punishment (Lola, 2017).

South African secondary schools are regarded as developing the leaders of tomorrow. There is, however, a trend of instability at secondary schools whereby children and adolescents display self-destructive behaviours regarded as behavioural disorders, such as assaulting each other, self-harm, gender-based violence, gangsterism and the use of illicit drugs, which can result in disrespecting and beating teachers, as has been observed. South African politics frequently influence the self-destructive behaviours displayed at secondary schools (Simelane, 2019). The Gauteng Basic Education spokesperson Steve Mabona reported an incident on 8 November 2019 whereby a grade 4 learner from the Sakhile Primary School in Heidelberg assaulted an educator with a pencil case. This incident happened while the teacher was teaching children and adolescents in the classroom, and this teacher required hospital treatment (Masweneng, 2019).

The South African Democratic Teachers Union (SADTU) reported that at least 50 teachers are attacked or threatened by learners every month, and at least 600 incidents of violence in schools were reported between May 2018 and May 2019. It was also recorded that over 72,000 incidents of school-based violence observed in South African schools were related to self-destructive behaviours (Simelane, 2019). The number of killings and violence in South African secondary schools increases almost every day. The government of South Africa has called all stakeholders to come together and discuss the continuation of instabilities caused by children and adolescents at schools. This includes the brutal killing of teachers and learners as observed in various secondary schools in the Limpopo Province (Sekhoto, 2018). Recently, in the Limpopo Province, a group of secondary school learners enrolled at Capricorn high school in Flora Park in Polokwane cruelly killed a 27-year-old man (Sekhoto, 2018).

Similarly, in the communities of the Greater Tzaneen Municipality, there is a group of secondary school learners called 'BOKO HARAM'. The South African Police Service



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(SAPS) reported that this group of secondary school learners were causing instability at schools. Furthermore, these learners use illicit drugs, which led to assault cases reported at various schools in the Nkowankowa educational circuit in 2017/2018. The SAPS reported that these gangsters included children and adolescents from grades 8–12 who took illicit drugs as a key factor in leading learners to behave aggressively (SAPS, 2018). However, these learners in the Greater Tzaneen Municipality (GTM) were referred to the Letaba hospital for mental status examinations, and 95 per cent were diagnosed with borderline personality disorders–a type of mental illness.

In addition, the Department of Health in South Africa has often ignored borderline personality disorders such as self-destructive behaviours which are destroying children and adolescents and the future of the country. However, also in the globe daily news present to the world that number of incidents at school-worldwide grow rapid. Furthermore, mental disorders in the school setting are frequently ignored because children and adolescents can display unusual behaviours, and the public struggle to understand that these might be due to mental disturbances (Sorsdahl et al., 2021).

**1.2 Problem statement**

South African secondary schools have seen increased numbers of children and adolescents who continue displaying destructive behaviours, such as the beating of teachers at schools. Learners in the Mopani District have been trending in the news with instability reported in different secondary schools, attacking each other at school, self-harm, smoking illicit drugs, and bullying teachers. The secondary school learners who displayed self-destructive behaviours in the Nkowankowa educational circuit were referred to Letaba and Evuxakeni hospitals for mental status examination. The number of children and adolescents referred to these hospitals increased in 2017/2018 by 60 per cent, while at least 30 learners were admitted every quarter due to self-destructive behaviours in school. Most of these children and adolescents were diagnosed with substance-induced psychosis disorders related to borderline personality disorders. The number of children and adolescents admitted into mental health institutions due to behavioural disorders also increased, as observed in Letaba and Evuxakeni hospitals. Against this background, it is crucial to study the extent to which learners



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understand self-destructive behaviours, and their attitudes towards them. Such an understanding helps to build a foundation of the extent of the problem to ensure interventions are suggested. This study focused on an empirical analysis of the extent of knowledge and attitudes towards self-destructive behaviour among adolescents.

### 1.3 Significance of the study

The study may assist the DOE to develop a standard operating policy that will not violate the rights of learners or teachers but attempt to stabilise the school setting. School-based interventions involve the training of teachers and management of self-destructive behaviours. This study may also assist the DOH to be aware of the need to establish children's and adolescent's mental health care units in all hospitals in the Mopani District. It may assist the DOH to strengthen the relationship with the DOE in planning school awareness related to public mental health and assist the DOH to check and support primary health care services delivered in schools. It can increase the awareness of the DOH for the need for caregivers' skills training for those teaching in the communities of Mopani concerning mental health and life skills.

### 1.4 Purpose and Objectives of the Study

#### 1.4.1 Research purpose

This study aimed to investigate the knowledge and attitudes of secondary school learners regarding self-destructive behaviours in the Mopani District in the Limpopo Province.

#### 1.4.2 Research objectives

The objectives of the study were:

- To assess knowledge of secondary school learners regarding self-destructive behaviours at Mopani District in the Limpopo Province.
- To describe the attitude of secondary school learners towards self-destructive behaviour.



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- To compare knowledge and attitude of both females and males regarding self-destructive behaviour.

### 1.4.3 Definition of the terms

Conceptual definitions are derived from online dictionaries or literature (Meyer, Naude, & Shangase, 2009). Operational definitions define a variable that identifies how the variable will be observed or measured (Brink et al., 2012).

- Attitude is how one thinks or feels about something (Deuter, Bradbery & Turnbull, 2015). In this study, attitude refers to the way of thinking about a phenomenon.
- Knowledge is the information, understanding and skills gained through education or experience (Deuter et al., 2015). In this study, knowledge is an individual or individual’s ability to understand their experience.
- Adolescents are young people developing from a child into early adulthood (Deuter et al., 2015). In this study, adolescent refers to a learner older than 15 years and enrolled in secondary school.
- A child is a young human who is not yet an adult (Deuter et al., 2015). In this study, children are young people enrolled within South African secondary schools.
- Self-destructive behaviour is defined as any behaviour that is harmful or potentially harmful towards the person who engages in the behaviour (Deuter, et al., 2015)).
- In this study, self-destructive behaviours include assault, self-harm, gender-based violence, gangsterism, bullying and the use of illicit drugs by learners.

## 1.5 SUMMARY OF CHAPTERS

The report is organised into the following chapters:

### Chapter 1: Introduction

This chapter introduced the research issue, that is, an exploration of the extent of knowledge of and attitudes towards self-destructive behaviours. The research aim and



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objectives were presented, while the research's rationale was highlighted and described.

**Chapter 2: Literature Review**

The literature review presents current and past literature pertaining to the extent of knowledge of, and attitudes towards self-destructive behaviours. Literature pertaining to the extent of self-destructive behaviour as well as its impact on schools, educators, and learners is also discussed.

**Chapter 3: Research Methodology**

The chapter explains the chosen research strategy that the study used to gather its primary data from the research setting. The population and sampling strategy, technique, methods of data administration and analysis are described, and the ethical considerations followed by the researcher are also explained.

**Chapter 4: Data Analysis and Presentation**

Primary results gathered from empirical evidence from the school settings established in the study are presented, analysed and discussed. The presented results are also analysed in light of the current literature and theory to explain the knowledge of, and attitudes towards self-destructive behaviours by adolescents in schools.

**Chapter 5: Discussion**

Findings are discussed in this chapter in accordance with the key research questions guiding the study. The study further provides recommendations based on a conceptual model that best suits interventions to reduce self-destructive behaviours in schools, as well as expand awareness.

**Chapter 6: Summary, Limitations, Recommendations, and Conclusion**

This chapter reflects the importance of this study and describe also the proposed intervention to the identified gaps.



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# CHAPTER 2: LITERATURE REVIEW

## 2.1 Introduction

The Azusa Pacific University (APU) writing centre, in the 2015 graduation, described the literature review as the compilation and evaluation of research available on a specific topic or issue being studied. It is crucial to explain the choice of a research methodology and state the basis for comparison of study results (Masatani, 2017). The South African National Survey of Research and Experimental Development in 2016/17 report maintains that a valuable literature review should be underpinned by a definite theory cornerstone, a report of published works associated with the researcher's exploration and analysis. The literature review for this research covers the underlying theories that assist in explaining self-destructive behaviour among adolescents. The literature review also explores empirical studies which explain the extent, knowledge and attitudes towards self-destructive behaviour in schools (Sass et al., 2019).

## 2.2 Children and Adolescent Mental Health

The WHO reported that each year, one billion children and adolescents experience some form of physical, sexual, or psychological violence in the school setting. The organisation revealed that half of interpersonal behaviour begins at 14, when children and adolescents start a new stage of life, while their bodies and brains have not yet fully developed. The organisation focused on adolescent and children's mental health at the world health day conference in 2018 (Hardcastle et al., 2018). Adolescence is an exciting time for learners because they indulge in different activities such as smoking illicit drugs, alcohol abuse, spending most of their time on the internet and dating. These factors create an environment for stress, depression, school dropout, disruptive behaviours, bullying school mates and killing teachers, as observed in the world timeline. The WHO planned to build mental resilience as an important factor in order for children and adolescents to cope at the early stages of life (Hardcastle et al., 2018).



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The WHO conducted a research study on school-based violence and developed a handbook on school-based violence. The booklet was established after violence in schools hit the global health system hard through an increased number of children and adolescents admitted to mental health intuitions. The US has opted to use this booklet, and recent evidence suggests that the amount of violence in schools has decreased. According to the WHO, the bizarre behaviours displayed at school were classified as interpersonal violence, which happened in forms, including children and adolescent maltreatment involving physical, sexual and psychological, emotional violence, neglect of infants, children and adolescents by parents and other authority figures, most often in their home and in settings such as schools and orphanages. This interpersonal violence also includes bullying, which is unwanted aggressive behaviour displayed by children and adolescents that often takes place in school (Hardcastle et al., 2018).

### 2.3 Disruptive Classroom Behaviours among Primary School Pupils

The District Leadership Forum in Washington DC reported that many educators responded to the national survey in relation to alarming increases in destructive behaviours in early grades. The study reported that about half of teachers witnessed tantrums or unresponsiveness at least several times a week and often several times a day. Nearly one-fifth of teachers reported frequent verbal abuse or bullying of other children and adolescents. About one in every seven teachers reported frequent physical violence towards other children and adolescents. The least commonly reported behavioural disruptions were verbal abuse, threats, or physical violence. Frequent verbal abuse was experienced by one in ten teachers while physical violence was reported by one in 20 (WHO, 2019). Destructive behaviours at school in all forms were classified as an infringement of children and adolescents' right to education. The study revealed that no country could achieve inclusive and equitable quality education for all children and adolescents who experienced violence and bullying at school. According to United Nations Education Scientific and Cultural Organisation (UNESCO), sustainable development goals should be fairly achieved to address school-based destructive behaviours. The goals of UNESCO are to monitor progress, thus requiring accurate data on prevalence and trends in school bizarre behaviours.



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Destructive behaviours in school can be devastating for children and adolescents, with effects that include children and adolescents finding it difficult to concentrate in class, dropping out and avoiding school activities. This organisation aims to end all violence and destructive behaviour in schools by 2024 (WHO, 2019).

A study conducted in 15 Indian cities in 2013–2017 by the Teachers Foundation revealed that 42 per cent of children and adolescents attending grades 4–8 and 36 per cent in grades 9–12 experienced harassment by schoolmates in the school setting. The global trends of the similar situation have been detailed by UNESCO (2019). In 2019 the United Nations education of scientific, cultural organisation reported that children and adolescents aged 13–17 were bullied by their peers at school (Falt & Singh, 2019). The Indian Teachers' Foundation reported that disruptive behaviours are a serious problem in schools in India. The foundation reported that a ten-year-old boy bullied his classmates, yet the school did not report or act. Some of the incidents included corporal punishment by the principal for not cleaning floors. This study revealed that children and adolescents were traumatised by other students and teachers (Falt, 2019).

The study of disruptive classroom behaviours among primary school children and adolescents revealed that at all levels of education, especially primary school, classroom disruptive behaviours were considered a serious problem towards teachers. The study revealed that these behaviours in classrooms, if viewed closely, were likely to be normal developmental behaviours of children and adolescent students but could be problematic if not addressed properly. The children and adolescents in Malta had displayed destructive behaviour due to some teachers had intimacy with students. The article on 'ethical implications in teaching and learning about intimate partner violence and femicide prevention' revealed that majority of the violence has occurred in Malta school were labelled dating violence' (Cassar, 2019).

Dating violence among teachers and learners was identified as the root cause of instabilities in a Malta school. The result of this study was used to formulate progressive management of prevention of misconduct and negligence by teachers found guilty of dating children and adolescents in the school setting. The adolescents and children (learners) from the US, Malta schools experienced decreased interest in



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schoolwork due to increased number of disruptive behaviour and obstruction of teaching lessons. These adolescents and children (learners) were unaware that displaying bizarre behaviours could relate to mental illness. At least approximately 500,000 adolescents and children (learners) were referred to psychiatrists and psychologists for mental status examination, and most adolescents and children (learners) were diagnosed with stress, interpersonal behavioural problems, and borderline personality disorders (Cassar, 2019).

The study in 29 schools in London revealed that children and adolescents experienced knife crime in school. The government of London further explained that safeguarding children and adolescents against knife crime in school required strategic planning. The DOE collaborated with other stakeholders. Knife crime has been defined as a term used commonly by the media to refer to street knife assaults and knife carrying. The study finding reported that in 2018, knife crime in school increased by 68,4 per cent across London, England and Wales. The police raided schools looking for weapons used by adolescents and children. The Office for Standards in Education, Children's Services and Skills regulate and inspect to achieve excellence in the care of children and adolescents and in education and skills for learners of all ages. It regulated children and adolescents' social care and inspected the Children and Family Court Advisory and Support Service (WHO, 2019).

The study conducted in India revealed that school has a huge influence on the health and education of adolescents and children. It was reported that these children and adolescents were displaying and obstructing teaching lessons in school (WHO, 2019).

Children and adolescents who experienced bullying, assaults and teasing by their peers started to be rampant across the Indian school. Most recent research conducted in India revealed that the government of India, together with other stakeholders, adopted a strategy to eradicate growing numbers of school-based violence and disruptive behaviours. The adopted programmes included ten interactive elements such as psychical education and activity, family engagement as well as community involvement (WHO, 2019).



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Children and adolescents go to school with common goals of acquiring knowledge and skills as well as positive behaviour. The deviant behaviour in a secondary school of Edo State, Nigeria, negatively impacted the lives of children and adolescents who started to obstruct teaching processes and bully peers. Disruptive behaviour in school became a significant concern in effective school administration in handling children and adolescents issues in school. Teachers in Nigeria lodged several complaints regarding deviant behaviour of children and adolescents, such as fighting and intimidating peers. The school where disruptive behaviour dominates becomes a zone for developing criminals and difficult for educators to teach. Disruptive behaviour changed the dynamics of school, which harmed children and adolescents who experienced abuse in school (Asiyai, 2019).

### 2.4 Self-Destructive Behaviour

Self-destructive behaviour is defined as a wide range of self-harming acts seen at high rates among children and adolescents in the juvenile justice system. The psychoanalytic theories posit that borderline personality disorders form part of self-destructiveness in the classroom. A study conducted in the US has shown that many children and adolescents have displayed self-destructive behaviour and obstructed teaching processes. The US study on violence against children and adolescents in school has addressed these self-destructive behaviours. This study found it essential to invite the DOH to minimise the risk of violence against teachers and children. The DOH in the US was overwhelmed by the rapid increases in children and adolescents admitted to their mental health care institutions. These children and adolescents also displayed non-suicidal self-injuries during the teaching process, and reckless behaviours were referred to the mental health care institutions, increasing the number admitted due to behavioural problems (Ferrara et al., 2019).

A US public health study reported that 30% of 4,500 children and adolescents suffer self-destructive behaviours, which are due to mental illnesses. Among the 4,500 children and adolescents, at least 23,9% committed a violent act at school (such as assaulting schoolmates and self-harm). Secondary school children and adolescents in the US are reported as displaying bizarre behaviour in the school setting. School violence has drawn attention worldwide whereby learners persist in turning the school



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setting into a place for developing criminals. The US government noticed growing numbers of self-destructive behaviours reported by the Center for Disease Control and Prevention (Ferrara et al., 2019).

The founder of Eglantyne, Jebb, resonated that 'every war is a war against children' one hundred years ago, and those millions of children and adolescents were caught up in conflicts in which they were not directly involved. The right to education had been violated with total impunity to innocent children and adolescents in schools by peers. Jebb presented new evidence damning in schools in the US in 2016 (Save the children, 2018).

The foundation revealed that at least 420 million children and adolescents were living in conflict zones globally, with an increase of nearly 30 million children and adolescents since 2016. Disruptive behaviours in schools have doubled since the end of the cold war; the foundation further revealed that at least 142 million children and adolescents were living in high-intensity conflict zones linked to more than 1,000 battle-related deaths in schools per year (Save the children., 2018).

The foundation analysis from Save the Children showed that numbers of 'grave violations' of children and adolescents almost tripled since 2010. This foundation had revealed that some disruptive behaviours in schools were related to poverty and break down of health care programmes in the school setting. Disruptive behaviours are identified as disgraceful behaviours that violate the protection of children and adolescents in conflict zones and are one of the defining challenges of the 21st century. The foundation to save children and adolescents prioritises learners in school, even though many armed disruptive behaviours and violence obstructed the teaching process. These disruptive behaviours left several children and adolescents traumatised and depressed because they were assaulted, bullied, teased, and some were killed in school by peers (Save the children, 2018).

The Scottish Public Health Network defines school-based violence as an expensive thing that generates multiple concomitant short- and long-term harm such as physical, mental, social and economic to those who experienced assault and bullying. It also explains that disruptive behaviours and school-based violence represent inequality



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and violation of other children and adolescents' right to education. School-based violence and disruptive behaviours tend to be experienced by teachers and learners in school (Arnot & Mackie, 2019). The Scottish Public Health Network identified 127 factors associated with the increased risk of school-based violence and disruptive behaviours, including substance or alcohol misuse, emotional distress, and poor academic performance (Arnot et al., 2019). The longitudinal study on Youth Transitions and crime reported 4,300 children and adolescents involved in school-based violence and disruptive behaviours (Arnot et al., 2019).

The Scottish Public Health Network established a programme to deal with school-based violence and disruption, which was useful since it focused on primary prevention. Primary prevention interventions include the complete control of places where alcohol and substance are available and the addition of age restrictions. The health practitioners started conducting school and home visits by multidisciplinary teams. The WHO also participated by suggesting that school-based programmes could give positive results on the prevention of school-based violence. The WHO, together with the Scottish public health committee, agreed to design the programme to improve adolescents' and children's cognitive motors. These programmes include problem-solving, critical thinking, effective communication, decision-making and coping skills to effectively reduce school-based violence and disruptive behaviours during the teaching process (Arnot et al., 2019).

The national school-based survey in Vermont defined children and adolescent disruptive behaviours as a major cause of violent crime, bullying, assault, and other unwanted behaviours in school. The children and adolescents in schools of Vermont in the US and England displayed disruptive behaviours that resulted in unintentional injuries and physical violence. The government of England analysed the youth risk survey findings and decided to design a strategic plan to deal with instability in school (YRSB, 2019).

Disruptive behaviour among children and adolescents became a global problem of school public health significance. When allowed to persist, school-based violence frequently contributes to injury, assault and murder in schools. The government of Kuwait experienced growth in numbers of school-based violence as a major concern



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in 2018. These disruptive behaviours occurred in different forms, such as self-harm resulting in mutilation or suicidal thoughts and interpersonal violence. The children and adolescents who obstructed teaching processes were reported as abusing substances and being members of gangs, among others. These incidents contributed to economic losses in areas where they were rampant, as well as increased expenditures in emergency medical care. The children and adolescents' phases were defined as phases individuals go through in developmental changes, including negative behaviour while spending time with peers (Shaikh et al., 2020).

The US Department of Education reported that the most serious school-based disruptive behaviours were caused by children and adolescents who indulged in substance abuse, violent crime and gangsterism. The US DOE involved police officials in eradicating the obstruction of teaching processes, and the majority of children and adolescents who abused their peers were males (Whitaker et al., 2019).

School-based violence was reportedly rampant in the US until the government delegated health care practitioners such as nurses, social workers, psychologists and doctors to curb school-based violence and teaching process obstructions. The findings of the health care workers had shown that children and adolescents referred to them had personality disorders. The study revealed that lack of school mental health practitioners results in knowledge deficit in mental health, leading to large numbers of children and adolescents participating in abuse, harassment, substance abuse and violent crimes in school (Whitaker et al., 2019).

The police foundation's preliminary report in averted attacks in schools stated that dangerous weapons were confiscated within the school setting. Children and adolescents in the US made guns, knives and other dangerous weapons become part of their stationary. It was reported that a group of children and adolescents used to obstruct the teaching process and assault other learners during classes, and they were arrested by police for different high profile cases as reported by police. Some were declared mentally unfit and referred to mental healthcare institutions for mental status examinations. The Department of Justice, Office of Community Orientated Policing Services and National Institute of Justice established a programme to deal with school



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public health. It was used to analyse, collect and discipline children and adolescents who obstruct school programmes (Whitaker et al., 2019).

The Center for Disease Control and Prevention reported an increase in suicidal rates among children and adolescents in the US due to depression caused by their peers who raped schoolmates, with at least 70 per cent of female children and adolescents experiencing such traumatic events. The UN Department of Health came up with a strategic plan to eradicate and reduce the rapid growth of disruptive behaviours and school-based violence. The healthcare practitioners conducted mental status examinations to all children and adolescents quarterly, and fewer cases of disruptive behaviours and school violence were recorded. According to the DOE, several waves of shootings happened in school due to unaddressed issues that concerned school-based violence and disruptive behaviours. It was estimated that at least 35 million children and adolescents in the US had experienced events that led them into childhood trauma. About 72 per cent of children and adolescents in US schools witnessed school-based violence, abuse, and disruptive behaviours (Whitaker et al., 2019).

The study on the impact of children and adolescents who experienced domestic violence had revealed that most participated in the obstruction of teaching processes. School-based violence and disruptive behaviours have become the most serious problem in Welsh schools. The study revealed that most of these children and adolescents had witnessed domestic violence and imitated what they had seen at home (McLeod, 2018). The traumatic events observed by children and adolescents escalated to a school setting where school became a criminal zone. Some children and adolescents also experienced bullying, assault and abuse from peers. The children and adolescents living with domestic abuse varied according to the age and stage of development; it was reported that most of them involved themselves in substance abuse and obstructed school process because they hardly perform well at school and also engaged them in antisocial behaviours (McLeod, 2018).

The secondary schools in Indonesia have raised a concern about the growing number of children and adolescents who have started self-destructive behaviour. The study revealed that at least three children and adolescents in every classroom are suspected



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of having interpersonal behavioural problems, and one in ten children and adolescents have mental health problems. Facing a crisis like this at an early stage of life may ruin children's and adolescents' education (WHO, 2019).

Children and adolescents were referred to mental health care practitioners, and the majority of them were diagnosed with emotional problems such as stress, anxiety, depression, and other behavioural disorders. All mental health problems were not initially considered until secondary school learners' dropped out of school, abused substances and bullied classmates and teachers. The study revealed that some of the causes of these mental health problems were family-related stress and time spent on the internet. The NHS (national health scheme) of Indonesia, together with the DOH and DOE, discussed the school mental health problems and proposed developing a mental health programme that would focus on children and adolescents in Indonesia. The purpose was to determine the direct effect of intrinsic and extrinsic motivation on learning behaviour (WHO, 2019).

The government of England had raised concerns about increasing disruptive behaviours in schools. It was reported that most of these behaviours included violent crimes such as the killing of their peers and teachers by schoolmates. The study revealed that disruptive behaviours had started to rise in England and Wales. Children and adolescents referred to mental health sectors grew in the short period 2017–18. The government of England and Wales had committed to eradicating violent crimes and breaking the cycle of child and adolescent violence in school (Pattison, 2019).

### 2.5 Aggressive Behaviour in Secondary Schools of Meskan Woreda

Self-destructive behaviour is any behaviour that is harmful towards the children and adolescents who engages in the behaviour. These illnesses have been associated with distress, problems functioning in society, school or family activities. Self-destructive behaviours and its complications became a common health burden, with most children and adolescents displaying bizarre behaviour in the school of Meskan Woreda. The Ethiopian Psychiatric Association predicted that mental illness will increase among children and adolescents by at least 50 per cent until 2020 in Meskan



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Woreda. The self-destructive behaviour was identified as a barrier to learning in secondary schools of Meskan Woreda of the Gurage zone (Fayso, 2019).

This study was conducted with 352 secondary school children and learners. The findings disclosed that aggression was categorised in forms among children and adolescents. According to this study, the manifestation of aggressive behaviour became the major problem associated with children and adolescents in secondary schools and the incidence of aggressive behaviour among secondary school learners is alarming. Secondary school children and adolescents are significant members of the community; hence a knowledge deficit about interpersonal behaviour could affect their future, and to be knowledgeable about borderline personality disorders such as destructive behaviour makes it easier for an individual to start understanding factors that can lead an individual to mental illness. Interpersonal behaviour is one of the most frustrating issues faced by parents and teachers. Several studies conducted in Meskan Woreda had reported that thought behavioural problems in schools take different forms such as vandalism, insubordination and aggression (Fayso, 2019).

## 2.6 Self-destructive behaviours in South African schools

School-based violence is spreading everywhere in a way that cannot be controlled in the province of Gauteng, leaving many children and adolescents experiencing an unsafe place. The Youth Research Unit sampled 4,760 pupils and 286 teachers randomly in selected secondary schools in Gauteng. It was reported that the researcher, Dr Antoinette Basson, said that more than half of the children and adolescents, as well as teachers who participated in the study, had personally experienced violence at school. The Youth Research Unit reported that most of these destructive behaviours that happened during school hours in the school classrooms were physical fights, bullying, verbal aggression, theft and harassment. Dr Basson further reported that it could be still a long journey for the government of South Africa to resolve school-based violence because major of children and adolescents involved in these problems were not given relevant support, for example, proper counselling from qualified health practitioners (Netshitangani, 2019). According to Dr Basson, addressing school-based violence is not only the responsibility of schools. It needs the DOH to delegate practitioners specialising in behavioural disorders, such as doctors,



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social workers, psychologists and nurses. The Youth Research Unit confirmed that family problems, parental negligence, socioeconomic and substances abuse were among the root causes of school-based violence (Netshitangani, 2019).

The destructive behaviour escalates levels of violence in schools across nations, particularly in South Africa, reflecting a growing problem. The South African council of educators in 2018, reported that destructive behaviours in school affected many adolescents and children negatively. They revealed that in three years, at least 15,5 million children and adolescents in South Africa experienced some strange behaviours. Due to a lack of knowledge and skills to protect themselves and others, children, they experienced violence at the hands of both peers and educators (Masinga, 2019).

The DOE in KwaZulu natal reported that school violence became one of the most difficult problems to resolve quickly. The MEC for Education in KwaZulu Natal condemned the disruptive behaviour displayed by groups of children and adolescents assaulting their defenceless classmates. According to the MEC, most children and adolescents experiencing such traumatic events were not referred to qualified healthcare providers for mental status examination and counselling. This incident occurred at Newlands East secondary school on 11 February 2020 (Masinga, 2019).

Destructive behaviours persist in South African schools. Reports state that teachers found it difficult to control misbehaving children and adolescents during teaching. These kinds of problems started to be constituent when corporal punishment had been outlawed by legislation. The study revealed that since the abolition of corporal punishment in schools, there is a huge gap that cannot be solved easily. It is reported that the government of SA launched a national project to deal with discipline in South African schools in 2000 but the punishment guidelines are not helping with the discipline of children and adolescents in schools. These behaviours have debilitating effects on learning and teaching often in Gauteng schools making it difficult for principal of the school to manage (Netshitangani, 2019).



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### 2.7 Engaging critical emancipatory research as an alternative to mitigate school violence in South Africa

The knowledge deficit of mental health problems in children and adolescents pose a major threat to public health in SA. The secondary school learners are now a major burden because children and adolescents display bizarre behaviours like beating and assaulting teachers and their peers. This study revealed that few studies were conducted with knowledge of mental health in secondary schools of SA. The mental health problems have increased quickly compared to past decades. Politics have played a crucial role in an increase of mental health problems in schools when the parliament legalised dagga. Mental health education in early childhood and adolescence becomes the most important tool to reduce stigma and promote early intervention. The National Youth at Risk Surveys reported that in South Africa, children and adolescents from grades 10 to 11, 24 per cent said that they had experienced feelings of depression, hopelessness and sadness while 21 per cent of them attempted suicide. Life Mental Health National manager stated that mental illness could be used as a learning tool and that a starting point to reduce stigma is with children and adolescents (McLeod, 2018).

School-based bullying is defined as systematic abuse of power in a relationship formed at school evidenced by aggressive acts directed by one or more individuals towards victims that a reasonable person would avoid. South African Council for Educators (SACE) mandated teachers to take reasonable steps to ensure the safety of the learners and themselves. The findings of this study showed that there was an increased number of incidents of bullying learners at the toilets site because toilets were 500 metres from teachers' classrooms, so this might be one of the causes of an increase in the number of incidents at school toilets (McLeod, 2018).

The number of incidents in South African secondary schools increases almost every day, and the government of SA has called all stakeholders to come together and discuss the continued assaults on teachers, children, and adolescents at schools. The provincial DOE in KwaZulu natal province suspended classes at Kwamasakane high school after two learners were stabbed to death by their schoolmates. The spokesperson of basic education, Elijah Mhlanga started to be worried about the



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killings of learners and teachers at schools by school learners after a 17-year-old boy who was attending school at Zeerust in the north-west stabbed a teacher to death. The MEC of education in Eastern Cape confirmed a learner attacked a bus driver when the bus was in motion in September 2018. Ekurhuleni Metro Police department spokesperson chief superintendent reported that a grade 11 learner was attempting to stab five learners at Fumana high school. In Limpopo Province, there was a group of secondary school children and adolescents in Flora Park at Polokwane who brutally killed a 27-year-old man and these children and adolescents were enrolled at Capricorn high school (Masinga, 2019).



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# CHAPTER 3: RESEARCH METHODOLOGY

## 3.1 Introduction

Research methodology is a systematic way of solving a problem. It is the science of studying how research is to be carried out and can be defined as the study of methods by which knowledge is gained (Rajasekar et al., 2013). According to Creswell (2012), a research method is a means of gaining knowledge by using an instrument to collect data for the research. The purpose of this chapter is to give a detailed narration of the approaches, processes and procedures used in collecting, analysing, and presenting findings. Academics, therefore, use the research methodology chapter to measure the extent of relevance of sampling processes, data collection techniques and data analysis procedures of the study.

## 3.2 Research Design

A quantitative descriptive cross-sectional research design is a non-experimental design used by a researcher to describe the variable of interest as it naturally occurs (Botma et al., 2016). Some advantages of descriptive designs are that they are inexpensive and take less time to conduct (Botma et al., 2016).

Disadvantages include the fact that the levels of information obtained are superficial, and the design cannot be used to infer causality or to investigate a relationship between variables (Botma et al., 2016).

A cross-sectional study is described as a type of observational study design whereby the researcher measures the outcome and the exposures in the study participants at the same time (Botma et al., 2016)

A quantitative descriptive design was appropriate for this study since it described the phenomenon in existence. It assisted in classifying features, counting them and constructing numerical data to explain what was observed. This design was used in this research to describe the phenomenon using systematic methods that produce accurate results. The descriptive design assisted the researcher to identify the problem with current practice at school without manipulating the variables. This



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quantitative descriptive design allowed the researcher to generalise the results to a larger population.

A cross-sectional study was used in collecting data from subjects at one point in time to describe a phenomenon and proven assumptions.

### 3.3 Study setting

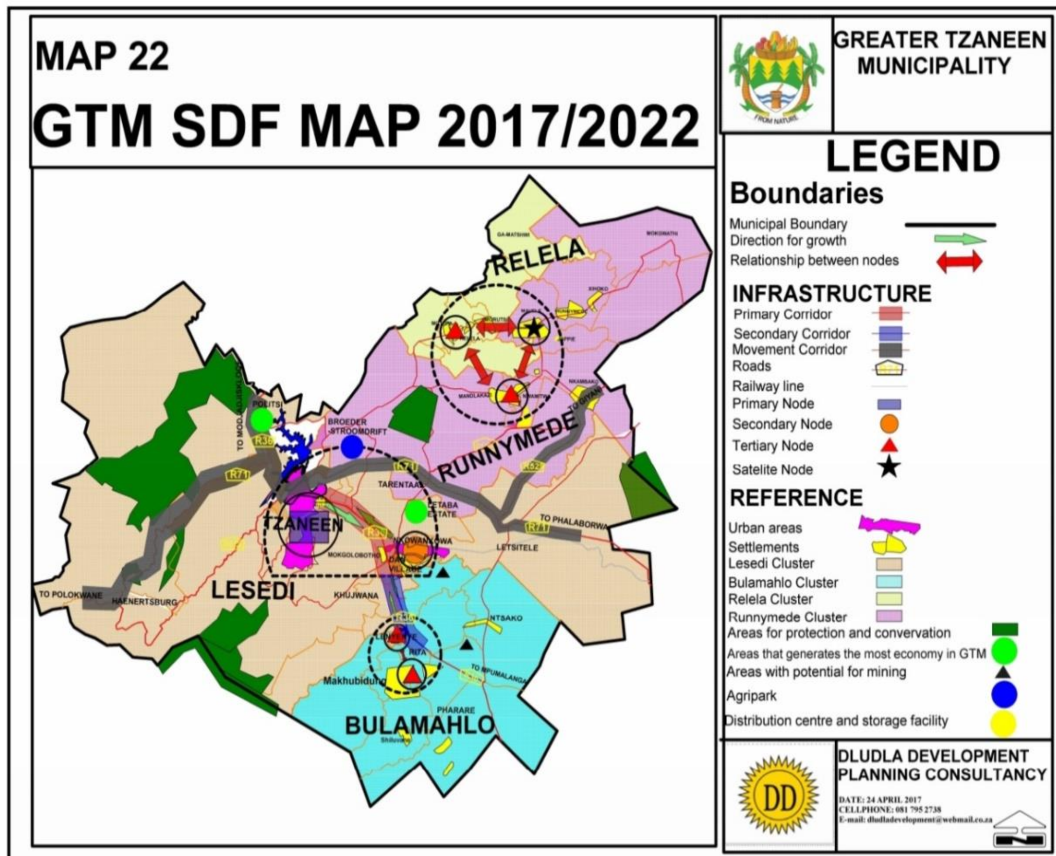


*Figure 3.1: Study Setting*

The research study was conducted in the Nkowankowa educational circuit located at the Nkowankowa location, approximately 36km South of Tzaneen in the Greater Tzaneen Municipality, in the Mopani District. According to the national EMIS (2018), this circuit has ten secondary schools, and all participated in the study, namely: Magoza secondary school 4km north east, Charles Mathonsi secondary school 6km north, Hudson Ntswanwisi secondary school 4km east, Bankuna secondary School



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4km south, DZJ Mtebule secondary school 6km east, Petanenge secondary school 8km south west, Progress secondary school 7km south west, St George combined school 3km north east, Meridian Combined school 5km and Zivuko secondary school 8km south. These secondary schools have group of multi-racial individuals, living together with the most dominant number being Tsonga and Pedi tribe.

## 3.4 Study Population

### 3.4.1 Target population

The target population refers to the total group of individuals from which the sample might be drawn (McLeod, 2014). The population is a complete set of persons or objects that possess some common characteristic that is of interest to the researcher (Botma et al., 2016).

**Table 3.1: Learner numbers per school within the population**

| School name | Number of learners |
|---|---|
| Magoza secondary school | 1 248 |
| DZJ Mtebule secondary school | 1 214 |
| Petanenge secondary school | 176 |
| Progress secondary school | 1 240 |
| St George secondary school with | 927 |
| Meridian secondary school | 817 |
| Charles Mathonsi high school | 653 |
| Hudson Ntswanwisi high school | 1 137 |
| Bankuna High School | 498 |
| Zivuko high school | 862 |
| **Total** | **8 772** |

The target population of this study was 8,772 (Emis, 2018), but the sampled population was 383.

### 3.4.2 Sampling processes

A sample is a subset of a population selected to research the population without having data collected from the entire population. Sampling is the process of selecting the subset or portion of the population representing the accessible population (Botma et



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al., 2016). It involves deciding which people, setting, events or behaviours are included in the study (Bertram & Christiansen, 2014).

A sample frame is a comprehensive list of sampling elements in the target population. Random sampling refers to a sample where every member of the research population has an equal chance of being included in the sample. Stratified random sampling is a type of random sampling which involves the selection of a sample that represents the relevant subgroups of the population (Bertram et al., 2014).

**Slovin's formula:**

$$\left(\frac{N}{1+Ne^2}\right)$$

$$= \left(\frac{8772}{1+8772(0.05)^2}\right)$$

$$= 383$$

Where:

n= is the sample size

N= is the population size

e= is the margin of error

Based on the sampling frame of 8772, a sample size of n = 383 was calculated using Slovin's formula (n = N/ [1+Ne2]), where n and N denote the sample and population sizes, respectively, therefore, allowing a margin error of e = 0.05.

All schools were selected, and the researcher divided the population by gender. Gender was chosen because there was a need to compare the knowledge and attitude of both female and male respondents. Respondents were randomly selected within each school based on learner enrolment to ensure proportional representativeness of both genders in the final sample

### 3.4.3 Inclusion and exclusion criteria

Learners who met the following criteria formed part of the study:



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- All secondary school learners from grades 8–12 under Nkowankowa educational circuit were included in the study provided that they could read and write.
- Learners of both sexes were included.
- Learners willing to be part of the study.

The following were the exclusion criteria from participating in the study:

- All secondary school learners who were not registered under the Nkowankowa circuit.
- Learners who were not willing to participate in the study.

### 3.4.4 Measurement instrument

A questionnaire lists questions that the respondents answer (Bertram et al., 2014). For this study, a self-administered questionnaire was adapted from the 'risky, impulsive, and self-destructive behaviour questionnaire' (Centers for Disease Control and Prevention, 2019), as well as 'Youth Risk Behaviours Survey Tool (Saden, Spielberg & Hayes, 2018). It consisted of three sections: Section A included questions regarding demographic characteristics consisting of age, sex, grade of the learners, ethnicity, and family history on mental disturbances. Section B focused on the knowledge of respondents towards self-destructive behaviours, and Section C on the attitude of respondents toward self-destructive behaviours. The questionnaire was modified in line with the objectives of the study. The ordinal level of measurement was used to compare data, whereby data was ranked as 1- strongly disagree, 2- disagree, 3- agree, 4- strongly agree in sections where questions related to the children and adolescents' attitudes regarding self-destructive behaviours. Categorical data 'yes' and 'no' was incorporated in the section concerning the knowledge of children and adolescents regarding self-destructive behaviours. The researcher discussed questions with the respondents face to face to save time and avoid bias. The researcher requested one teacher per school who has knowledge in conducting a research study to facilitate data collection to minimise a low return rate of questionnaires. The self-administered questionnaire was written in English, Xitsonga, Sepedi and Tshivenda since all languages are used in all secondary schools in the



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Nkowankowa educational circuit and the questionnaire required at least 20 minutes to complete.

### 3.4.5 Advantages of questionnaires

The questionnaire can be administered to a large number of people, and the information is easily captured into a computer programme to count responses in each category. It enables researchers to standardise the questions asked (in other words, ensure questions are asked of each respondent) and control the amount of information that respondents supply and reach a large number of geographically spread-out respondents (Bertram et al., 2014).

### 3.4.6 Disadvantages of questionnaires

Disadvantages can include the fact that the researcher is not always present to check whether a respondent has understood the questions or whether the correct person completed the questionnaire. The respondent may not understand the questions asked or the answer that they think the researcher wants to hear. Questionnaires posted by ordinary mail to respondents often have a low return rate (Bertram et al., 2014).

### 3.4.7 Pre-test of study instrument

The researcher randomly selected one secondary school from other educational circuits in Mopani District to pre-test the instrument. The pre-test was conducted in ten per cent of the population of one particular school randomly selected from the circuit to ensure that the instrument used to collect data had clear instructions. The results of the pilot were used to rephrase and modify questions where necessary, making them more appropriate and relevant. This helped the researcher to test if the content and structure were relevant.



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### 3.4.8 Validity and reliability of measuring instruments

Validity is the ability of an instrument to measure what it intends to measure. Instrument Validity seeks to ascertain whether an instrument accurately measures what it is supposed to measure (Botma et al., 2016).

The study ensured instrument validity and that all measured components are well represented by adapting questionnaires from ‘risky, impulsive, and self-destructive behaviour questionnaire’ to accommodate the local conditions. Youth Risk Behaviours Survey Tool was also guiding the modification of questions. The instrument was pre-tested on the volunteer learners from other educational circuits in the Mopani District.

Content validity is an assessment of how well the instrument represents all the components of the variable to be measured (Brink et al., 2012).

The researcher ensured that all components of the variables measured were represented by adapting a questionnaire from ‘risky, impulsive, and self-destructive behaviour questionnaire’ and Youth Risk Behaviours Tool.

Face validity is defined as the most obvious and weakest instrument validity (Brink et al., 2012). Face validity is easier to establish; that is, the questionnaire is a relevant measure of the content (Meyer et al., 2009). The researcher ensured that when adapting questionnaires from the ‘risky, impulsive, and self-destructive behaviour questionnaire’, the questions were readable and clear.

Reliability of an instrument refers to the extent to which a measure, procedure or instrument yields the same results on repeat trials (Bertram et al., 2014). The reliability of the instrument improved by adapting a questionnaire from a recent study conducted on ‘risky, impulsive, and self-destructive behaviour questionnaire’ guided by the Youth Risk Behaviour Survey Tool, which was a standardised tool developed by the Center for Disease Control (CDC) to measure risk behaviours of high school learners.



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### 3.4.9 Data collection methods

Self-administered questionnaires were used to collect data from the respondents. The ordinal level of measurement was used in the collection of data since the study investigated the knowledge and attitude of male and female secondary school learners towards self-destructive behaviour.

Ethical approval was obtained from the University of Venda Research Ethics Committee, and permission was granted by the DOE. The researcher visited all schools to submit the confirmation letter of permission from Limpopo DOE to conduct a research study at Nkowankowa educational circuit schools in the Mopani District. These visits were made to all schools selected in two days consecutively without any appointments made with the school principals' because it was the researcher's first visit. The dates of the second and third visits were arranged with the principals to meet all prospective respondents.

The researcher ensured that COVID-19 protocol measures were maintained, all prospective respondents were randomly selected to obtain a proportional sample size of 38 per school, comprising of 19 boys and 19 girls (for seven schools) and 39 respondents for the remaining three schools (20 boys and 19 girls) and it gave the researcher a sample size of 383. This process was conducted for five days in different schools, and all selected respondents were provided with a self-administered questionnaire of their preferred language which required at least 20 minutes to complete. All completed self-administered questionnaires were put in a sealed box, and these were collected within five days in the different schools.

### 3.4.10 Data management and analysis

All self-administered questionnaires were kept securely before data analysis, and the researcher stored data in a USB and kept it in the safe under lock and key as well as in a Cloud account for security reasons. Data were captured to Microsoft Excel spreadsheet, and Statistical Package for Social Sciences (SPSS) version 25.0 software was used to analyse data. Descriptive statistics were used to summarise the data and results were presented in table forms. In addition, inferential statistical tests



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were conducted in chi square tests and Pearson correlation tests to establish the relationship between knowledge of and attitudes towards self-destructive behaviour. Furthermore, an independent samples t-test was conducted to establish the impact of gender on the knowledge and attitudes towards self-destructive behaviour.

### 3.4.11 Ethical considerations

Ethics refers to a set of moral principles used to guide the `planning, implementation, evaluation and reporting of any research project (Meyer et al., 2009).

The research proposal was submitted to the University of Venda Research Ethics Committee and the Faculty of Health Sciences Postgraduate Committee for approval; and permission to conduct the study was formally sought from the provincial DOE and the DOE Mopani District office, Nkowankowa educational circuit manager, and school principals of all selected secondary schools.

### 3.4.12 Informed consent

The researcher ensured that written informed consent forms were completed by parents or next of kin for respondents below 18 years. The respondents older than 18 years completed the informed consent forms. The respondents' parents were informed that data would be disseminated through a research report. The information sheet was given to the respondents and their parents to ensure they understood their research study role.

### 3.4.13 Right to autonomy

Persons are autonomous agents who have the freedom to conduct their lives as they choose without external control (Burns & Grove, 2011). The respondents' right to autonomy is assured by explaining the purpose and significance of the study, obtaining their informed consent, emphasising that participation was for free, voluntary and that they had the right to withdraw from participation at any time (Burns & Grove, 2011).



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### 3.4.14 Right to anonymity and confidentiality

The right to anonymity and confidentiality is provided by ensuring that information given could not be linked to any respondent and using numbers instead of names. The researcher informed respondents that all information was strictly confidential and no information would be shared. All the respondents were treated equally and fairly. Confidentiality was maintained by ensuring that the respondent's information would not be accessible to others unless through research reports and workshops as consolidated data

Confidentiality was ensured by the anonymous deposition of the questionnaire in a sealed box in the classrooms where the data collection occurred. This process was done in two days to ensure that all schools were covered.

### 3.4.15 Termination

The researcher assured respondents that they could end participation at any stage of the project, even after signing a consent form without any consequences.

### 3.4.16 Benefits and risks

The respondents were informed that there was no risk of contracting COVID 19 since COVID 19 regulations were maintained. They were informed that there were no financial benefits and that their data might benefit other school learners and the community at large, depending on the outcome of the study. The research study benefitted the respondents by acquiring more knowledge about borderline personality disorders, and also, the community would be able to start programmes related to prevention of the borderline personality disorders. The researcher ensured that COVID 19 measures were maintained by ensuring that classrooms, where data collection took place, were well ventilated, at least 1.5m social distancing between the chairs, Sanitisers were available, all respondents wore masks, data collection process did not exceed the allocated time of 20 minutes, black pens provided to avoid exchanging items and respondents to sanitise their hands before and after completing the questionnaires. No respondents reported being affected; if they had, they would have been referred to the public hospital for further management.



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### 3.5 Conclusion

This chapter focused on the study design and methodology used to gather information from the respective respondents. It also highlighted ethical issues. The next chapter will focus on presenting the research findings of the study.



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# CHAPTER 4: DATA ANALYSIS PRESENTATION

## 4.1 Introduction

The previous chapter discussed the methodology and analysis of the results is presented in this chapter. The questionnaire was used to collect data from 383 respondents and was successfully completed in five days. Data was captured using Microsoft Excel spreadsheet and SPSS 25 version. Furthermore, data was analysed with SPSS 25 version, and the result reflected in this chapter, which is a data analysis presentation. This chapter details the data analysis presentation and the below data indicates the overall findings.

The findings of this research study are presented in table forms.

## 4.2 Purpose and Objectives of the Study

The purpose of the study was to investigate the knowledge and attitude of secondary school learners regarding self-destructive behaviours in the Mopani District in Limpopo Province. The study objectives were to assess knowledge of secondary school learners regarding self-destructive behaviours, describe the attitude of secondary school learners towards self-destructive behaviours and compare knowledge and attitude of both female and male secondary school learners regarding self-destructive behaviours.

## 4.3 Biographical Information

The biographical information includes respondents' Code, Age, School Name, Gender, and Grade. The respondents' codes, which were unique numbers equal to 383, were equivalent to the number of respondents expected, and 383 respondents participated. The respondents aged 13–17 years were 123 (32.1%) in all schools, followed by respondents aged 18–22 years 160 (41.8%) and respondents aged 23–27 were 100 (26.1%), providing a sample size of 383. In total, n = 192 were male respondents, and n = 191 were female respondents.



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Table 4.3.1 below indicates the sex of the respondents who agreed to be part of the study; n = 192 (50.1%) respondents were male and n = 191 (49.9%) respondents were female.

Table 4.3.1: The gender of the respondents

| GENDER | | |
|---|---|---|
| | N | % |
| MALE | 192 | 50.1% |
| FEMALE | 191 | 49.9% |

The number of respondents per grade is presented in Table 4.3.2 below. The results indicates that in grade 8 only 12 (3.1%) respondents participated, grade 9 has 121 (31.6%) respondents participated, grade 10 has 48 (12.5%) participated, grade 11 has 98 (25.6%) respondents and grade 12 has 104 (27.2%) participated.

Table 4.3.2: The grades of respondents

| GRADE | | |
|---|---|---|
| | N | % |
| 8 | 12 | 3.1% |
| 9 | 121 | 31.6% |
| 10 | 48 | 12.5% |
| 11 | 98 | 25.6% |
| 12 | 104 | 27.2% |

Table 4.3.3 indicates the age of the respondents who participated in the study, grouped in three categories; n = 123 (32.1%) respondents were aged 13–17 years, followed by n = 160 (41.8%) respondents aged 18–22 years and lastly; n = 100 (26.1%) respondents aged 23–27 years.



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Table 4.3.3: The age of the respondents

| AGE | N | % |
|---|---|---|
| 13-17 | 123 | 32.1% |
| 18-22 | 160 | 41.8% |
| 23-27 | 100 | 26.1% |

Table 4.3.4 indicates secondary schools in Nkowankowa educational circuit that participated in the study, namely; Zivuko High with 39 respondents 10.1 per cent of the whole population sampled, Meridian combined with 38 respondents 9.8 per cent of the whole population sampled, St George with 38 respondents 9.8 per cent, Petanenge high with 39 respondents 10.1%, Magoza high with 39 respondents 10.1 per cent, Hudson Ntswanwisi with 38 respondents 9.8 per cent, Charles Mathonsi with 38 respondents 9.8 per cent, DZJ Mtebule with 38 respondents 9.8 per cent, Progress high with 38 respondents 9.8 per cent, and Bankuna high with 38 9.8 per cent of the entire population sampled. These schools fall under the Nkowankowa circuit of Mopani District in the Limpopo Province.

Table 4.3.4: The secondary schools in Nkowankowa educational circuit

| SCHOOL NAME | | FREQUENCY | PERCENT |
|---|---|---|---|
| Valid | Zivuko high | 39 | 10.1% |
| | Meridian Combined | 38 | 9.8% |
| | St George | 38 | 9.8% |
| | Petanenge | 39 | 10.1% |
| | Magoza | 39 | 10.1% |
| | Hudson | 38 | 9.8% |
| | Charles M | 38 | 9.8% |
| | DZJ M | 38 | 9.8% |
| | Progress | 38 | 9.8% |
| | Bankuna | 38 | 9.8% |
| | Total | 383 | 100% |



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## 4.4 The Knowledge of Secondary School Learners Regarding Self-Destructive Behaviours

In this section, respondents were assessed regarding their knowledge of self-destructive behaviours. The respondents were requested to answer the following questions and expected to use either ‘yes’ or ‘no’. Table 4.4.1 indicates the results of the study.

Table 4.4.1: Knowledge of secondary school learners regarding self-destructive behaviour

| Knowledge of secondary school learners regarding self-destructive behaviour | YES | % | NO | % | *N* |
|---|---|---|---|---|---|
| Do you understand what self-destructive behaviours are? | 269 | 70.2% | 114 | 29.8% | 383 |
| Do you know people who are suffering from self-destructive behaviours’? | 243 | 63.4 % | 140 | 36.6% | 383 |
| Do you know possible cause of self-destructive behaviours? | 277 | 77.3% | 106 | 27.7% | 383 |
| Do you know that self-destructive behaviours are related to mental illness? | 258 | 67.4% | 125 | 32.6% | 383 |
| Do you know that bullying others is associated with self-destructive behaviours? | 253 | 66.1% | 130 | 33.9% | 383 |
| Do you know that using substance can change the normal way of person’s thinking? | 270 | 70.5% | 113 | 29.5% | 383 |

The respondents were requested to indicate whether they understand what self-destructive behaviours are or not, and Table 4.4.1 above indicates that at least 269 (70.2%) said ‘Yes’ they understand what self-destructive behaviours are, with 114 (29.8%) said ‘No’ they do not understand. Furthermore, the respondents were asked if they know people who are suffering from self-destructive behaviours or not. The results have shown that 243 (63.4%) respondents said ‘Yes’ they know people suffering from self-destructive behaviours, with 140 (36.6%) respondents saying, ’No’ they do not know people suffering that behavioural condition. The study findings revealed after the respondents were asked to answer whether they know the possible cause of self-destructive behaviours or not, 227 (72.3%) respondents said ‘yes’ they



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know the possible causes of self-destructive behaviours, and 106 (27.7%) respondents answered ‘no’, they do not know the possible cause of self-destructive behaviours.

The respondents were requested to answer whether they know that self-destructive behaviours are related to mental illness or not. The results presented in Table 4.4.1 indicate that 258 (67.4 %) respondents answered ‘yes’ they know that self-destructive behaviours are related to mental illness. The findings in Table 4.4.1 indicates that 125 (32.6%) respondents replied ’no’ they do not know that self-destructive behaviour are related to mental illness. Furthermore, the respondents were asked to answer whether they know that bullying is associated with self-destructive behaviours or not. The results indicate that 253 (66.1%) respondents said ‘Yes’ they knew that bullying is associated with self-destructive behaviours, with 130 (33.9%) respondents said ‘ No’ they do not know that bullying others is associated with self-destructive behaviours. Table 4.4.1 indicates that the respondents were requested to answer whether they know that a substance can change the normal way of a person’s way of thinking or not. The results indicate that 270 (70.5%) respondents know using a substance can change the normal way of thinking, with 113 (29.5%) saying ’no’ they do not know that substance can change one’s typical way of thinking.

## 4.5 The Attitude of Secondary School Learners Regarding Self-Destructive Behaviours

In this section, respondents were requested to respond to the questions in Table 4.5.1 below to assess their attitude towards people suffering from self-destructive behaviours. Table 4.5.1 indicates responses from the respondents in regard to their attitude towards self-destructive behaviours. Respondents were asked whether they like people with self-destructive behaviours or not by indicating agree, strongly agree, disagree and strongly disagree. The following findings in line with the objective of the study indicate that 83 (21%) agreed*,* 234 (61.1%) strongly agreed, 22 (5.7%) disagreed, and 44 (11.5%) strongly disagreed that people with self-destructive behaviours abuse substance. Moreover, respondents were asked whether people with self-destructive behaviours do not respect other people. The results indicate that 139 (36.3%) respondents agreed, 143 (37.4%) strongly agreed, with 30 (7.8%) disagreeing



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and 71 (18.5%) strongly disagree that people with self-destructive do not respect other people.

Furthermore, respondents were requested to answer whether people with self-destructive behaviours are the most violent ones or not. The results indicate that 143 (37.3%) respondents agreed, 152 (39.7%) strongly agreed, with 29 (7.6%) disagree, and 59 (15.4%) strongly disagreeing that people with self-destructive behaviours are most violent. The respondents were asked whether people with self-destructive behaviours need professional help. The results indicate that 130 (33.9%) respondents agreed, 109 (28.5%) strongly agreed, 78 (20.4%) disagreed, and 66 (17.2%) strongly disagree that people with self-destructive behaviours need professional help. Furthermore, the respondents were asked whether self-destructive behaviours can be healed by consulting pastors or traditional healers. The results indicate that 103 (26,9%) respondents agreed, 110 (28.7%) strongly agreed, with 87 (22.7%) disagreeing, and 83 (21.7%) strongly disagree that self-destructive behaviours can be healed by consulting pastors or traditional healers.

In this study, the respondents were asked whether they could stay with people suffering self-destructive behaviours. The results indicate that 116 (30%) respondents agreed, 189 (49.3%) strongly agreed, 20 (5.2%) disagreed, and 58 (15.1%) strongly disagree that they feel like they can stay with people suffering from self-destructive behaviours. In addition, the respondents were requested to indicate whether self-destructive behaviours can be prevented. The results indicate that 124 (32.4%) respondents agreed, 168 (43.9%) strongly agreed, with 44 (11.5%) disagreed, and 47 (12.3%) strongly disagreed that self-destructive behaviours can be prevented.

The respondents were asked whether they cannot associate with people suffering self-destructive behaviours. The results indicate that 139 (36.3%) respondents agreed, 74 (19.3%) strongly agreed, with 87 (22.7%) disagreeing, and 83 (21.7%) strongly disagree that they feel like they cannot associate with people suffering from self-destructive behaviours. Further, the respondents were asked whether people with self-destructive behaviours are important. The results indicate that 143 (37.3%) respondents agreed, 152 (39.7%) strongly agreed, with 29 (7.6 %) disagreeing, and



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59 (15.4%) strongly disagreeing that they feel like people with self-destructive behaviours are not important.

Table 4.5.1 Respondents' attitude towards self-destructive behaviour

| Respondents' attitude towards self-destructive behaviour | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Agree | % | Strongly agree | % | Disagree | % | Strongly disagree | % | N |
| I feel like people with self-destructive behaviours abuse substance | 83 | 21.7% | 234 | 61.1% | 22 | 5.7% | 44 | 11.5% | 383 |
| People with self-destructive behaviours do not respect other people | 139 | 36.3% | 143 | 37.4% | 30 | 7.8% | 71 | 18.5% | 383 |
| People with self-destructive behaviours are most violent ones | 143 | 37.3% | 152 | 39.7% | 29 | 7.6% | 59 | 15.4% | 383 |
| People with self-destructive behaviours need professional help | 130 | 33.9% | 109 | 28.5% | 78 | 20.4% | 66 | 17.2% | 383 |
| Self-destructive behaviours can be healed by consulting pastors or traditional healers | 103 | 26.9% | 110 | 28.7% | 87 | 22.7% | 83 | 21.7% | 383 |
| I feel like I can stay with people suffering from self-destructive behaviours | 116 | 30.3% | 189 | 49.3% | 20 | 5.2% | 58 | 15.1% | 383 |
| I feel like self-destructive behaviours can be prevented | 124 | 32.4% | 168 | 43.9% | 44 | 11.5% | 47 | 12.3% | 383 |
| I feel like I cannot associate with people suffering from self-destructive behaviours | 139 | 36.3% | 152 | 39.7% | 29 | 7.6% | 59 | 15.4% | 383 |
| I feel like people with self-destructive are not important | 143 | 37.3% | 152 | 39.7% | 29 | 7.6% | 59 | 15.4% | 383 |

**4.6 The Correlation between Knowledge and Attitude towards Self-Destructive Behaviours**

A Pearson Chi squared test was conducted to determine whether there was a relationship between knowledge and attitude using the outcome variable ' feeling that people with self-destructive are not important' and 'knowledge of self-destructive behaviours'. Also, multiple logistic regressions determined the strength of the



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associations between the different variables and outcome variables ‘feeling that people with self-destructive behaviours are not important’ and ‘knowledge of self-destructive behaviours’. The outcome models for the attitudes were transferred from the four-point Likert scales to the two-point Likert scale, i.e. agree and disagree, to ease of tabulation. Odds ratios, 95 % confidence intervals and p values were computed and interpreted.

### 4.6.1 Knowledge of secondary school learners regarding self-destructive behaviour

There was a relationship between different aspects of knowledge and their attitudes. For instance, knowledgeable people were 5.07 times more likely to disagree that people with self-destructive behaviours are not important than those that were not knowledgeable.

**Table 4.6.1** the knowledge of secondary school learners regarding self-destructive behaviour

| **Outcome Variable-** “Feel Like People with self-destructive behaviour are not important” | | | | | | |
|---|---|---|---|---|---|---|
| **Absent because of:** | **Response** | **n (%)** | **$\chi^2$ P-Value** | **MLR-OR** | **95% (CI)** | **MLR- P-Value** |
| V1. Knowledge of self-destructive behaviours | Yes | 268 (70.16) | 0.01* | 5.07 | 1.19-11.40 | 0.00* |
| | No | 114 (29.84 | | *** | | |
| V2. Knowledge of people who are suffering from self-destructive behaviours | Yes | 241 (63.09) | 0.02* | 4.78 | 2.31-15.95 | 0.00* |
| | No | 141 (36.91) | | *** | | |
| V3. Knowledge of possible causes of self-destructive behaviours | Yes | 276 (72.25) | 0.00* | 7.08 | 1.03-17.53 | 0.01* |
| | No | 106 (27.75) | | *** | | |
| V4. Knowledge of self-destructive behaviours that are | Yes | 257 (67.28) | 0.02* | 3.03 | 2.03-7.05 | 0.03* |
| | No | 125 (32.72) | | *** | | |



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| | | | | | | |
|---|---|---|---|---|---|---|
| related to mental illness | | | | | | |
| V5. Knowledge of whether bullying others is associated with self-destructive behaviours | Yes | 262 (68.59) | 0.01* | 4.03 | 1.02-12.13 | 0.01* |
| | No | 120 (31.41) | | *** | | |
| V6. Knowledge of whether using substances can change the normal way of a person's thinking | Yes | 268 (70.16) | 0.01* | 4.54 | 1.88-17.03 | 0.00* |
| | No | 114 (29.84) | | *** | | |

### 4.6.2 Attitudes of secondary school learners regarding Self-destructive behaviour

The findings of the study show that there is some relationship between some variables used to probe attitudes with the knowledge outcome variable "Understanding towards what self-destructive behaviours are". For instance, those who agreed that "Self-destructive behaviours can be prevented" were 11.3 times more likely to understand self-destructive behaviours compared to those who disagreed.

**Table 4.6.2:** The attitudes of secondary school learners regarding self-destructive behaviour

| **Outcome variable:** 'Understanding towards what self-destructive behaviours are' | | | | | | |
|---|---|---|---|---|---|---|
| **Absent because of:** | **Response** | **n (%)** | **$\chi^2$ P-Value** | **MLR-OR** | **95% (CI)** | **MLR- P-Value** |
| V7. I feel like people with Self-destructive behaviours abuse substance | Agree | 343 (89.52) | 0.00* | 5.03 | 2.35-17.8 | 0.00* |
| | Disagree | 40 (10.47) | | *** | | |
| V8. People with self-destructive behaviours do not respect other people | Agree | 174 (45.00) | 0.03* | 0.85 | 0.03-3.25 | 0.05 |
| | Disagree | 209 (55.00) | | *** | | |
| | Agree | 170 (44.51) | 0.04* | 0.75 | 0.16-4.20 | 0.346 |



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| | | | | | | |
|---|---|---|---|---|---|---|
| V9. People with self-destructive behaviours are most violent ones | Disagree | 213 (53.50) | | *** | | |
| V10. People with self-destructive behaviours seek professional psychiatric medical help | Agree | 69 (17.80) | 0.00* | 0.43 | -0.01-0.86 | 0.00* |
| | Disagree | 314 (82.20) | | *** | | |
| V11. Self-destructive behaviours can be healed by consulting traditional healers or Pastors | Agree | 82 (21.20) | 0.00* | 0.48 | 0.02-1.01 | 0.00* |
| | Disagree | 301 (78.80) | | *** | | |
| V12. I feel like I can stay with people suffering from self-destructive behaviours | Agree | 319 (83.51) | 0.00* | 8.02 | 1.52-17.42 | 0.00* |
| | Disagree | 64 (16.49) | | *** | | |
| V13. I feel like self-destructive behaviours can be prevented | Agree | 347 (90.84) | 0.00* | 11.3 | 3.04-22.53 | 0.00* |
| | Disagree | 36 (9.16) | | *** | | |
| V14. I cannot associate with people with self-destructive behaviours | Agree | 165 (50.15) | 0.06 | 0.51 | -0.32-1.58 | 0.17* |
| | Disagree | 163 (49.85) | | *** | | |
| V15. I feel like people with Self destructive behaviours are not important | Agree | 302 (79.06) | 0.01* | 7.58 | 1.34-10.51 | 0.00* |
| | Disagree | 81 (20.94) | | *** | | |

## 4.7 The Comparisons of Knowledge and Attitude towards Self-Destructive Behaviours by Gender

In this section, respondents were expected to express their feelings with regard to self-destructive behaviours in a school setting. The objective tested was the need to



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compare the knowledge and attitude of male and female respondents regarding self-destructive behaviours. As in Tables 4.7.1 and 4.7.2, 192 (51%) of the respondents were male, while 191 (49%) of the respondents were female.

In this research, an independent sample t-test was conducted to compare the significance of differences in knowledge and attitudes of male and female learners regarding self-destructive behaviours. Table 4.7.1 shows a summary of the descriptive results of the statistical tests.

Table 4.7.1 Group statistics

| | GENDER | N | Mean | Std. Deviation | Std. Error Mean |
|---|---|---|---|---|---|
| Attitude | MALE | 192 | 8.9010 | 1.77993 | 0.12846 |
| | FEMALE | 191 | 9.5079 | 1.63794 | 0.11852 |
| Knowledge | MALE | 192 | 3.7552 | 0.82973 | 0.05988 |
| | FEMALE | 191 | 4.0681 | 1.32608 | 0.09595 |

As per the above table, the mean attitude scores were 8.901 for males (with a standard deviation of 1.779 and standard error of 0.128) versus 9.508 for females (with a standard deviation of 1.638 and standard error 0.119). This shows that, female respondents displayed a comparatively higher attitude towards self-destructive behaviour than their male counterparts in terms of descriptive statistics. Results on attitude scores further show a higher variability from the mean on male participant scores than female respondents' scores. Meanwhile, mean knowledge scores were 3.755 for males (with a standard deviation of 0.830 and standard error of 0.060) versus 4.068 for females (with a standard deviation of 1.326 and standard error of 0.096). Similar to attitude, this shows that female respondents displayed a comparatively higher knowledge of self-destructive behaviour than their male counterparts in terms of descriptive statistics. Results on knowledge further show a higher variability from the mean on female scores compared to male scores. Two independent samples statistical tests were conducted to test for the significance of differences in these mean attitude and knowledge scores, and the results are in Table 4.7.2.



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Table 4.7.2: Comparisons of attitudes and knowledge of self-destructive behaviours by gender

| | | Levene's Test for Equality of Variances | | t-test for Equality of Means | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | F | Sig. | T | Df | Sig. (2-tailed) | Mean Difference | Std. Error Difference | 95% Confidence Interval of the Difference Lower | Upper |
| Attitude | Equal variances assumed | 11.103 | 0.001 | -3.471 | 381 | 0.001 | -0.60681 | 0.17482 | -0.95054 | -0.26309 |
| | Equal variances not assumed | | | -3.472 | 378.712 | 0.001 | -0.60681 | 0.17478 | -0.95047 | -0.26316 |
| Knowledge | Equal variances assumed | 69.370 | 0.000 | -2.769 | 381 | 0.006 | -0.31285 | 0.11297 | -0.53499 | -0.09072 |
| | Equal variances not assumed | | | -2.766 | 318.724 | 0.006 | -0.31285 | 0.11310 | -0.53538 | -0.09033 |

In Table 4.7.2, the t-test results on attitude displayed a test score of 3.472 with 378 degrees of freedom and a $p$ value of 0.001. With this test result, the null hypothesis was rejected at the 95 per cent confidence level, leading to the conclusion that there were significant differences between attitude scores towards self-destructive behaviour between male and female respondents. As per mean scores, it can be further concluded at the five per cent significance level that female respondents displayed significantly higher positive attitudes towards self-destructive behaviour than male respondents. In addition, the t-test results on knowledge scores displayed a test



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score of 2.766 with 318 degrees of freedom and a $p$ value of 0.006. With this test result, the null hypothesis was also rejected with 95 per cent confidence, leading to the conclusion that there were significant differences in the knowledge of self-destructive behaviour between male and female respondents. As per mean scores shown in Table 4.7.1, it can be further concluded at the five per cent significance level that female respondents displayed significantly higher self-destructive behaviour knowledge than male respondents.

## 5. CONCLUSION

Self-destructive behaviours become a global challenge to all children and adolescents who display these behavioural conditions within the school setting, which disturb the normal teaching process. The study reveals that respondents are knowledgeable regarding self-destructive behaviours. Furthermore, the respondents' demonstrated positive attitudes towards self-destructive behaviours. The next chapter presents the discussion of the findings.



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# CHAPTER 5: DISCUSSION OF FINDINGS

## 5.1 Introduction

Chapter four focused on presenting the study findings regarding self-destructive behaviours among secondary school learners in Mopani District secondary schools. Chapter five discusses the study findings under demographic information, knowledge and attitude of secondary school learners regarding self-destructive behaviours.

## 5.2 Demographical Characteristics

### 5.2.1 Age

The National Center of Education Statistics in the US reported that learners aged 12–18 years were afraid to be attacked by peers who displayed self-destructive behaviours at school (Irwin et al., 2021). In the current study, most respondents were aged 18–22 years with 160 (41.8%), followed by 13–17 123 (32.1%) and 23–27 100 (26.1%). The findings of this study agree with a study conducted in Australia by the School of Psychology and Illawarra Health and Medical Research Institute, which revealed that children and adolescents aged 14–18 years old who suffered from self-destructive behaviours used to bully other learners during the teaching process (Townsend et al., 2018).

### 5.2.2 School

The research study was conducted in the Nkowankowa educational circuit at the Nkowankowa location, approximately 36km South of Tzaneen in the Greater Tzaneen Municipality in Mopani District. In this circuit, ten secondary schools were part of the study: Magoza secondary school, Charles Mathonsi, Hudson Ntswanwisi secondary, Bankuna secondary, DZJ Mtebule secondary, Petanenge secondary, Progress secondary, St George, Meridian Combined and Zivuko secondary. The National Center of Education Statistics conducted a study among 56 high schools in rural and urban areas, which had shown a decline in the number of incidents of self-destructive behaviours at school (Irwin et al., 2021). In contrast, the current study focused on rural high schools only and this could impact the findings.



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### 5.2.3 Gender

The majority of the respondents were male with 192 (51%) and female with 191 (49%). This population is in line with National Center of Education Statistics, whose study had more male participants than females (Irwin et al., 2021). In contrast, a study conducted in London by Ofsted had more female participants than males (Irwin, 2021).

### 5.2.4 Grade

In this study, the findings have shown that all secondary school learners from grade 8–12 under Nkowankowa educational circuit were included in the study provided that they could read and write and also were willing to be part of the study. In grade 8, at least 12 (3.1%) and grade 12 104 (22.2)% participants. The National Center of Education Statistics revealed that at least 22 per cent of learners in the US enrolled from grades 9–12 reported to law enforcement for displaying self-destructive behaviours in the school (Irwin et al.,2021), meaning almost all grades were represented, which is similar to the current study whose participants represented all high school grades.

## 5.3 The Knowledge of Secondary School Learners Regarding Self-Destructive Behaviours

The secondary school environment can offer opportunities to the learners to learn about self-destructive behaviours, how to prevent and identify behavioural disorders at an early stage (Townsend et al., 2018). In Australia, a study conducted on ‘school intervention for personality disorder and self-harm in youth’ agreed with the findings of this study, that the majority of children and adolescents know what self-destructive behaviours are; they did not know that distracting and displaying unwanted behaviours could lead to mental health problems (Townsend et al., 2018). However, in this study most respondents indicated that they knew what self-destructive behaviours are, however, 30 % did not understand. The research study in Australia revealed that learners aged 14–19 years old in different rural and urban schools knew what self-destructive behaviours were but did not know much about their relationship with mental illness (Townsend et al., 2018).



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In the current study, the respondents knew people suffering from self-destructive behaviours, with few respondents who did not know people suffering from that behavioural condition. The findings are in line with Netshitangani's study conducted in South Africa on the *voices of Teachers on school and gender-based violence in urban public schools;* which found that at least 66 per cent of the children and adolescents knew people who were suffering from self-destructive behaviours, but did not have skills and knowledge to assist them (Netshitangani, 2019)

In the current study, the findings show that most of the respondents knew the possible cause of self-destructive behaviour while 28 % of the respondents did not know the possibility of self-destructive behaviours. UNESCO conducted a study that examined the possible causes of self-destructive behaviours in 144 countries worldwide (UNESCO, 2019). The study revealed that self-destructive behaviours at school were caused by learners using substances before and after school attendance (UNESCO, 2019). Although the focus of the current study was not on identifying the causes of self-destructive behaviours, the finding could be considered important for future research. The study conducted in London among children and adolescents found that the respondents knew the possible causes of self-destructive behaviours (Spielman, 2019). These groups of children and adolescents in secondary school used to bully and rob their peers in the school setting, which lead to self-harm and increased mortality rate by one per cent in 2017 (Spielman, 2019). According to the study, 80 % of the learners involved said they abused and assaulted other children and adolescents because of poverty (Spielman, 2019).

### 5.3.1 The effect of knowledge deficit in relation to behavioural disorders

Most respondents in the current study reported that they knew that self-destructive behaviours were related to mental illness, although the findings are not significant, with fewer respondents who stated that they did not know those self-destructive behaviours were related to mental illness. The study conducted in children and adolescents mental health in SA agreed that self-destructive behaviours are related to mental illnesses, whereby secondary school learners in Western Cape were displaying strange behaviours during the teaching process (i.e. roaming around aimlessly while teaching in process, emotional and aggressive behaviours, teachers and learners



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were assaulted) (Sitoyi, 2020). These learners used to distract and disrespect teachers, and they came to school carrying weapons, including unlicensed firearms. The DOH assigned social workers and psychologist to intervene and almost 94 % of the perpetrators were diagnosed with substance induce psychoses disorder (Sitoyi, 2020).

### 5.3.2 The bullying of peers in the school setting

The respondents in the current study reported that they knew bullying was associated with self-destructive behaviours. This differs from a study conducted in Mexico by Armenta and colleagues (2018), who found that respondents did not know that bullying others was associated with self-destructive behaviours. This could be why Mexican children and adolescents displayed self-destructive behaviours (i.e., bullying and self-harm) in the school setting (Frias Armenta et al., 2018). Furthermore, it should be noted that Mexico was ranked the highest country affected by these unwanted behaviours at school, with 33.8% aged 15 to 16 years old harassed, bullied and harmed by their peers ( Frias Armenta et al., 2018).

In the Abraka, parents gave their children and adolescents' money to buy items at school, and some did not buy harmless goods; they bought dagga and other drugs that changed their thinking (Asiyai, 2019). The current findings revealed that high school learners know that substances can change a person's normal thinking. This concurs with a study conducted by the department of educational management and foundations on the deviant behaviour in secondary school and its impact on students learning that found that children and adolescents who used substances before, during and after school caused instability in the school setting (Asiyai, 2019).

## 5.4 Attitude of Secondary School Learners towards Self-Destructive Behaviours

Children and adolescents are the important people in society and can make self-destructive behaviours serious if not dealt with at an early stage of life. Their attitude towards self-destructive behaviours become a problem for the whole world, this group finds these behaviours an attractive lifestyle, most like to drink alcohol and use



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substances at an early stage, leading them to feel like they are adults and when they are at school, they perceive teachers as their peers (Diniaty et al., 2021).

### 5.4.1 I feel like people with self-destructive behaviours abuse substance

The findings of the current study revealed that secondary school learners indicated that people with self-destructive behaviours abuse substances. The study conducted in East London, SA, concurs with the current findings that people who abuse substances have self-destructive behaviours, revealing that children and adolescent substance abuse at school were extremely high with 17.14 % in 2015 (Maluleke,2 017). Contrary to this, Diniaty et al. (2021) found in their study that sometimes self-destructive behaviours do not occur because children and adolescents use substances but due to natural tendencies such as hormonal growth and body development (Diniaty et al., 2021).

Burlington study reported in Murray (2021) agreed with the current study. This study found that children and adolescents with self-destructive behaviours abuse substances, whereby one in five learners was declared abusing a substance in the classrooms. Thus, it was further revealed that male learners were the majority who indulged in substance abuse (Murray, 2021). In addition to substance abuse, these learners were reported to be selling marijuana and other illicit drugs in the school premises, which could have contributed to early substance use from the age of 13. The study also reported that the adolescents were misusing prescribed medications (i.e. antiretroviral, pain killers and stimulants) in the absence of marijuana and other drugs, which could demonstrate addiction (Murray 2021).

Similarly, Asiyai's study in public secondary schools in Edo State, Nigeria, found that people with self-destructive behaviours abuse substance,, whereby groups of children and adolescents were identified attending school being drunk, with 17 % of them under the influence of alcohol and 14 % found using dagga in the school setting (Asiyai, 2019).

Self-destructive behaviours can be found even at the best secondary schools globally and even in the classes with the most intelligent children and adolescents. Their study



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on the investigation of students' destructive behaviours in an Islamic senior high school found that self-destructive behaviours have no limits; even in this private school teachers complained of self-destructive behaviours (Diniaty et al., 2021).

### 5.4.2 People with self-destructive behaviours are most violent

In the current study, the respondents were requested to give their options whether people with self-destructive behaviours are the most violent ones or not. The findings show that the respondents agreed that people with self-destructive behaviours are most violent. Although the finding was not significant in this study but significant in similar studies conducted in other countries (WHO, 2019), learners at Nkowa-nkowa circuit display such behaviour.

The case studies conducted by the Local Government Association (2019) in England and Wales on breaking the cycle of youth violence agree with the current finding that people with self-destructive behaviours are the most violent ones (WHO, 2019). The study further revealed that in England and Wales, violence at school had increased to a point whereby the study proved that it has evidence to confirm that people with self-destructive behaviours were most aggressive, they bully peers at school, assault teachers in the school premises, disrespect teachers during teaching process and abuse substances before, during and after school (WHO, 2019). The US DOE is also in line with the current finding that people suffering from self-destructive behaviours caused violence at school, physically attacked other learners and vandalised school properties. The study further revealed that 80 % of public schools in the US reported self-destructive behaviours to law enforcement, with 422,800 incidents in the 2017/18 school year (Irwin, 2021).

The National Institute of Justice also agreed with the current study that learners with self-destructive behaviours were most violent as the study in 2020 revealed that learners from Marjory Stoneman Douglas High School were involved in mass shootings, harmed others and destroyed properties (Frederique, 2020). Vermont Youth Risk Behaviours agrees with the current study that people with self-destructive behaviours are the most violent ones. Their study reported 65% of incidents of physical fighting in the school. However, the study revealed that coloured children and



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adolescents were likely to be involved in physical fighting in the school and outside the school, thus, the affected children and adolescents started to drop out of school in high numbers because of feeling unsafe at or on their way to school (Youth Risk Behaviours Survey, 2019).

### 5.4.3 People with self-destructive behaviours seek professional psychiatric medical help

This study revealed that the respondents disagreed that people with self-destructive behaviours seek professional psychiatric medical help. The findings of the WHO is not in line with the current findings and reported an 18 % in children and adolescents admitted to mental health institutions around the globe in 2019 (WHO, 2019). Professional medical help is best for these learners because the multidisciplinary team members can respond to their many questions related to developmental changes, however, the respondents have a different view, as demonstrated by their negative response. It should be noted that the adolescent stage is the crucial stage that requires careful handling.

### 5.4.4 Self-destructive behaviours can be healed by consulting traditional healers or pastors

In the Bible, Mark 3:20–22 tells us that self-destructive behaviour can be healed. However, Matthew 8:28–34 says self-destructive behaviours can heal by pastors using the word of God. In the current study, it was found that the respondents did not agree that self-destructive behaviours can be healed by consulting pastors or traditional healers. This could mean that respondents do not believe that God can heal self-destructive behaviours even though Mark 3:20–22 in the Holy Bible also says that Jesus went to the region of Gadarenes and found a man who had self-destructive behaviours, then Jesus Christ drove out the unwanted behaviours in the man and the man got healed through spiritual therapy.



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### 5.4.5 I feel like I can stay with people who are suffering from self-destructive behaviours

The current study revealed that the respondents said they could stay with people with self-destructive behaviours; although these people misbehave most of the time, they also need to be taken care of and reprimanded about bad behaviours. This statement demonstrates the respondents' positive attitude towards self-destructive behaviours . The study on students' destructive behaviours towards the teacher in the teaching and learning process disagreed with the current findings and revealed that most people who said they would stay with people suffering from self-destructive behaviours were killed by these people (Achmad et al., 2021). Although these people misbehave most of the time, it should be noted that they also need to be taken care of and reprimanded for bad behaviour. The study of Achmad et al. (2021) further revealed that one in five children and adolescents suffering from self-destructive behaviours had been rejected by their parents or guardian because of unwanted behaviours (Achmad et al., 2021). Therefore, children and adolescents with self-destructive behaviours cannot live with other people, as evidenced by the teacher's killing in Sampang Madura with a sharp object during school hours by an adolescent reminded of the task the teacher gave them (Achmad et al., 2021). Moreover, the second incident occurred in May 2018, whereby a second teacher was killed in Pamekasan (Achmad et al., 2021).

### 5.4.6 I feel like self-destructive behaviours can be prevented

The current study also revealed that self-destructive behaviours could be prevented. The findings are similar to those from the study conducted on the correction of self-destructive behaviour of adolescents through art therapy in that these destructive behavioural disorders can be prevented by the promotion of public mental health outreach and social media (Lukyanenko & Isahakyan, 2019).

### 5.4.7 People suffering from self-destructive behaviours are not important

The current study revealed that 302 (79.06%) respondents indicated that people suffering from self-destructive behaviours are not important, and this statement was found significant. A study on the Young People's Experiences of Self-Harm conducted



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in Sweden by Lindgren and colleagues does not agree with these findings as it revealed that people with self-destructive behaviours were declared the most important (Lindgren et al., 2021). In Sweden, children and adolescents' mental health was considered a prestigious programme. Thus, Sweden provides mental health facilities to ensure that children and adolescents with self-destructive behaviours are well taken care of (Lindgren et al., 2021). The study conducted on the prevention of self-destructive behaviour among children and adolescents in the school setting in Kemerovo revealed that those who are suffering from self-destructive behaviours are important, and Kemerovo state built sufficient facilities to help these individuals (Elena, 2021).

## 5.5 Comparison between Attitude and Knowledge towards Self-Destructive Behaviour by Gender

The current study revealed that the T-test results on attitude scores displayed a significant positive attitude of female respondents towards self-destructive behaviours compared to their male counterparts. The study conducted in Spain reported similar findings with the findings of the current study that most female children and adolescents have a positive attitude towards the programmes established in Spain to eradicate self-destructive behaviours at schools (Lopez et al., 2021). Similarly, the findings of the current study support the Spanish government, which implemented public mental health programmes after the study, revealed that at least 60 per cent of female children and adolescents had average knowledge about self-destructive behaviours compared to their male counterparts (Lopez et al., 2021).

The National Center for Injury Prevention and Control Division in Washington DC revealed that knowledge of self-destructive behaviours is an obstacle for most male children and adolescents compared to female counterparts worldwide; thus, this study has similarities with the current study. The National Center for Injury Prevention and Control Division revealed that school violence was regarded as self-destructive behaviour. However, due to a knowledge deficit in male children and adolescents compared to female counterparts, the National Center for Injury Prevention and Control Division revealed that at least 67 % of the overall respondents did not know that school-based violence could exist in a family with self-destructive behaviours.



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Therefore, the National Center for Injury Prevention and Control Division was similar to the current study in that 67 per cent of all respondents had average knowledge about self-destructive behaviours, among the 67 % there was less female who did know self-destructive behaviours with its possible causes compare to male counterparts (Ruiz-Hernández et al., 2020). However, the study on understanding school violence is similar to the current study in that majority of children and adolescents do not know the possible causes of self-destructive behaviours compare to female counterparts, thus, male respondents have poor insight on understanding the possible cause of self-destructive behaviours and a negative attitude towards the self-destructive behaviours. Male children and adolescents struggle with understanding school-based self-destructive behaviours because they most often displayed these unwanted behaviours such as offending during teaching and poor school performance compared to female counterparts (Ruiz-Hernández et al., 2020).

Furthermore, the study conducted on Association between violence and violent behaviour in the school context in North America contrasted with the finding of the current study revealed that male children and adolescents had average knowledge about self-destructive behaviours compared to female counterparts. Thus, the literature further revealed that various studies conducted in North America also contrasted that self-destructive behaviours can differ from one country to another, depending on how developed is that particular country regardless of gender (Ruiz-Hernández et al., 2020). The literature is in line with the current study's findings whereby male children and adolescents in European countries have a negative attitude compared to female counterparts towards unwanted behaviours at school (Ruiz-Hernández et al., 2020). Thus, the study on attitudes towards school violence is similar to this study that most female children and adolescents agree that self-destructive behaviour at school can be prevented compared to their male counterparts.

The CDC and Prevention contrasted with the findings of the current study whereby majority of both gender children and adolescents had shown negative attitudes towards programmes established to prevent self-destructive behaviours. Furthermore, majority of both genders started to have negative attitudes towards people with self-



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destructive behaviours when some learners and teachers were killed by the peers. However, due to knowledge deficit of the male children and adolescents compared to females, all learners began to believe that unwanted behaviours at school were normal because the perpetrators were doing it in the school without fear and no measures were taken (Varela et al., 2021). According to the DOH in Washington DC, the attitude towards prevention of self-destructive behaviours had a positive impact, whereby school-based prevention programmes became effective tools to install good insight on children and adolescent to promote better public mental health for all (Varela et al., 2021).

## 5.6 Conclusion

The results of the study revealed that female respondents from the participating circuit were more knowledgeable regarding self-destructive behaviours than their male counterparts. Similarly, the same gender displayed positive attitude towards individuals with self-destructive behaviours than their male counterparts. The next chapter presents the limitations, summary and interpretation of the results and recommendations.



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# CHAPTER 6: Summary, Limitations, recommendations, and Conclusion

## 6.1 Introduction

In the previous chapter, the research findings were discussed. This chapter focuses on the summary, limitations and recommendations of the study. This study aimed to investigate the knowledge and attitude of secondary school learners regarding self-destructive behaviours in the Mopani District in Limpopo Province. A quantitative research method and cross-sectional research design were used with 383 respondents.

## 6.2 Summary

This section concludes the findings of the study as discussed in chapter five under the following objectives:

- To assess knowledge of secondary school learners regarding self-destructive behaviours
- To describe the attitude of secondary school learners towards self-destructive behaviours
- To compare knowledge and attitude of both female and male secondary school learners regarding self-destructive behaviours.

### 6.2.1 To assess knowledge of secondary school learners regarding self-destructive behaviours

- **Knowledge of self-destructive behaviours**

  The study revealed that most of the respondents know what self-destructive behaviours are; only a limited number of 30 % did not understand self-destructive behaviours.

- **Knowledge of people suffering from self-destructive behaviours**



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In the current study, the respondents knew people who were suffering from self-destructive behaviours, while only a few respondents did not know people suffering from that behavioural condition.

- **Knowledge of whether using substances can change the normal way of a person's thinking**

The current findings revealed that high school learners know that substances can change a person's normal way of thinking.

**6.2.2 To describe the attitude of secondary school learners towards self-destructive behaviours**

- **I feel like people with self-destructive behaviours abuse substances**

The study findings revealed that secondary school learners feel that people with self-destructive behaviours abuse substance

- **People with self-destructive behaviours seek professional psychiatric medical help**

The current study revealed that the respondents disagreed that people with self-destructive behaviours seek professional psychiatric medical help. This could impact seeking professional help.

- **Self-destructive behaviours can be healed by consulting traditional healers or pastors:** The study revealed that the respondents do not believe that self-destructive behaviours can be healed by consulting pastors or traditional healers.
- **I feel like I can stay with people suffering from self-destructive behaviours**

The current study revealed that the respondents attested that they could stay with people who are suffering self-destructive behaviours, although they misbehave frequently but they also need to be taken care of as well.

- **I feel like self-destructive behaviours can be prevented**



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The study also revealed that respondents indicated that self-destructive behaviours could be prevented.

- **People suffering from self-destructive behaviours are not important**

  The study revealed that 302 (79.06%) respondents indicated that people suffering from self-destructive behaviours are not important.

### 6.2.3 To compare knowledge and attitude of both female and male secondary school learners regarding self-destructive behaviours.

Female respondents displayed a comparatively higher knowledge of self-destructive behaviour compared to their male counterparts. Furthermore, the study revealed that the t-test results on attitude scores displayed the significant positive attitude of female respondents towards self-destructive behaviours compared to their male counterparts.

## 6.3 Limitations of the Study

The study was self-reported, and respondents might not have described their genuine attitudes. Secondly, the study was limited to one circuit in the Mopani District in Limpopo Province, so it may not be accurate to generalise the findings to the whole province.

## 6.4 Recommendations

This section presents the recommendations based on the findings of this study on self-destructive behaviours among secondary school learners in Mopani District of the Limpopo Province. The recommendations are constructed on the purpose, objectives and results of the study. A school-based self-destructive behaviour is an act that destroys the learning process by impairing teaching and learning processes. The behaviour is very inconsiderate to children and adolescents, often leading to long- or short-term effects such as self-harm, bullying others and assaulting teachers or peers in the school setting. And it becomes the responsibility of all people to work hard to reduce the wicked behaviours at school (Panda, 2020). By looking at the findings of the study, the following recommendations have been made:



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### 6.4.1 Recommendations for the Department of Education

- The DOE should enhance its partnership with the DOH in order to eradicate or reduce self-destructive behaviours among high school learners.

- The DOE to formulate or review a standard operating policy which must include measures to be taken when learners violate certain principles. This policy must be formulated with the involvement of learners and parents to make sure that they know the effects of violation of the policy.
- Development of review of policy that set measures to control the conduct of school learners and carrying of dangerous objects within the school premises.

- Teachers can be equipped by the department of basic education through workshops to deliver key information on self-destructive behaviours to raise awareness levels towards 100 per cent. Real-life examples where such behaviours have been witnessed in school can enhance understanding of the subject.

### 6.4.2 Recommendations for schools

- Establishment of school-based self-destructive behaviour committee. The committee should include learners, teachers, community leaders, parents, SAPS members and mental health care providers.
- The study found significant positive correlations between knowledge and attitudes towards self-destructive behaviours. It was found that learners who know more about self-destructive behaviours are more empathetic towards those suffering from such behaviours. As a result, there is a need to increase the number of learners aware of such disorders in school as one of the first interventions to tackle the problem. These learners will be the ones who will share their understanding of self-destructive behaviours with others in the form of presentations within the school.
- Learners with self-destructive behaviours should be counselled to acknowledge that they have a problem before being assisted to quit the unwanted behaviour.



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If counselling services are not available on school premises, learners should be referred.

- The schools should provide support to learners with self-destructive disorders during the process of change. Therefore, both teachers and parents should work together in providing the necessary support.
- Health Education on substance-related disorders or mental health topics, in particular, using the learners' mother tongue is required since language seems to be a barrier. These require collaboration between the DOE and the DOH.

### 6.4.3 Recommendations for future research

- The study also found significant differences between knowledge levels and attitudes towards self-destructive behaviours between male and female learners, with females displaying greater understanding and a more positive attitude than males. As a result, it is recommended that evidence-based tailor-made interventions be developed to improve male learners' knowledge and positive attitudes.
- Similar studies in other districts of Limpopo Province should be conducted to ensure that it is representative of the entire province.
- A model of support for learners with self-destructive behaviours be developed and implemented.

## 6.5 Conclusion

Self-destructive behaviours have become a global challenge to all children and adolescents, as many display these behavioural conditions within the school setting, which disturb the normal teaching processes. Globally, children and adolescents involve themselves in practising unwanted behaviour at school; at least 44 per cent of them abuse substances, according to the WHO (WHO, 2019).

The study findings revealed that female high school learners better understand and have a more positive attitude towards self-destructive behaviours than their male counterparts. The findings suggest that a tailor-made school programme be developed



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to empower male learners regarding self-destructive behaviours. The DOE, DOH, high schools and parents should partner in reducing the scourge.



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# REFERENCES


Achmad, M., Muhammad, H., Saliha, S. & Moh, W. 2021. Students' destructive behaviour towards the teacher in the teaching and learning process. *Cendekia: Jurnal Kependidikan dan Kemasyarakatan*, (1), pp. 21–46.

Arnot, J. & Mackie, P. 2019. Violence Prevention Framework. Scottish Public Health Network (ScotPHN).

Asiyai, R.I. 2019. Deviant behaviour in secondary school and its impact on students' learning. ***Journal Of Educational and Social Research*,** 9(3), p. 170.

Bah, Y.M. 2018. Drug abuse among street children: Mathews J Case Rep, 3(1): p. 038.

Bertram, C. & Christiansen, I. 2014. *Understanding research: An introduction to reading research*. Van Schaik Publishers.

Botma, Y., Greeff, M., Mulaudzi, F.M. & Wright, S.C. 2016. *Research in health sciences*. Pearson Holdings Southern Africa.

Brink, H., Van der Walt, C. & Van Rensburg, G. 2012. *Fundamentals of Research Methodology Healthcare Professionals* (3rd ed), Cape Town, Juta. South Africa.

Burns, N & Groove, S. K. 2011. *Understanding nursing research: Building an evidence-based practice* (5th ed). Atlanta, GA: Elsevier.

Centres for Disease Control and Prevention. 2019. Youth Risk Behaviour Survey Questionnaire, July 24.

Cessar, J. 2019. Ethical implications in teaching and learning about intimate partner violence and femicide prevention, Education Inquiry, 10:1, 76–93.

Deuter, M., Bradbery, J. & Turnbull, J. 2015. *Oxford Advanced Learner's Dictionary* (9th ed). Oxford University Press.




© University of Venda

Diniaty, A. Jamrah, S.A. Mujahidin, A. & Hasri, S. 2021. Investigation of students' destructive behaviour in Islamic senior high schools and the prospect of child-friendly school (CFS) program' academic engagement, *Journal of E-Learning and Higher Education*, 2021(2021), pp. 1–11.

Education Management Information System, 2018: Department of education.

Elena. E. 2021. Prevention Of Self-Destructive Behaviour Among Adolescents in school, pp. 488–95.

Fayso, T. 2019. Aggressive Behaviour in Secondary Schools os Mesken Woreda: Types, Magnitude and Association factors. *Psychol Behav Sci Int J*, 10(5), p. 55.

Ferrara, P., Fransceschini, G., Villiani , A. & Corsello, G. 2019. Physical. Psychological and social impact of school violence on children, *Ital J paediatrics'* 45, 76.

Frederique, N .2020. What Do The Data Reveal About Violence In Schools?, *National Institute of Justice Journal*, 282, pp. 11–13

Frias Armenta, M., Carlos Rodríguez-Macías, J., Corral Verdugo, V., Caso-Niebla, J., García-Arizmendi, V., Frias Armenta, M., Carlos Rodríguez Macías, J., Corral Verdugo, V., Caso Niebla, J. & García Arizmendi, V. 2018. Restorative Justice: A model of school violence prevention, *Science Journal of Education*, 6(1), pp. 39–45.

Hardcastle, M.A., Bellis, K., Ford, K., Hughes, J., Graner, G. & Rodrigues, R. 2018. Measuring the relationships between adverse children experiences and educational and employment success in England and Wales: findings from a retrospective study, *Public Health*, 165, 106–16.

Herrera-Ferra, K & Giordano, J. 2017. Reccurrent Violent Behaviour: Revised Classification and Implications For Global Psychiatry. Frontier in Psychiatry. 8.151.

Katsiyannis, A., Rapa, L. J., Whitford, D. K., & Scott, S. N. 2022. An examination of US school mass shootings, 2017–2022: Findings and implications. *Advances in neurodevelopmental disorders*, 1-11.



© University of Venda

Khalil, A.I. 2017. Stigma versus mental health literacy: Saudi public knowledge and attitudes towards mental disorders: *International Journal for Innovation Education and Research*, 5(3), pp. 59–77.

Kohrt, B. A., Lu, F. G., Wu, E. Y., Hinton, D. E., Aggarwal, N. K., Parekh, R., Rousseau, C. & Lewis-Fernandez, R. 2018. Caring for families separated by changing immigration policies and enforcement: A cultural psychiatry perspective. *Psychiatric Services*, 12, pp. 1–69.

Kumar, U. 2017. *Handbook of Suicidal Behaviour*. Springer Nature: Singapore.

Irwin, V., Wang, K., Cui, J., & Thompson, A. 2021. Report for indicators of school crime and safety. National center for education Statistics, U.S. department of educationabd Bureau of justice statistics, Washington DC

Lindgren, B. Wikander, T. Marklund I.N. & Molin, J. 2021. *A necessary pain: A literature review of young people's experiences of self-harm, issues in mental health nursing*, Department of Nursing, Umeå University, Umeå, Sweden.

Lola, O. 2017. Cambridge student accuses Telegraph of inciting hatred in books row. *The Guardian*, UK edition: University of Cambridge.

López, D.P., López-Nicolás, R., Reyes López-López, R., Puente-López, E., Ruiz-Hernández, J.A. 2021. Association between attitudes toward violence and violent behaviour in the school context: a systematic review and correlational meta-analysis, *International Journal of Clinical and Health Psychology*, 22(1), pp. 1–11.

Lukyanenko, M. & Isahakyan, O. 2019. Correction of self-destructive behaviour of adolescents by means of art therapy. Kuban State University, 353560 Slavyansk-On-Kuban, Russian Federation .

Maluleke, T. & Manu, E. (2017). Learners' Substance Abuse at School in Selected High Schools in East London of South Africa. *Journal of Research in Education Sciences*, 19, pp.15–23.

Masatani, M. 2017. Graduation report on 2015: Azusa Pacific University.



© University of Venda

Masinga, P. 2019. A theory-based school prevention programme for high school learners in the Tshwane South District, Gauteng Province, South Africa. *Social Work*, 55(4), pp. 424–38.

Masweneng, K. 2019. Sowetanlive: https:/www.sowetanlive.co.za>news>south-Africa 19 September.

McLeod, D. 2018. Coercive control: implants of children and young people in the family environment, Research in Practice safe lives commissioned literature review, pp. 35.

Meyer, S., Naude, M & Shangase, N. 2009. *The nursing unit manager: A comprehensive guide*, Heinemann Publishers.

Murray, E .2021. Burlington Police Department, data shows no overall spike in violent, Burlington Free Press, 13 September 2021.*www.burlingtonfreepress.com*

Netshitangani, T. 2018. Voices of teachers on school violence and gender in South African urban public schools.

Pattison, H. 2020. Muslim home educators in the time of prevent, *Int. Review of Qualitative Research*, 13(1), pp. 41–63.

Rajasekar, S., Philominathan, P & Chinnathambi, V. 2013. Research Methodology: School of Physics, India, Bharathidasan University, Tiruchirapalli, 620.

Ruiz-Hernández, J. A., Pina, D., Puente-López, E., Luna-Maldonado, A., & Llor-Esteban, B. 2020. Attitudes Towards School Violence Questionnaire, Revised Version: CAHV-28. *The European Journal Of Psychology Applied To Legal Context, 12*(2), pp. 61–68.

Saden, N., Spielberg, J.M. & Hayes, J.P. 2018. Impulsive responding in threat and reward contexts as a function of PTSD symptoms and trait disinhibition, *Journal of Anxiety Disorders*, 53, pp. 76–84.



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Sass, T., Malaza, T., Ralphs, G., Vlotman, N., Khan, F., Clayford, M., Parker, S., Molotja, N., Sithole, M., Zulu, T., Mudavanhu, P., Saunders, N., Gcora, N., Mothekga, M.J., Kruss, G. & Ziqubu, S. 2019. South African National Survey of Research and Experimental: Statistical report 2016/17, Department of Science and Technology.

Save the children. 2018. The war on children: time to end grave violations against children in conflict

Scherzer, A.L. 2018. Violet adolescent: Understanding self-destructive behaviour in adolescent.

Shaikh, M.A., Abio, A.P. Adedimeji, A.A. & Wilson, M. 2020. Involvement in physical fights among school attending adolescents: a nationally representative sample from *Kuwait Behav Sci ( Basel).* Jan 8:10(1): 29, Routledge pp. 5–20.

Simelane, C. 2019. Daily Maverick, Retrieved from: [https://www.dailymaverick.co.za/article/2019-06-14](https://www.dailymaverick.co.za/article/2019-06-14) [Accessed 25 November 2021]

South African police service annual report 2017/2018.

Sekhoto, S. 2018. Eye witness news, Retrieved from: hptts://ewn.co.za/article/2018-09-13 [Accessed 25 November 2021]

Sitoyi, Z.M. 2020. Teacher and learner experiences of violence in a Cape Flats school: Western Cape, South Africa.

Sorsdahl, K., Van der Westhuizen, C., Neuman, M., Weiss, H.A. & Myers., B (2021) addressing the mental health needs of adolescents in South African communities: a protocol for a feasibility randomized controlled trial. Pilot feasibility stud 7, 69.

Spielman, A. 2019. *Managing Behaviour Research*. Ofsted, United Kingdom.

Townsend, M. L., Gray, A.S., Lancaster, T. M., Gray, A.S. & Brin, F.S. 2018. A whole of school intervention for personality disorder and self-harm in youth: a pilot study of changes in teachers' attitudes, knowledge and skills. *Bord Personal Disord Emot Dysregul*, 5(7), pp. 1–9.



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UNESCO. 2019. World Heritage Sites And Tourism Attractiveness: The Case Of Italian Provinces, 85, pp. 114–20.

Varela J.J., Zimmerman M.A., Ryan A.., Stoddard S.A. & Heinze J.E. 2021. School Attachment and Violent Attitudes Preventing Future Violent Behaviour Among Youth. *Journal of Interpersonal Violence*, 36, pp. 9–10.

Whitaker, K., Stone, S.I., Anyon, Y., Blankenbaker, S., & Rozum, A.(2019). Acadermic, psychological, and demographic correlates of school-based health center utilisation: patterns by service type. Child & youth care forum, 48(4), 545-562

World Health Organization. 2019. School-Based Violence Prevention: A Practical Handbook. World Health Organization

Yeong, L., Kim S.L. & Shuen, P.K. 2017. The risks factors of self-destructive behaviours among Malaysian young adults: *Journal Psikologi Malaysia*, 31(2), pp. 37–44

Youth Risk Behaviours Survey. 2019. Mental Health United State Gov.



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## ANNEXURE I: QUESTIONNAIRE

**ADAPTED QUESTIONNAIRE FROM 'RISKY, IMPULSIVE, AND SELF-DESTRUCTIVE BEHAVIOUR' AND 'YOUTH RISK BEHAVIOURS SURVEY TOOL 2019'.**

This questionnaire is aimed to assess the knowledge and attitude of secondary school learners regarding Self destructive behaviours in Mopani district

Please tick (mark with an X) on the appropriate box or give explanation on the space provided.

Xikongomelo nkulu xa Nongonoko wa swivutiso (Khwexinere) iku kambela vutivi na ku twisisa ka Vadyodzi va xikolo xale henhla mayelana na mahanyelo yo biha eka xifundzha xa Mopani District.

Hiku tintsongahata vekela mfungho wa 'X' eka bokisi leri hlamuselaka leswi u pfumelelaka na swona kumbe u nyika nhlamuselo ya wena eka ndhawu leyi nyikiweke yona.

Hedzi mbudziso dzo itelwa u linga ndivho na mavhonele a vhagudiswa vha Sekondari nga ha vhudifari vhu si havhudi vha Tshitiriki tsha Mopani.

Vheabi tshiga tsha hetshi 'X' ho teaho

Lenane lena la lipotso le reretsoe ho lekola le maikutlo baithuti ba Sekolo sa Sekontari mabapi le boitsw'aro bjo kotse Seterekeng sa Mopani

Ka kopo tswao 'X' ka go lokitsha lebokisi goba efa tlhaloso bakeng sa fiwa

SECTION A: Biographical information

XIYENGE XA A: Vuxokoxoko bya wena



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KHETHEKANYO YA A: zwidodombedzwa zwanu

KARALO YA A: leseli la tsa maphelo

1. Respondent code…………………………………

   Nambara ya wena yo hlawuleka…………………

   Nomboro yanu ya tshiphiri…………………………

   Nomoro ya sephiri…………………………..

| | |
|---|---|
| 2. SCHOOL NAME<br>Vito ra Xikolo<br>Dzina la tshikolo<br>Leina la sekolo | |
| 3. DISTRICT<br>Xifundzha<br>Tshitiriki<br>Setereke | |
| 4. GENDER<br>Rimbewu<br>Mbeu<br>Bong | |
| 5. AGE<br>Malembe<br>Minwaha<br>Mengwaga | |
| 6. GRADE | |



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| Ntangha<br><br>Murole<br><br>Mphato | |
|---|---|

SECTION B: The knowledge of secondary school learners regarding Self destructive behaviour

XIYENGE XA B: Vutivi bya Vadyondzi mayelana na matikhomelo/mahanyelo yo biha

KHETHEKANYO YA B: Ndivho ya vhagudiswa uyelana na vhudifari vhu si havhudi

KAROLO YA B: tsebo ya barutwana ba Sekolo sa Sekondari

| Statement<br><br>Xitatimende<br><br>Tshitamennde<br><br>Polelo | Yes<br><br>Ina<br><br>Ee<br><br>Ee | No<br><br>E-e<br><br>Hai<br><br>Aowa |
|---|---|---|
| 7. Do you understand what self-destructive behaviours are?<br><br>Xana wa switiva kuri matikhomelo yo biha i yini?<br><br>Ni a kona u pfesesa uri vhudifari vhu si havhudi zwi amba uri mini?<br><br>A na o kwitsisa gore na boitshwaro bjo kotsi ke bofe? | | |



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| | | |
|---|---|---|
| 8. Do you know people who are suffering from self-destructive behaviours?<br><br>Xana wavativa Vanhu lava vabyaka matikhomelo yo biha?<br><br>Ni a divha vhathu vha no tambudziwa nga vhudifari vhu si havhudi?<br><br>Na o tseba batho ba neng le bothata bja boitswarong bjo senyang? | | |
| 9. Do you know the possible causes of self-destructive behaviours?<br><br>Xana wa switiva swilo leswi nga vangaka mavabyi ya hanyelo ro biha?<br><br>Ni a divha uri vhudifari vhu si havhudi vhu vhangwa ngani?<br><br>Na o tseba kgonagalo tse ka bang gona boitswarong bjo senyang? | | |
| 10. Do you know that self-destructive behaviours are related to mental illness?<br><br>Xana wa switiva kuri matikhomelo yo biha mana vuxaka na vuvabyi bya miehleketo?<br><br>Ni a zwidivha uri vhudifari vhu si havhudi vhu na vhushaka na vhulwadze ha muhumbulo? | | |



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| Na o tseba hore boitswarong bjo kotse boa mana le bolwetshi bja monagano? | | |
| 11. Do you know that bullying others is associated with self-destructive behaviours?<br><br>Xana wa switiva kuri ku hanya hiku xanisa vanhu van'wana swifambelana na matikhomelo yo biha? Ni a zwidivha uri u tshila nga u tambudza vhanwe vhathu zwi tshimbilelana na vhudifari vhu si havhudi<br><br>Na o a tseba gore go amana le boitswaro bo kotsi? | | |
| 12. Do you know that using substance can change the normal way of person's thinking?<br><br>Xana waswitiva leswaku kutirhisa swidzidziharisi swinga cinca mahleketelo ya wena ya ntolovelo?<br><br>Ni a divha uri u shumisa zwidzidzivhadzi zwi nga shandukisa kuhumbulele kwa muthu?<br><br>Na o a tseba gore go somisha ditagi go ka fetola tsela e tlwaegileng go nagana? | | |

SECTION C: The attitude of secondary school learners regarding mental illness

Xiyenge xa C: Matikhomele ya vadyondzi mayelana na mavabyi ya miehleketo

Khethekanyo ya C: Vhudifari ha vhagudiswa nga ha vhudifari hu si havhudi

Karolo YA C: maikutlo a barutwana ba Sekolo sa Sekondari



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| STATEMENT<br><br>Xitatimende<br><br>Tshitatamennde<br><br>Polelo | STRONGLY AGREE<br><br>Ni pfumelelana na swona ngopfu<br><br>Ngoho-ngoho ndi kho tenda<br><br>dumela ka mannete | AGREE<br><br>Ni pfumelelana na swona<br><br>Tenda<br><br>dumela | STRONGLY DISAGREE<br><br>Ani pfumelelani naswona na ka ntsongo<br><br>Ngoho-ngoho ndi kho hana<br><br>gana kamannete | DISAGREE<br><br>A ni pfumelelani na swona<br><br>Hana<br><br>gana |
|---|---|---|---|---|
| 13. I feel like people with self-destructive behaviours abuse substance.<br><br>Ni vona onge vanhu va matikhomelo yo biha va tirirhisa swidzidziharisi hi ndlela yo biha.<br><br>Ndi vhona u nga vhathu vha vhudifari vhu si havhudi vha shumisa zwidzidzivhadzi nga ndila i si yavhudi.<br><br>Ke kwa o kare batho ba boitswaro a bjalo senyang ba shomisha gampe ditagi. | | | | |



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| 14. People with self-destructive behaviours do not respect other people.<br><br>Vanhu va matikhomelo yo biha ava hloniphi vanhu va n'wani.<br><br>Vhathu vha re na vhudifari vhu si havhudi a vha thonifhi vhanwe vhathu.<br><br>Batho ba nang le boitswaro a bjalo aba hlomphe batho ba bangwe. | | | | |
| 15. People with self-destructive behaviours are most violent ones.<br><br>Vanhu vamatikhomelo yo biha varhandza tinyimpi<br><br>Vhathu vha re na vhudifari vhu si havhudi vha funa dzinndwa.<br><br>Batho ba nego le maitswaro a bjalo ke batho ba go rata dintwa. | | | | |
| 16. People with Self-destructive behaviours need professional help. | | | | |



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| Vanhu va matikhomelo yo biha va lava kupfuniwa hi vanhu vo dyondzeka.<br><br>Vhathu vha re na vhudifari vhu si havhudi vha tea u wana thuso kha vho gudelaho u thusa vhathu.<br><br>Batho ba neng le maitswaro a bjalo ba nyaka thuso ya batho ba neng leboitsibi. | | | | |
| 17. Self-destructive behaviours can be healed by consulting Pastors or traditional healers.<br><br>Mtikhomelo yo biha manga horisiwa hi vafundhisi kumbe madokodela ya xintu .<br><br>Vhudifari vhu si havhudi vhu nga alafhiwa nga madokotela a tshirema .<br><br>Maitshwaro a bjalo aka kgona go fola ka ngaka ya setso goba moruti. | | | | |
| 18. I feel like I can stay with people suffering from self-destructive behaviours. | | | | |



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| Nitwa onge ninga tshamisana na vanhu va matikhomelo yo biha.<br><br>Ndi pfa u nga ndi nga dzula na vhathu vha re na vhudifari vhu si havhudi.<br><br>Ke kwa o kare ka re nka dula le batho ba maitswaro a kotsi. | | | | |
| 19. I feel like Self destructive behaviours can be prevented.<br><br>Nitwa onge matikhomele yo biha ma nga siveriwa.<br><br>Ndi pfa u nga vhudifari vhu si havhudi vhu nga thivheliwa.<br><br>Ke kwa o kare maitswaro a bjalo a ka kgonega go thibelwa. | | | | |
| 20. I feel like I cannot associate with people with Self destructive behaviours.<br><br>Nitwa onge ninge tshamisani na vanhu vamatikhomelo yo biha. | | | | |



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| Ndi pfa u nga ndi nga si kone u dzula na vhathu vha vhudifari vhu si havhudi.<br><br>Ke kwa o kare nka se kgone khone go gophela le batho ba maitswaro ga bjalo. | | | | |
| 21. I feel like people with Self destructive behaviours are not important.<br><br>Nitwa onge vanhu vamatikhomelo yo biha avana nkoka evutonwini.<br><br>Ndi pfa u nga vhathu vha vhudifari vhu si havhudi a si vha vhuthogwa.<br><br>Ke kwa a kare batho ba neng le maitshwaro o bjalo ga ba bohlokwa. | | | | |



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## ANNEXURE II :UNIVEN ETHICAL CLEARANCE

ETHICS APPROVAL CERTIFICATE

RESEARCH AND INNOVATION
OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR:
**Mr BN Ntimbana**

STUDENT NO:
11610430

PROJECT TITLE: **Self-destructive behaviors among secondary school learners at Mopani District, Limpopo Province.**

ETHICAL CLEARENCE NO: SHS/21/PDC/12/2308

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

| NAME | INSTITUTION & DEPARTMENT | ROLE |
|---|---|---|
| Prof N Shilubane | University of Venda | Supervisor |
| Dr SA Mulondo | University of Venda | Co - Supervisor |
| Mr BN Ntimbana | University of Venda | Investigator – Student |

Type: **Masters Research**
Risk: **Minimal risk to humans, animals or environment (Category 2)**
Approval Period: **August 2021 – August 2023**

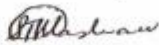
The Research Ethics Social Sciences Committee (RESSC) hereby approves your project as indicated above.

General Conditions
While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following.

- The project leader (principal investigator) must report in the prescribed format to the REC:
  - Annually (or as otherwise requested) on the progress of the project, and upon completion of the project
  - Within 48hrs in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.
  - Annually a number of projects may be randomly selected for an external audit.
- The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the REC. Would there be deviated from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.
- The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date; a new application must be made to the REC and new approval received before or on the expiry date.
- In the interest of ethical responsibility, the REC retains the right to:
  - Request access to any information or data at any time during the course or after completion of the project,
  - To ask further questions; Seek additional information; Require further modification or monitor the conduct of your research or the informed consent process.
  - withdraw or postpone approval if:
  - Any unethical principles or practices of the project are revealed or suspected.
  - It becomes apparent that any relevant information was withheld from the REC or that information has been false or misrepresented.
  - The required annual report and reporting of adverse events was not done timely and accurately,
  - New institutional rules, national legislation or international conventions deem it necessary

ISSUED BY:
UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE
Date Considered: July 2021

Name of the RESSC Chairperson of the Committee: Prof Takalani Mashau

Signature: 

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OFFICE OF THE DIRECTOR
RESEARCH AND INNOVATION
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Thohoyandou 0950

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ANNEXURE III: APPLICATION FOR PERMISSION TO CONDUCT A RESEARCH STUDY

**Mr Ntimbana B.N.**

Po Box 676

Letsitele

0885

12 August 2021

**DEPARTMENT OF EDUCATION (head office)**

Private Bag x9489

113 Biccard Street

Polokwane

0700

Dear Manager

Re: **APPLICATION FOR PERMISSION TO CONDUCT A RESEARCH STUDY**

I am currently studying for **Master's Degree in Nursing with the University of Venda**, and I am expected to conduct a research study. The title of the study: **'SELF-DESTRUCTIVE BEHAVIOURS AMONG SECONDARY SCHOOL AT MOPANI DISTRICT IN THE LIMPOPO PROVINCE**': This study will follow a quantitative descriptive cross-sectional survey as it will involve the use of structured self-administered questionnaires to collect data to investigate the knowledge and attitude of secondary school leaners regarding self-destructive behaviours. The target population will be all secondary school learners from grade 8 to grade 12 in all secondary schools of **Nkowankowa educational circuit.**

**Yours Sincerely**

Mr Ntimbana B.N.



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Email: ntimbanan@gmail.com (0826972611)

## ANNEXURE IV: APPROVAL FROM THE LIMPOPO DEPARTMENT OF EDUCATION

CONFIDENTIAL

OFFICE OF THE PREMIER

TO: DR MC MAKOLA

FROM: DR T MABILA

CHAIRPERSON: LIMPOPO PROVINCIAL RESEARCH COMMITTEE (LPRC)

ONLINE REVIEW DATE: 04-13 OCTOBER 2021

SUBJECT: SELF-DESTRUCTIVE BEHAVIOURS AMONG SECONDARY SCHOOL LEARNERS AT MOPANI DISTRICT, LIMPOPO PROVINCE

RESEARCHER: NTIMBANA BN

Dear Colleague

The above researcher's research proposal served at the Limpopo Provincial Research Committee (LPRC). The committee is satisfied with the methodological soundness of the proposal

**Decision: The research proposal is granted approval.**

Regards

Acting Chairperson: Dr T Mabila

Secretariat: Ms J Mokobi

Date: 11/11/2021



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## ANNEXURE V: COMMITTEE CLEARANCE CERTIFICATE

CONFIDENTIAL

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

OFFICE OF THE PREMIER

Office of the Premier

Research and Development Directorate

Private Bag X9483, Polokwane, 0700, South Africa

Tel: (015) 230 9910, Email: mokobij@premier.limpopo.gov.za

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LIMPOPO PROVINCIAL RESEARCH ETHICS

COMMITTEE CLEARANCE CERTIFICATE

Online Review Date: 04th – 13th October 2021

Project Number: LPREC/100/2021: PG

Subject: Self-Destructive Behaviours among Secondary School Learners at Mopani District, Limpopo Province

Researcher: Ntimbana BN

Dr Thembinkosi Mabila

Chairperson: Limpopo Provincial Research Ethics Committee

The Limpopo Provincial Research Ethics Committee (LPREC) is registered with National Health Research Council (NHREC) Registration Number REC-111513-038.

Note:

i. This study is categorized as a Low Risk Level in accordance with risk level descriptors as enshrined in LPREC Standard Operating Procedures (SOPs)

ii. Should there be any amendment to the approved research proposal; the researcher(s) must re-submit the proposal to the ethics committee for review prior data collection.

iii. The researcher(s) must provide annual reporting to the committee as well as the relevant department and also provide the department with the final report/thesis.

iv. The ethical clearance certificate is valid for 12 months. Should the need to extend the period for data collection arise then the researcher should renew the certificate through LPREC secretariat. PLEASE QUOTE THE PROJECT NUMBER IN ALL ENQUIRIES.



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## ANNEXURE VI: UNIVEN INFORMED CONSENT AND LETTER INFORMATION SHEET

RESEARCH ETHICS COMMITTEE

UNIVEN Informed consent

LETTER OF INFORMATION

**Title of the research study**: Self-destructive behaviours among secondary school learners at Mopani District, Limpopo Province

Principal investigators : Ntimbana B.N. B Cur Honours

Co-investigators : Prof N.H. Shilubane

: Dr S.A. Mulondo

**Brief introduction and purpose of the study**: The number of children and adolescent in South African schools who are displaying destructive behaviours has been also increasing every semester. This calls for Department of Health concern and further research. Self-destructive behaviours are conditions which deal with destructive the normal way of peoples' normal of thinking and behaviour. These conditions can be found mostly in children and adolescent who associate themselves with friends indulging in substance use. Therefore, the purpose of the research study is to investigate knowledge and attitude of the secondary school learners regarding self-destructive behaviours at Mopani District in the Limpopo Province.

**Outline of the procedures**: The researcher will visit all schools for submission of letter indicating that permission was granted from Limpopo Department of Education to conduct research study at their school around Mopani District. These visits will be done to all schools selected in two days consecutive without any appointments made with the school principals' because it will be the researcher's first visits, date of second and third visits will be arranged with the principals to meet all prospective respondents.



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On the second visit, the researcher will ensure that COVID19 measures maintained to minimise the spread of COVID19 by ensuring classrooms where data collection takes place are well ventilated, at least 1.5m social distancing between the chairs, at the entrance sanitisers are available, all respondents wear masks, the data collection process does not exceed allocated time, black pens provided to avoid exchanging of items and respondents will be requested to sanitise their hands before and after completing the questionnaires. The prospective respondents will be informed about the aim and objectives of the study. An information letter will be provided to the school learners to inform them of the purpose of the research. Accent and Consent form will be provided to the parents as well respondents of this study, and respondents will be informed about the aim of the study, the risks and benefits of participation, and the fact that participation to the study will be voluntary and anonymous, which means that information provided by them will not be associated with their names. The questionnaire is anonymous. They will also be informed that they have the right to withdraw from participation to the study at any time without any consequences for them or their continued treatment. Confidentiality will be ensured by anonymous deposition of the questionnaire in a sealed box located in the class room where data collection takes place.

This process will be done in two days to ensure that all schools are covered.

On the third visit, the COVID 19 measures will apply as above. all prospective respondents will be random selected to obtain a proportional sample size of 38 per school comprises of 19 boys and 19 girls (for seven schools) and 39 respondents for remaining three schools (which will be 20 boys and 19 girls) and it will give the researcher a sample size of 383. This process will be conducted for five days in different schools and all selected participants will be provided with self-administered questionnaire which will require at least 20 minutes to complete. All completed self-administered questionnaire will be put in a sealed box placed in every classroom where data collection will be taking place and this process will be done in five days consecutive in different schools as arrangement will be done with the school management and prospective respondents.



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**Risk or discomforts to the respondents**: there is no risk in participating in this study since COVID-19 regulations will be adhered to.

**Benefits:** the respondents will acquire knowledge in relation to destructive behaviour disorders.

**Reason why the respondent may be withdrawn from the study:** the respondents may be withdrawn at any stage of the study if they feel uncomfortable about certain aspects of the study.

**Cost of the study:** the respondents will not be expected to cover any costs towards the study.

**Confidentiality:** the researcher will give the respondents insurance that any information which is deemed life threating, or may disturb the respondents' economic, social, physical, health and psychological make up, will not be readily made available to anyone else. The researcher will make sure that the true identities of respondents are not revealed to anybody.

**Research- related injury:** should there be research-related injury or adverse reaction; the researcher will be held accountable.

Persons to contact in the Event of any problems or Queries:

(Prof N.H. Shilubane, Department of Advanced Nursing Science, School of Health Sciences, Email: Hilda. Shilubane:@univen.ac.za) please contact the researcher (0826972611/EMAIL:ntimbanan@gmail.com), my supervisors (0825367441/015 9628713) or the University Research Ethics Committee Secretariat on 015962 9058. Complaints can be reported to the Director: research and innovation, Prof G.E. Ekosse on 015 962 8313 or Georges Ivo. Ekosse@univen.ac.za

General



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Potential respondents must be assured that participation is voluntary, and the approximate number of respondents to be included should be disclosed. A copy of the information letter should be issued to respondents. The information letter and consent form must be transferred 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, (Mr Ntimbana B.N.) about the nature, conduct, benefits and risks of the 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 my gender, 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 the 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 the research which may relate to my participation will be made available to me.

Full Name of Respondent Date Signature

………………………… ……………… …………………..



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I, Mr B.N. Ntimbana herewith confirm that the above respondent has been fully informed about the nature, conduct and risk of the above study.

Full Name(s) of Researcher

Ntimbana Brammy Neil

Date…………………

Signature………………………………..



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