

The copyright of this thesis vests in the author. No quotation from it or information derived from it is to be published without full acknowledgement of the source. The thesis is to be used for private study or non-commercial research purposes only.

Published by the University of Cape Town (UCT) in terms of the non-exclusive license granted to UCT by the author.

**IDENTIFICATION OF THE NEEDS OF
GRADE 10 LEARNERS FOR INPUT FOR A
LIFE SKILLS PROGRAMME:**

A STUDY CONDUCTED AT A CAPE TOWN HIGH SCHOOL

BY

PENELOPE SANDLER

DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF
THE REQUIREMENTS FOR THE DEGREE OF MASTER OF
SOCIAL SCIENCE IN CLINICAL SOCIAL WORK

SUPERVISOR: SHONA STURGEON

UNIVERSITY OF CAPE TOWN

FEBRUARY 2004

ABSTRACT

The aim of this study is to try and find out what the need of Grade 10 girls are at a high school in the suburbs of Cape Town and how the school can assist them in meeting these needs.

The rationale for doing this research arose as a result of the need to draw up a life skills programme based on research, which would include the participatory input of the grade 10 learners. Like most high schools, the one the researcher approached, has experienced their share of normal to serious behaviour problems and the counselling department wanted to address these in their life skills programme with the emphasis on early prevention. Grade 10s (average age 16 years) were specially identified by the head of counseling as those being most at risk.

The theoretical approaches covered in the literature review are psycho-analytic and object relations, focusing on the developmental tasks of middle adolescence, in particular the emergence of the young persons self-identity as they separate from their family and move towards greater individuality with their peer group. The relevance of life skills education to equip adolescents to cope with the social and emotional challenges they are likely to encounter, is also covered.

The methodology used to gather quantitative and qualitative data was a questionnaire constructed by the researcher based on research of this age group in school settings. Five categories were covered including one which focused on cultural issues as it was felt that this was significant at this present time owing to the political and social changes taking place in South Africa. Schools are now integrated and have accepted the policy of mainstreaming. Questions were open-ended and provision was made for individual contributions from respondents. The researcher used subjective interpretation for qualitative answers.

Convenience sampling of 62 (33%) of the 185 Grade 10 learners was used and participation was voluntary.

Overall findings from the first part of the questionnaire indicated that the majority of learners felt a need for more input about dating violence and intimate sexual information and less

about sexually transmitted diseases. A high percentage of the learners indicated that they were experiencing problems related to schoolwork and a quarter of the sample appeared to have significant depressive symptoms.

Findings from the section where learners were requested to number from 1 (most important) to 5 (least important) indicated that PERSONAL FEELINGS was considered the most important category. This section explored issues around feelings, depression, self-destructive behaviour and the use of recreational drugs.

A preliminary report with these results was made available to the school immediately after the analysis was completed.

University of Cape Town

TO THE MEMORY OF SIMONE

University of Cape Town

ACKNOWLEDGEMENTS

I would like to thank the following people for all they have done:

The Grade 10 learners who took part in this research and shared so much in answering the questionnaires.

My supervisor, Shona Sturgeon, for all her support and guidance.

Social worker, Anne Alberts, for all her support.

Annemarie Booyens and Glenda Thorpe for all their help with typing and layout.

My husband, Louis, and my children, Catherine, Rupert, Stephanie and David, for their love, support and encouragement.

To my friend, Avril Dawson, for all her help, a big thank you.

University of Cape Town

This work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works, of other people has been attributed, and has been cited and referenced.

Signed by candidate

Signature

TABLE OF CONTENTS

Abstract	i
Acknowledgements	iv
CHAPTER ONE: GENERAL INTRODUCTION.....	1
1.1 Introduction	1
1.2 Purpose of the study	4
1.3 Research design and methodology.....	5
1.4 Limitations of the Study.....	6
1.5 Ethnical Considerations of this Study	6
1.6 Outline of the Study	7
CHAPTER TWO: LITERATURE REVIEW	9
2.1 Introduction.....	9
2.2 Life Skills.....	12
2.3 Relationships.....	13
2.4 Different Cultural Groups	17
2.5 Body Image and Eating.....	18
2.6 Sexual Issues	20
2.7 Personal Feelings	23
2.8 Summary	27
CHAPTER THREE: RESEARCH DESIGN AND METHODOLOGY.....	28
3.1 Introduction.....	28
3.2 Research Design.....	29
3.3 Population, Sample and Sampling Procedure	29
3.3.1 Population	29
3.3.2 The Sample	30
3.3.3 Sample Procedure.....	30
3.4 Method of Data Collection.....	31
3.5 The Questionnaire	31
3.6 Construction of the Questionnaire and Pilot Study.....	34
3.7 Reliability and Validity	39

CHAPTER FOUR: RESULTS	41
4.1 Introduction.....	41
4.2 Relationships.....	41
4.3 Different Cultural Groups	45
4.4 Body Image.....	48
4.5 Sexual Issues.....	51
4.6 Personal Feelings	56
4.7 Learner’s Comments Regarding The Experience of Completing the Questionnaire.	60
4.8 The Most Important Categories	62
4.9 Question No. 8	64
CHAPTER FIVE: DISCUSSION OF THE RESULTS AND RECOMMENDATIONS	66
5.1 Introduction.....	66
5.2 Relationships.....	67
5.2.1 Living arrangements of learners.....	67
5.2.2 Standard of parental education.....	67
5.2.3 Learners’ connectivity to family	68
5.2.4 Learners’ connectivity to school.....	68
5.2.5 Time management after school	69
5.3 Different Cultural Groups	71
5.3.1 Discussions about different cultures	71
5.3.2 Learners experiencing problems at school.....	72
5.3.3 Staff and pupil support.....	73
5.4 Body Image and Eating.....	73
5.4.1 Learners’ perception of body image	73
5.5 Sexual Issues.....	74
5.5.1 Birth control	74
5.5.2 Intimate sexual information	74
5.5.3 Sexually transmitted diseases and AIDS input	74
5.5.4 Questions about AIDS	75
5.5.5 Homosexual and lesbian relationships.....	75
5.5.6 Sexual coercion.....	76
5.5.7 Dating violence	76
5.5.8 Sharing sexual feelings with parents.....	76

5.6	Personal Feelings	77
5.6.1	Depression.....	77
5.6.2	Self-destructive behaviour	78
5.6.3	Substance abuse	79
5.6.4	Knowledge of friend's self-destructive intention.....	80
5.7	Learners' Ranking of Questionnaire Categories for their Life Skills Programme.....	81
5.7.1	Personal feelings	81
5.7.2	Sexual issues	82
5.7.3	Relationships.....	83
5.7.4	Body image and eating.....	84
5.7.5	Different cultural groups.....	84
5.7.6	Summary	84
CHAPTER SIX: CONCLUSION		86
BIBLIOGRAPHY		89

Appendix 1: Pilot Study

Appendix 2: Questionnaire

Appendix 3: Covering Letter

LIST OF FIGURES

Figure 1:	Learners living with both biological parents.....	41
Figure 2:	Standard of education of parents of learners – completed matric/tertiary qualification	42
Figure 3:	Learners’ connectivity – or claiming a strong bond to family.....	42
Figure 4:	Learners’ connectivity or claiming a sense of belonging to school.....	44
Figure 5:	Time management after school – involvement in structured activities	44
Figure 6:	Acceptance of cultural diversity amongst learners	45
Figure 7:	Learners wishing to discuss other cultures in class.....	46
Figure 8:	Learners who felt secure in their own cultural identity	46
Figure 9:	Learners experiencing problems at school.....	47
Figure 10:	Staff support.....	47
Figure 11:	Learner/peer support	48
Figure 12:	Learners’ perception of body image	48
Figure 13:	Weight control.....	49
Figure 14:	Methods of weight control	50
Figure 15:	Peer pressure/self-esteem on dieting.....	51
Figure 16:	Birth control – more input needed	51
Figure 17:	Sexually transmitted diseases (STDs) – more input needed.....	52
Figure 18:	AIDS – more input needed.....	52
Figure 19:	Questions about AIDS	53
Figure 20:	Learners requesting input about homosexual and lesbian relationships.....	53
Figure 21:	Learners requesting input about dating violence	54
Figure 22:	Learners who had experienced sexual abuse	54
Figure 23:	Learners who had experienced sexual coercion.....	55
Figure 24:	Learners requesting input about intimate sexual information.....	55
Figure 25:	Sharing sexual feelings with parents.....	56
Figure 26:	Depression.....	56
Figure 27:	Thoughts of self-destructive behavior.....	59
Figure 28:	Substance use	50
Figure 29:	Knowledge of friend’s self-destructive intention.....	60
Figure 30:	The categories which learners numbered 1 (most important).....	62

Figure 31: The categories which learners numbered 2 63
Figure 32: The categories which learners numbered 3 63
Figure 33: The categories which learners numbered 4 64
Figure 34: The categories which learners numbered 5 (least important) 64

University of Cape Town

CHAPTER ONE

GENERAL INTRODUCTION

1.1 INTRODUCTION

Adolescence is a very difficult period of transition from the stability of childhood with its certainty to the upheaval and uncertainty of the teenage years. Not only does the adolescent experience physical, hormonal, emotional and cognitive changes, but in the realm of social interaction, profound changes occur in their relationships with family, friends and teachers who now seem to relate to them differently.

For many adolescents who experience an unhappy reality, the only way of coping with all of this and the inner turmoil this creates, is to act out in ways that could harm them physically and emotionally.

With demands being made on adolescents to achieve academically, schools are becoming increasingly aware of all these pressures and that without emotional stability it is very difficult to achieve academically and cope positively with the challenges that life presents.

To this end, schools have introduced life skills as a subject to the curriculum in a very real effort to promote mental well-being which educates and empowers learners to problem solve difficulties and experience satisfying relationships with others in our increasingly complex evolving society (Lavikainen, Lahtinen & Lahtinen, 2000).

The researcher's interest in life skills programmes grew as she realised the positive impact that this type of education could have for adolescents and their future in preventing and promoting emotional and social well-being.

As a result of this the researcher approached a high school for girls, which offers a comprehensive life skills programme to its learners from Grade 8 to matric level. In consultation with the school social worker, the researcher and social worker felt that their life skills programme should be based on research. The purpose of this research was to find out

what the learners most pressing needs were and to create a programme that was relevant to them. Discussions with the social worker provided a needs identification of possible issues facing learners.

Grade 10's (middle adolescence) were specifically chosen for the research, as it was felt that the 14-16 year old period was a particularly vulnerable time as they were involved in establishing relationships outside their family with a peer group which they often identify with as part of the process of trying to find out who they are and establishing their own identity.

During this period, female self-esteem is also lowered, according to Dr. Meeks who says that there are three aspects that affect self-esteem. These are, to what degree a person feels good about themselves; whether they feel they are successful in life; and whether they feel connected to family and friends or other organizations in the community. Even if only one of these is missing, self-esteem is adversely affected (National Women's Health Report, 1995).

Experimenting in life situations without the deeper knowledge and understanding which comes with time often places this age group at risk and it was felt that this programme might offer preventative measures that could be regarded as protective. It was also felt that as they approached Grade 11, they were nearing the end of their school career and life skills could act as preparation for the next period in their lives.

Like many other schools, learners at this school experience a variety of emotional and social problems. Some of these problems include depression and stress and difficulty in coping with social and academic pressures; feelings of social and emotional isolation at school and at home; problematic family relationships because of developmental issues around adolescence or divorce in the family; abuse of substances (drugs and alcohol) in order to cope with difficulties; sexual problems resulting in confusion or too early initiation into sexual relationships; body image distortion linked to self esteem problems and social pressures resulting in eating disorders, and cultural issues surrounding racial integration in schools and the educational policy of mainstreaming which admits learners who are mentally and physically challenged to the mainstream classes rather than educating them separately in special classes or schools.

The research highlights that these problems are experienced by adolescents in high school settings worldwide while at the same time stressing the importance of early intervention in the form of life skills programmes (Ellickson & McGuigan, 2000). Learners spend the major portion of their lives in schools, which is an appropriate setting for early intervention, and, therefore, preventative action before problems becomes a firmly entrenched pattern of behavior (Brown, 1998; Burns & Hickie, 2002; Finn, Willert & Marable, 2003; Inlay, 2003; Linn, 1999; Schlozman, 2003; Weissberg, Resnick, Payton & O'Brien, 2003).

The main task of the adolescent at this time is their search for identity—to find out whom they are and this involves a gradual move away from their family and questioning the values and beliefs they have grown up with. Sexual motivation also brings with it a search for heterosexual love (Blos, 1975). Being part of a peer group offers the adolescent protection from feelings of guilt and anxiety as they share common interests and support one another.

Although she uses Freudian terminology, Anna Freud (1975) describes the overwhelming feelings adolescents experience, whether it is sexual or a passionate belief in religion or a new friend. The intensity of these new feelings leaves them confused and not sure of whom they are. It is at this time when they are so vulnerable that they are likely to experiment with new ideas and behavior. There are many factors which could influence them to experiment in a positive or negative way but one of the most protective factors according to psycho-analytic theory appears to be the constant and reasonable manner in which early care-givers or parents have interacted with the needs of the young child (Blos, 1962).

Johnson (1989 in National Women's Health report 1995) lists the following characteristics of female middle adolescents as:

- They are able to understand the consequences of their actions
- Their ability to reason regresses under stress
- They develop a clearer idea of body image as their growth stabilizes
- They fantasize and are idealistic as a result of cognitive development and they are able to project into the future
- They are inclined to think they are invincible with the attitude that “it won't happen to me”

- They tend to be involved in family conflict as a result of their wish for independence
- They have a very real need to belong to a peer group to affirm their self-image. The peer group also defines acceptable behavior
- They tend to have many relationships and are involved in sexual activity
- They are pre-occupied with attracting the opposite sex with their behavior and dress
- They are involved in fantasising about romance.

Life skills programmes at school can provide some support during this difficult period. They offer the adolescent a safe space to explore issues of concern in a classroom setting with peers, which can then be transferred to other environments in the community (Rooth, 1995).

Clarifying issues, which are problematic to the adolescent, allows them to gain a perspective so that they can continue with the process of emotional development and concentrate on their immediate goals of learning.

When an adequate family support system is lacking life skills programmes are likely to be the only resource available to them about what is happening on the streets or in the larger community (Holmes, 1995).

1.2 PURPOSE OF THE STUDY

The aim of this research is:

- to gain an overview of some of the problems/issues Grade 10 female learners are struggling with at a particular girls school, which could be impacting negatively on their development, social functioning and schoolwork;
- to provide the counseling department at the school with the findings based on research on which to create their life skills programme in order to make it meaningful and relevant to the learners;
- to explore issues concerned with race integration and mainstreaming due to changes in the present educational policy, as diversity is sometimes an issue for learners;

- to make recommendations to the school to integrate social and emotional education on a far wider scale than in the time slot allotted to life skills. This could influence the school's social climate and promote the development of the learners accepting responsibility;
- to encourage further research based on these findings.

1.3 RESEARCH DESIGN AND METHODOLOGY

This is exploratory research in order to gather information on the possible needs of Grade 10 learners for input for their life skills programme.

The technique used to gather the information was a survey method based on a non-standardized questionnaire constructed by the researcher. Questions were drawn from recent research about adolescents in high school settings worldwide and important issues they seem to be grappling with.

A non-standardized instrument or questionnaire is not likely to have the same degree of reliability and validity as a repeatedly tested instrument. Reliability refers to how reliable a measuring instrument is, that is, will this questionnaire yield the same results when administered repeatedly to the same subjects.

The second important characteristic is validity, which refers to the extent the questions in the questionnaire reflect the real meaning of the concept which is being measured (Rubin & Babbie, 1993). A high degree of these two characteristics in the questionnaire increases the probability of more accurate results.

When measuring an abstract concept in a questionnaire, a range of meanings needs to be explored in order to increase the validity and accuracy of the results obtained. For example, the researcher included five questions in order to expand the meaning of "a sense of belonging or feeling of being connected to one's family".

Although many of the questions had “Yes” and “No” answers, which could be quantified, space was left throughout the questionnaire where respondents were asked to elaborate their answers. At the end of the questionnaire they were asked what topics or issues they would like included in their life skills programme. It was hoped that this participation would increase their empowerment and add to the qualitative nature of the questionnaire, where themes could be identified and illicit deeper understanding of the Grade 10 learners. Although the researcher did not interact with the respondents verbally and therefore this could not be strictly defined as qualitative research, the individual contributions from Grade 10’s did add a “richness” to the study (Marshall & Rossman, 1989). Joan Caird (1994: 176) refers to the importance in the postmodern approach of “... a search for meaning rather than truth”.

Care was taken with the wording in the questionnaire because of the sensitive nature of the probing and words such as “depression” and “suicide” were omitted in case they stirred up feelings. While the questionnaire was administered to a sample of Grade 10’s on a voluntary basis, it was felt that this type of randomness of sampling could include learners who might have serious problems and could be emotionally affected.

1.4 LIMITATIONS OF THE STUDY

1.4.1 The findings of this study cannot be extrapolated to the general population for the following reasons:

- the sample was taken from one school in Cape Town;
- participation by respondents was voluntary and anonymous so the sample might not have been a true cultural representation of South African society;

1.4.2 the questionnaire was constructed by the researcher and administered to the population on one occasion so reliability cannot be accounted for.

1.5 ETHNICAL CONSIDERATIONS OF THIS STUDY

1.5.1 It was felt that the probing nature of the questions around sensitive topics might evoke feelings in the more vulnerable learners who might then need support. This

particular high school has a counseling department and the school social worker made herself available to learners for this type of support.

1.5.2 Questions of a sensitive nature were carefully worded so as not to encourage vulnerable learners to act out in ways that could be destructive. This was also carefully assessed in the pilot study.

1.5.3 After the administration of the questionnaire, a preliminary report with analysis was given to the school. A request was made by the researcher that the results are given to the learners regarding their suggestions for the life skills programme. A few of the respondents had requested limited information about the researcher and this was given to the school. This initial analysis did identify that there were a significant number of learners who could be considered to have serious problems and the school social worker was alerted to this.

1.6 OUTLINE OF THE STUDY

Chapter 2 will cover the literature review focusing on the psycho-analytic theory of development of the object relationist, Peter Blos (1962, 1975) about adolescent separation and individuation, Freud's psycho-sexual theory of adolescence (1975) and Erikson's psycho-social theory of identity formation (1968).

Also included is the theory of life skills (Rooth, 1995; Weissberg et al 2003) and the research upon which the five categories of the questionnaire are based, namely, Relationships, Cultural Issues, Body Image and Eating, Sexual Issues and Personal Feelings, which covered depression, suicidal ideation and substance abuse.

Chapter 3 presents the research design and methodology. As this is a new questionnaire constructed by the researcher, details are included about the process of construction and the pilot study.

Chapter 4 presents both quantitative and qualitative results of the questionnaire and in Chapter 5 these results are discussed with recommendations. The discussion and recommendations have been combined because of the exploratory nature of the research.

The Conclusion is covered in Chapter 6.

University of Cape Town

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

Exploring the needs of adolescents necessitates contextualising this developmental age group within the life cycle. It involves looking at theories about adolescents, their behavior, emotions, personality structure, cognitive and physical development.

For this purpose the researcher has focused on the psycho-analytic theory of development which offers insight into how personality development might occur and how the growing child's psyche is organized (Blos, 1962; Cashdan, 1988).

According to developmental theory, the life cycle is divided into stages with different tasks which need to be accomplished in order for the child to move onto the next stage. When this occurs, a degree of emotional stability and health is achieved as the person matures. If this does not happen then the likelihood of psychopathology occurring is increased (Cashdan, 1988; Erikson, 1968; Freud, 1975; Pillari, 1988).

The manner in which the infant and growing child's physical and emotional needs are catered for by caregivers resonates in the child's later behavior as it matures, highlighting the connection between the stages (Blos, 1962, 1975).

The vividness of this connection can be understood in the work of object relationist, Peter Blos when he describes the adolescents' second separation (from family) and individualization (search for identity) process. This major task which allows the adolescent to develop into a unique individual is in turn based upon the first separation and individuation process described by another object relationist, Margaret Mahler. Mahler observed how the young child with a degree of self assertion is able to move away and explore its environment independently while at the same time still remain connected but separate from its mother (Cashdam, 1988). Difficulties experienced in the second separation and individuation process can often be traced back to a problematic first process (Blos, 1975).

Object relations theory stresses the important role of significant relationships with others in the life of the infant and young pre-oedipal child and how the impact of these early relationships influences the child's developing concept of "self" (Cashdam, 1988).

While acknowledging the important role of care-givers and early environmental influences, Freud's psycho-sexual theory emphasises the dominance of the two main physical drives, namely aggression and sexual, and how the child is able to cope with these inner feelings balanced against an internal sense of morality that is acceptable to outside society.

According to Freud, during adolescence or the genital stage, the main task is for the young person to find a "sexual object" and eventually to experience a heterosexual relationship (Freud, 1975:86).

Unlike Freud's intra-psychic theory, Erik Erikson, also a psycho-analyst, emphasised the influence of society upon the developing child. His psycho-social theory highlights the effect of culture and community upon the adolescent's formation of identity in the fifth stage of the cycle known as "identity versus role confusion" (Erickson, 1950; 1968).

Erickson says that in early childhood the process of identity formation is through identification with parents or caregivers. Once adolescence is reached, the young person chooses some of these identifications that fit their interests and values and discards others. If optimal identity formation results, the late adolescent (17-19 years) is able to make their own clear choices about work goals, values and sexual orientation (Kroger, 1996). In other words, they have developed their own individuality.

Concern about the outcome of this stage occurs when the adolescent is struggling or going through the crisis of making their own positive choices which are not respected by parents or significant others (Gureri et al, 1999; Pillari, 1988). Negative resolution is associated with social and behavior problems and lowered self-esteem (Rotheram-Borus, 1989).

This background theory of adolescence offers a picture of the tasks and needs of this developmental group. When these needs are not adequately catered for, problems are likely to ensue. In construction of this questionnaire, the researcher looked at this close connection of needs and problems which might be experienced during middle adolescence (see appendix 2).

In addition to this in South Africa, is the heterogeneous nature of a multi-cultured society, which is reflected to some extent in schools' populations as a result of the change in social and educational policy with the disbanding of apartheid. However, the situation in many previously "white" only schools such as the one in which this research was conducted, differs from that of schools overseas in that the minority group in the school is not the minority group in the country, but the majority group.

Another South African policy which has brought about change in schools and educational institutions is that of mainstreaming which admits learners who are physically and mentally challenged to a degree but are able to cope with the required standard of education. In order to accommodate this diversity and allow each individual to develop to their maximum potential, schools adopt a policy similar to the approach of social constructivism which accepts cultural diversity as normal and involves respect for how an individual constructs or makes meaning of their culture or particular life situation (Lee, 1996).

In reading the literature, the following categories that needed to be explored began to emerge. These were, relationships within the family; cultural groups which included social integration amongst learners and issues regarding mainstreaming; body image; sexual issues and personal feelings which explored depression and drug usage. It was decided to present the literature review in a form which connected it to the questions in the questionnaire.

A life skills programme based on tolerance and understanding of different cultural practices assists collaboration and elicits greater understanding in a mixed population. To this end cultural diversity and related issues was included in the questionnaire as it was felt that this category was pertinent to the changes taking place in South Africa which were reflected in the school context.

In the category on cultural diversity, issues raised by learners in consultation with the school social worker, were included. Focus was on how individuals from different groups might perceive their acceptance in the school environment and whether or not they felt "connected" to the school. Coping with two possibly different cultural contexts, namely school and home was also explored.

The subject matter covered in the categories of the questionnaire mentioned above seemed to be particularly suited to presentation in a life skills programme which is covered in the following section.

2.2 LIFE SKILLS

A definition of life skills can be considered to be the emotional and social skills necessary for people to cope in a realistic and positive manner with everyday challenges. Practice of these skills results in an increased ability to make choices based on problem management which results in feelings of empowerment (Rooth, 1997).

When applied as an educational intervention with adolescents, it can be considered to be preventative and protective as it increases self-awareness in situations including those which could be life threatening. As such, it should be part of the educational curriculum in every school.

In their research, Weissberg, Resnick, Payton & O'Brien (2003) refer to life skills as social and emotional programmes and state that it helps learners to "... accept responsibility/ manage emotions; appreciate diversity; prevent violence and substance abuse ... and succeed academically" (p. 47). They state that social and emotional well-being underlies academic achievement.

Social problems experienced by learners such as a lack of connection or belonging to school and family, substance abuse, violence, bullying and inappropriate sexual activity are often complex with underlying causes originating in early family life (Weissberg et al., 2003). These problems and over-identification with a peer group often result in early drop-out from school, which impoverishes not only the learners but the community as well.

To address these issues, life skills programmes need to be based upon sound research and a theory of development in order to produce a coherent framework for implementation and evaluation. In America, state and federal funding is usually only available for programmes based on research which have shown positive results such as academic improvement, less problematic behavior at school, less violence and less sexual promiscuity (Hankins, Catalano, Kasterman, Abbott & Hill, 1999 in Weissberg et al., 2003).

There is an increased awareness and acceptance that schools have an obligation not only to educate learners academically but also to make provision for their social and emotional well-being (Burns & Hickie, 2002).

Emotional and intra-psychoic problems such as depression and its social ramifications such as substance abuse or suicide often surface during the turmoil of adolescence at a time when parents often withdraw from their children (National Women's Health report, 1995). In a school setting with adequate staff members, learners can be more readily identified when their academic standards fall or they become socially withdrawn. Research by Resnick and colleagues quoted in Burns and Hickie (2002) emphasises the important connection between a developed sense of attachment, feelings of connectedness and adolescent health (p. 136).

Mensch, Bruce and Greene, quoted in Women's Health Weekly (1999: 2), summarize the importance of working with adolescents when they say "... what happens between the ages of 10 and 19 whether for good or ill, shapes how girls and boys live out their lives as women and men – not only in the reproductive arena, but in the social and economic realm as well".

The questionnaire in this research comprises of five main categories, namely Relationships, Different Cultural Groups, Body Image and Eating, Sexual Issues and Personal Feelings. Research about adolescent girls highlighted these as pertinent issues. These categories will now be discussed individually.

2.3 RELATIONSHIPS

Adolescence is often a stressful transition to which all family members need to adjust and this change often requires a great deal of thought and reflection particularly on the part of parents as they have to re-assess the degree of influence they exert over their children.

The main purpose of this section was to place the learner or respondent within an individual family context or culture in order to gain a deeper understanding for some of their responses.

In this section, Question 1 explored the learner's family structure and whether they lived with both biological parents. Research has shown that this is a protective factor against early sexual initiation or involvement. If one parent is absent or other "parental" partners are present, this tends to expose children to a more non-traditional family, which in turn can influence sexual behavior (Murry, 1992; Santelli, Lowry, Brener & Roben, 2000).

Single parent or step-parent families are usually unable to provide the same degree of supervision for adolescent girls which also impacts negatively with regard to early sexual behavior (Hogan, Sun & Cornwall, 2000).

The standard of parental education, which is covered in Question 2, also appears to influence early initiation of sexual intercourse with higher parental education being associated with delayed sexual intercourse or use of birth control to prevent unwanted pregnancy (Santelli et al., 2000; Murry, 1992). It could be argued that parents with a higher standard of education have greater expectations for their children's future working lives and that this exerts an influence.

Questions 3, 4, 5, 7 and 8 explored interactional family relationships in order to assess the learner's feelings of connectedness to their family or a sense of belonging. Learners were encouraged to make use of qualitative answers.

In families where there is a high level of stress and conflict, there is often less time and emotional energy to focus on the needs of individual members. Children in particular experience feelings of being unloved and uncared for. This prevailing sense of unhappiness is often reflected in a negative attitude and risk behaviors, such as involvement in early sexual relationships, drug abuse and eating disorders to mention a few (Hogan, Sun, Cornwell, 2000).

Question 6 looked briefly at the communication process in the home between parent and learner. This is often a problem area, when parents find it difficult to set limits especially when adolescents have a challenging attitude (Brace, 2000; Silverstone, 1996). Clear communication is particularly relevant for a learner whose home culture differs from the majority culture at school and finds herself spending significant time in a different culture at the homes of school friends.

Questions 9, 11 and 12 covered the importance of school connectedness or a sense of belonging at school. This occurs so frequently throughout the literature that it seems to be the most important protective factor against destructive behavior in adolescence.

School connectedness is defined "... as an adolescent's experience of caring at school and sense of closeness to school personnel and environment" (Bonny, Britto, Klostermann, Horning & Slap, 2000: 1017).

In their research exploring school disconnectedness as a way of identifying learners at risk, Bonny et al (2000) suggested that in order to improve school bonding, interventions should be applied in the primary school. They also reported that learners of parents with lower education felt less connected to the school.

They referred to the research conducted by Resnick, Harris & Blum (1993) who found that those who felt significantly connected to school had lower rates for emotional distress, suicidal thoughts and behavior, violence, substance use and sexual promiscuity.

Barbour (1996) also stressed the importance of adolescents feeling accepted by peers and teachers and that intervention promoting this should be carried out in the school setting to offset the need for them to turn to delinquent behavior.

Questions 11 and 12 asked whether learners felt safe at school and if not, whether they would like to expand on this. Research offers reasons for violence, bullying or acting out in schools but often does not cover the feelings and reactions of those who feel victimized. It is important for life skills programmes to focus on enhancing self-esteem and management of stress, anger and conflict in these situations (Ellickson & McGuigain, 2000; Hill & Drolet, 1999).

In her article about a Charter School in America, Linda Inlay (2003) highlights the importance of creating a social and emotional climate where learners feel a sense of belonging as a result of acceptance and where the mistakes they make as part of growing up, are turned into learning experiences. As a result, they do not feel a sense of rejection or feel ostracised. Regular discussions are held in small groups so that learners' concerns can be heard and taken seriously. Schools which are able to provide this kind of containing and accepting

environment holistically and who do not subscribe to the “zero tolerance” policy, are not likely to have a high drop out rate.

Improving the social and emotional climate in the school in this way seems to be an advanced development of the existing life skills programmes which are implemented during a limited time slot.

Question 13 has a brief look at how learners allocate their “free” time after school. In this research on time perceptions and time allocation and preferences amongst adolescents, Bruno (1996: 5) says, “If time is not valued, then the self is not valued, and this deprivation is reflected in the composition of the time investment portfolio and is manifested in at-risk behaviors both in and out of school”.

The importance of time as a resource and its management is often overlooked in modern industrialized society. Bruno (1996: 4) refers to Cushman (1992) who says that today’s society has created “a psychological emptiness” in people, which needs to be satisfied by filling time with passive, and largely entertainment focused, activities such as watching TV or shopping etc. Adolescents who spend a large portion of their time on these activities are often considered to be involved in “at risk” behaviors by their teachers and tend to go to school unprepared, with homework unfinished and without the correct books for lessons etc. How time is spent can be used as a marker in identifying at-risk students (Bruno, 1996).

In his research (1996), Bruno describes the four categories of time allocation as:

- Spending time, which involves personal development such as time spent on special interests. In a school setting the life skills programme would fall into this category.
- Selling time involves material achievement, such as studying, setting and achieving goals, future career planning.
- Giving time is being involved with activities around social acceptance, establishing relationships and learning about life.
- Passing time involves passive activities such as watching TV or shopping as entertainment. These activities can be used for relaxation but are often motivated by boredom.

However, all four activities need to be integrated in a daily balanced routine, or as Robert Fulghum (1986) says, “All I really need to know about how to live and what to do and how to be I learned in Kindergarten” (Bruno, 1996: 3).

With increasing pressure on learners at school, it is becoming important for educators to teach them to become aware of time and manage it in a positive and planned way using self-discipline, which can lay down a foundation for life.

Question 13 was included in order to explore whether learners were involved in directed, e.g. extra mural activities or non-directed activities after school, e.g. playing computer games, watching videos or TV or regular shopping. These latter activities have been widely developed in modern post-industrialised societies and offers escapism from reality or from an unpleasant situation (Greenberg & Woods, 1999). Results from the questionnaire could give an indication as to whether this significant but often overlooked factor should be included in the life skills programme.

2.4 DIFFERENT CULTURAL GROUPS

Questions in this section were formulated in discussion with the school social worker. Learners had raised these issues with her and it was felt that the life skills programme could assist them in exploring these concerns in a class/group setting.

Questions 5 and 6, which focused on minority cultural groups (both race and religion) who attended the school outside their area of domicile, was based on ideas from Lebakeng’s dissertation titled: “Impact On Self-Definition Of Attending ‘Open’ White Schools On Black South African Adolescents” (1993). Lebakeng’s hypothesis was that Black learners attending an open school would feel less positive about their cultural identity than those attending a township school where they lived. A comparison of these two groups revealed that no difference was found between their perceptions of cultural identity.

As integration in schools in this country is relatively recent, it may be that studies like this one need to examine the effects on the identities of minorities over a longer period of time.

The questionnaire in this study looked at whether learners felt their cultural identity was threatened by attending a school dominated by another cultural/race group and whether they found it difficult to return home at the end of the day?

Question 7 explored how learners, particularly those from minority groups might perceive the different ways in which they were disciplined by their parents in comparison with their friends from another cultural group. This was based on discussion with the school social worker and on Lee's article (1996) concerning the constructivist approach to understanding cultural diversity. For example, physical punishment may be more acceptable in certain cultures regardless of whether it is against the law. A constructivist approach focuses on exploring problems within different cultures with respect and understanding for the meaning it has for that culture. This approach bridges the cultural divide between people and lowers resistant reactions. It allows emotional space for reflection and is the approach underlying life skills education in the classroom.

Question 10 a, b, c and d were also formulated in discussion with the school social worker and were included for those learners who are mentally or physically challenged and who qualified to attend the school as a result of the policy of main-streaming. It also covered those who might be absent regularly for different reasons, e.g. a chronic asthma sufferer or a high achiever in sport or some cultural activity. All these learners present a challenge to a system such as a school and coping with a comfortable fit for both learner and staff requires creative solutions which could be explored in the life skills programme.

2.5 BODY IMAGE AND EATING

During adolescence, a girl's body shape changes dramatically with the development of secondary sexual characteristics. By 14-16 years of age, menstruation is usually well established, the average age for this being 12.7 years with at least 22% body fat needed for this (National Women's Health Report, 1995). For many adolescents it is a time when their weight increases and they are acutely aware of how they look and what their peers might think.

At this time the average female adolescent suffers a decline in self-esteem with how they look. Pesa (1999) says that low self-esteem influences eating problems. Dieters experience a rise in self-esteem when they can control their weight.

Research, which looked at the relationship between self-esteem and smoking, confirmed that low self-esteem is associated with smoking (Kawabata, Cross, Nishioka, Shimai & Satos, 1999).

With obesity increasing, medical professionals and school programmes should address healthier ways of managing weight other than by smoking or taking diet pills which cause serious health risks. It has been found that adolescents who begin regular smoking tend to continue into adulthood (Tomeo and Field, 1999). According to National Women's Health Report (1995) cigarette smoking is related to more deaths and diseases in women today such as lung cancer, cardiovascular disease, cervical cancer and osteoporosis.

In their research Moreno and Thelen (1995) refer to a study conducted by Vanthorre & Vogel (1985) of 1 093 high school students between the ages of 14-18 years, the results of which showed that the highest percentage of those involved in bulimia (defined as a pattern of overeating and forced vomiting) were the 14 year olds—those on the brink of middle adolescence. Moreno and Thelen found that children as young as in elementary school were concerned about body weight and dieting.

Sexual abuse is considered to be a risk factor underlying a number of destructive adolescent behaviors including disordered eating. Chandy and Blum (1996) say that the findings are so significant that professionals involved in treating adolescents for this and other adverse behaviors should explore sexual abuse as a possible underlying cause.

Some of the questions listed in Section 3 of the questionnaire on "Body Image and Eating" were taken from the list of items which Chandy and Blum (1996: 4) used to assess disordered eating in their research. Questions in this section were based on the research mentioned here.

Levine and Smolak (1994) say that the message put across is that thinness is also associated with being successful and that you can be thin if you diet, exercise or use other weight control techniques. In this study, magazines were found to influence adolescents significantly and

messages from family and peers also had impact on adolescent's self-consciousness about weight.

Pesa (1999) recommends that self-esteem building should be included in school health programmes and that high self-esteem may help adolescents not to succumb to social and cultural pressures to conform to an idealized picture of how they should look.

2.6 SEXUAL ISSUES

The questions in this section were based on research and discussions with service professionals who had become aware of some of the needs and behavior of Grade 10 learners. Feedback from learners was that there had been sufficient input about AIDS, sexually transmitted diseases (STD's) and birth control. An attempt was therefore made to research sexual issues more widely in order to include topics which learners might indicate from the research were relevant to their life skills programme.

This school has a diversity of cultures and religions which impact on what might be considered to be "appropriate sexual behavior".

However, in our society, adolescents require a sexual education which covers more than the biology of human reproduction. In industrialized societies, a higher standard of education is required which usually necessitates a longer period of studying and therefore longer financial dependency on parents. Adolescents require knowledge which will influence their sexual behavior in such a way that their education will not be compromised. It is very difficult coping with the reality of trying to finish school and being a single parent. The emotional trauma of abortion and the treatment of STDs have far reaching impact on the emotional and physical well-being of the female adolescent and this in turn de-focuses from their education (Lees, 1994).

Sexual promiscuity and initiation into a sexual relationship too early is one of the risk behaviors which may have many underlying causes, sexual abuse being one of these (see question 4.5 in Appendix 2). These adolescents often become involved in other negative

behaviors such as suicide, substance abuse, disordered eating and unplanned pregnancy, all of which in turn affect academic performance (Chandy and Blum, 1996).

Protective factors against these behaviors developing are providing for the needs of children and adolescents within a predictable family structure with strong emotional ties, good communication and problem management skills (Lieberman, Gray, Wier, Fiorentino and Maloney, 2000).

In the USA, Europe and Britain the trend has moved towards adolescents becoming involved in sexual relationships younger and with greater frequency (Lees, 1994). Being able to delay early sexual initiation until the female adolescent feels ready is very important from the aspect of physical risk to their bodies. In the United Nations development programme report, Dr. Karen Hein (1994) points out that young girls are more at risk of being infected during sexual intercourse than older women because the walls and mucous of the vagina are less thick and therefore offer little protection to abrasions. The cervix and uterus of young females is also not completely developed and they can become infected with cervical cancer as a result of sexually transmitted diseases (see questions 4.1 in Appendix 2).

In their study, which examined the relationship context and type of contraceptive used at first intercourse, Manning, Longmore and Diordano (2000) say it is important to educate adolescents about this aspect, prior to their first sexual experience because pregnancies result from these unplanned encounters. Their sample, which was drawn from the 1995 National Survey of Family Growth, showed that three out of 10 teenagers (mean age 15) used no contraceptive at first intercourse.

Sharon Thompson (1990), who based her study on interviews with 400 female adolescents, said that girls experience a gap between the biology class on human reproduction and what really occurs during the sexual encounter. In her discussion she divided the interviewees into two groups, the first group being those who had found their first sexual encounter pleasurable. This group had moved towards this as a process beginning with childhood sex play and masturbation, listening to accounts from their mothers about their pleasant sexual experiences and later experiencing heavy petting and being prepared with contraceptives for safe sex. They did not mourn the loss of their virginity because they felt they had experienced this at the right time.

The second group was not prepared for their sexual encounter and did not go through this sequential process. They experienced penetration as unpleasurable and felt rushed into the situation and disempowered to say 'No'. These experiences can have impact on female attitudes towards sex in their adulthood.

In their studies, Lieberman, Gray et al (2000), Ngxabazi (1997) and Etsane (1997), confirm that adolescents would like their parents to be more involved in their sexual education (see question 4.4 in Appendix 2). The wish to share their developing sexuality implies the need for a closer relationship, acceptance and open communication.

The heterosexual encounter involves a relationship between both sexes and decision-making should involve both parties (Manning, Longmore & Giordano, 2000). Although it is difficult for them to talk about sex and their feelings, it is important to teach both sexes to communicate openly and for females to be aware of the covert influences which often result in boys belittling girls and not acknowledging them as equals. The self-esteem of girls is tied up with their body image and boys often ridicule the body changes girls undergo in derogatory terms. Females often feel a sense of shame about menstruation and seeking medical advice. Sue Lees (1994) says that if a female does not obtain birth control from the clinic, she is seen as irresponsible, and if she does, she is seen as unrespectable.

In their research Zimmerman & Sprecher (1995) looked at the more subtle forms of sexual coercion and the ability of adolescent girls to say "No" to unwanted sex (see question 4.6 in Appendix 2). The authors felt that sex education programmes should focus on developing self-confidence (self-efficacy) in adolescent girls and assist them in developing an individual self-identity separate from their peers and the pressure exerted by friends.

In their study, Lieberman & Gray et al (2000) said that seven out of 10 girls who were sexually involved before the age of 13 say that they had experienced forced sex (see question 4.6 in Appendix 2). In spite of the incidence of sexual exploitation and violence, school programmes often omit this from sex education.

In her research, Ruth Levinson (1995) explored the relationship between sex education and behavior, particularly responsible contraceptive use. She advised that in order to prepare

adolescents adequately, discussions need to be held about emotional feelings and situations which arise during the sexual encounter (see question 4.3 in Appendix 2).

Lieberman, Gray et al (2000) say that school programmes are still considered to be the most effective ways of educating adolescents who may become involved in early sexual activity. Lundy et al (1998) found that females felt more comfortable during discussions in a same-sex group and that there was a preference for small group discussions. They suggest this may possibly be due to the dynamics underlying adolescent group intimacy.

Lindberg, K & Sonnenstein (2000) say that the most challenging group to work with are those who are already sexually active and are involved in risk-taking behaviors as they are likely to drop-out of school early. Increasing their connectivity to school through support services might be a way of not losing these learners to destructive peer influences.

In his article Peter Redman (1996) suggests that schools like other social systems, families, friends, etc., exert significant influence on the development of heterosexual identity in adolescence. He feels that the narrow policy of school sex education and the hierarchical system of grades motivates adolescents to establish a position of acceptance and credibility in the school and protect a heterosexual identity which does not tolerate any alternative sexual identity. Redman feels that to confront or try and change this rigid attitude in order to better understand others who are different would be difficult and he argues for a sex education that will allow learners space to explore what is happening to them in this socialising process. This reflection might allow them to be more tolerant of alternative sexual identities such as homosexuality and lesbianism and to look at power relations between the genders and minority groups (see question 4.1 in Appendix 2).

2.7 PERSONAL FEELINGS

In this section an attempt was made to explore whether learners felt depressed, had suicidal ideation (without using the words “depression” or “suicide”), and were involved in substance abuse, in order to address this in the life skills programme.

Depression in children and adolescents is often difficult to diagnose because it may be masked by other “outer” behavior. In her report on the suicides of three Californian adolescents, Elizabeth Gleick (1996) mentions that one of the adolescents suffered from depression, had taken drugs in the past (and received drug counseling), had been hospitalized four times for depression and suicide attempts, but was in fact appropriately assertive in social settings such as in the classroom, appeared to be happy and had a supportive family who loved her. She also refused to attend the voluntary counseling sessions offered by the school. To add to the confusion in this case, a few weeks prior to her suicide, she appeared to change. She seemed to be happier than before, was motivated about her work and her grades had improved. Professionals say that a personality change like this with a history of depressive behavior could be a warning sign for contemplating suicide. The possible explanation is that they wish to leave behind good memories (see question 5.10 in Appendix 2).

In a case like this, it is easy to understand that from the teachers’ perspectives, the high risk nature of her depression and possible suicide was not apparent. The only other person who could possibly have alerted everyone involved was her friend who had entered into the suicide pact with her and was probably the submissive partner (see question 5.12 in Appendix 2). Gleick (1996) adds that teachers often feel overwhelmed and that they are unable to take care of learners during teaching time. The school’s task of providing relevant support services in a case like this is made more difficult by the lack of communication between the family and school and state budget constraints for intensive counseling.

Gould (1975) says that depression is the basic symptom in suicidal patients. Psycho-dynamic theory postulates that the child and adolescent feels a consistent loss of love and support from the parent when basic dependency needs are not appropriately met while growing up and that this results in feelings of anger, frustration, helplessness, low self-esteem and guilt (p. 309). On a deep psycho-dynamic level they may feel that this loss of love from the parent is the result of their worthlessness as a child and this adds to their feelings of self-hatred. Whatever developmental theory one chooses, it is often the schools which provide preventative services for detecting and implementing programmes which might avert these tragedies.

Schools are also involved in the containment of other possible suicides being committed, when teenagers find out that one of their peers has killed herself. Graham (1992) examines the

effects of one such suicide and the possible imitation that this sets off, which has been referred to as the clustering phenomenon.

In this case history the 16-year-old female entered into a discussion with some of her class friends of what she proposed to do. She was an A-grade learner and appeared to have the normal anxieties and fears of most adolescents, such as letting her parents down, taking a boy to a dance, her body image, her friends and issues about sex.

Graham examined the steps taken by the school in their post intervention process, of identifying close friends and classmates. Discussions were held with everyone the school felt could be vulnerable. Those concerned completed part of the Achenbach Youth Self report questionnaire and the “at risk” teenagers were accurately identified.

It was felt that the clustering phenomenon was likely to occur amongst adolescents if there was a history of risk-taking/self-harm behavior combined with moderate to severe depression.

Schools need to develop a policy to cope with the tragedy of suicide and support peers to mourn appropriately and avoid the risk of imitation.

The psychiatrists, Burns & Hickie (2002) are part of the team involved in putting together and co-ordinating the national programme called “beyond blue” to be implemented in high schools in Australia.

The purpose of this programme is an attempt to reduce the levels of depression amongst Australian adolescents. It is being compiled upon evidence-based research from the education and health sectors. Intervention will be on:

- the individual learner;
- the social and learning environments in schools;
- life skills programmes;
- improving links between schools, families and communities.

The focus therefore is on prevention and early intervention and includes community awareness, training and support for professionals and patients and research into the causes of depression and improved treatment.

Schools have been targeted because of their policy of commitment to emotional and social as well as academic education. The retention rate for adolescents at schools in Australia is high, reaching 16 years of age and it is felt that it is possible to detect early signs of depression in learners, for example, a fall in marks or social withdrawal.

Adolescent depression in Australia has become the most frequently reported emotional disorder, reaching 4,9% for girls in the 13-17 age group. According to a survey conducted only 29% of children and adolescents seek professional help for a mental problem. Most of the adolescents suffering from depression are in the middle to late group (14-17 years). Depression tends to be associated with both suicidal behavior and substance abuse (Burns & Hickie, 2002).

Depression impacts negatively on people's lives into adulthood with symptoms such as social withdrawal, greater dependency on others, problematic relationships, low self-esteem and regular involvement in stressful life situations, being some of the symptoms. Amongst adolescents it causes delinquency and early school drop-out, which often results in the person being lost to a system which can offer intervention.

Some of the questions in this section could apply to the normal "ups and downs" of adolescence with the accompanying hormonal changes and heightened emotional sensitivity. The research covered was used as a source and questions were based on themes which seemed to emerge, sometimes indirectly. For example, questions 5.8 and 5.9 in Appendix 2 explored possible lack of communication between teenagers and parents, which is often a common problem. Parents and schools often do not pick up on the danger signals (verbal and otherwise) adolescents give out when contemplating suicide. There can be many reasons for this from overwork to denial, which is why open communication, both talking and listening are so important.

2.8 SUMMARY

Risk behaviors in adolescence often have their origins in problematic early family relationships.

Middle adolescents are particularly vulnerable at a time when profound changes are occurring on many levels in their lives. If family influences have been negative, they stand a chance of disengagement from parents and over-identification with peers who might be involved in risk behaviors.

Adolescents spend a major portion of their time at schools, which have taken on the responsibility to educate learners both emotionally and academically. There has been growing awareness that a troubled child or adolescent cannot focus on achieving academically which is a pre-requisite for survival in an industrialized society. However, they also need to be able to share workable relationships with others in the community as they move towards adulthood.

Life skills programmes can be used as a preventative measure when clarifying issues or implemented as an intervention when risk behaviors are identified. Evaluation of effective programs has shown that they can raise the level of awareness in learners about situations and can impact positively on their quality of life in the present and the future (Weissberg et al., 2003).

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

This research explored the possible needs of Grade 10 learners in order to ascertain what they felt would be relevant to them in their life skills programme.

Discussions with the school social worker formed the basis of a needs identification of the learners. Developmental theory and the literature search revealed that the changes teenagers undergo such as physical (body), hormonal which impacts on their emotions and thoughts, impulsivity and growing sexual awareness, mood changes and errors of judgment are all closely involved with their risk behavior. A life skills programme is able to mediate the effects of these behaviors, offering preventative intervention in the form of emotional education. This also frees learners from what might be experienced as a burdensome pre-occupation, to focus on the major task of academic learning.

The research showed that risk-taking behaviors could be associated with problematic relationships at home and at school (Santelli et al, 2000).

Body image dieting and disordered eating patterns, seemed to be associated with self-esteem and social pressures.

In order to increase the relevancy of sexual education for learners, issues such as understanding for gay and lesbian adolescents, exploring more deeply feelings experienced with the sexual encounter, more open discussion between parents and teenagers and sexual coercion, whether subtle or more violent were some of the issues which emerged in the research (Lees, 1994; Thompson, 1990; Zimmerman & Sprechter, 1995).

Personal feelings explored depression and possible suicide ideation and substance abuse. Research suggests that these three behaviors tend to be connected (Burns & Hickie, 2002).

3.2 RESEARCH DESIGN

An exploratory research design was used to gather information from Grade 10 learners on their possible needs for input in their life skills programme at the school.

The questionnaire, which was constructed by the researcher, consisted of both closed and open-ended questions and could be considered to be a mixed quantitative/qualitative design.

This was a group-administered questionnaire to a sample of Grade 10 learners during school time. A survey method was specifically chosen for convenience so that it would not disrupt their academic timetable and would be cost effective. The completed questionnaires were collected and put in sealed envelopes.

Focus groups could not be considered because of the disruption this would cause to their academic timetable.

3.3 POPULATION, SAMPLE AND SAMPLING PROCEDURE

3.3.1 Population

The Grade 10 population at this girl's only school consisted of 185 learners. The age range is approximately 15 to 16 years, which places this group in middle adolescence.

The six classes which accommodate the 185 learners are mixed socially, culturally and academically, as there is no academic streaming until Grade 11.

Learners from different cultures and religions attend the school but from observation, the majority culture appears to be white. The researcher was not allowed access to any demographic details about race and religion.

3.3.2 The Sample

Non-probability convenience sampling technique was used. Non-probability refers to the fact that the sample was not selected randomly from the 185 learners, as the school time-table restrictions precluded this.

Sixty-two (33%) of the 185 Grade 10 learners completed the questionnaire and therefore the response rate can be considered to be 100% as all the questionnaires appear to have been completed satisfactorily for data analysis.

The school social worker chose two out of the six classes to fill in the questionnaires on the basis of the school time-table. While the judgment of one person in the selection of a sample could render that sample unbalanced or skewed, in this particular instance, the two classes chosen could be considered to be representative of the Grade 10 population as there is no academic streaming at this stage and the six Grade 10 classes are socially and culturally mixed.

A very real attempt was made to accommodate this survey during school time so that the response rate could be high as the school social worker felt that learners might be reluctant to remain after school hours to fill in the questionnaire.

3.3.3 Sample Procedure

The school social worker announced to the entire Grade 10's present that she had 62 questionnaires concerning the life skills project for Grade 10s and that she would choose two of the six classes to fill in the questionnaires. She stressed that any learner in these two classes who did not want to fill in the questionnaire did not have to do so. She gave the learners the venues and times for each of the two classes.

The social worker assured the researcher that while the two classes completed the questionnaires at different times, they could not have had contact with each other because of their respective timetables.

3.4 METHOD OF DATA COLLECTION

The school social worker informed the assembled Grade 10s' of the two classes of learners which had been chosen to fill in the questionnaires for their life skills project. She emphasised that any learner not wanting to take part in the project, did not have to do so.

The social worker told them at what time the two classes would be meeting and also informed them of the venues.

The social worker and the "home" teacher for each class was present to supervise, hand out and collect all completed questionnaires. The time allotted for this was the normal school period of 50 minutes. The questionnaires were placed in sealed envelopes which the researcher collected the next day.

3.5 THE QUESTIONNAIRE

The questionnaire was constructed by the researcher based on the documented research about middle adolescence which revealed problems and risk-taking behavior which seem to be characteristic of this group.

These behaviors and relevant issues formed the five categories of the questionnaire which had a total number of 62 open-ended and closed questions. The wording of questions were posed in such a way as to stimulate learners to answer on a deeper and less superficial level in order for the researcher to attempt to make a more accurate assessment as to what their needs might be.

Experiencing feelings of belonging or connection to family and school seems to be protective factors against risk behaviors such as early initiation into a sexual relationship, extreme rejection of parents and over-identification with a peer group who may encourage behavior such as delinquency and substance abuse.

These concepts were explored in category one under the heading of relationships. The section concerning family looked at the structure of the home situation, parental standard of education and the quality of family relationships and family life which could affect a sense of belonging.

This was explored from different perspectives over six questions. An overall attempt was made to look at whether “stress” in the family was normal in terms of what often occurs in families with adolescents.

Connectivity or a sense of feeling secure, accepted and belonging in the school environment was explored over four questions. Feeling positive about being in school is also related to academic achievement and prevents early drop-out. In this section looking at how free time is spent in the afternoons could also possibly give an indication as to whether a learner lives in a structured environment. This further adds to the quality of home and school life.

The questions posed in the category on different cultural groups was an attempt to explore to what degree a learner might feel accepted as a member of a minority cultural or religious group within the school environment. The six questions looking at this concept focused on the interaction, which might be occurring between those of the majority culture and those of the minority groups and how attitudes were perceived amongst the different cultural groups.

Five questions attempted to explore how those belonging to a minority group coped or understood the two very different cultural environments they lived in, namely home and school and whether this caused friction at home.

The final section in this category made provision for those learners who are defined as challenged according to the mainstreaming policy or those who have health issues. However the general wording of the questions could also have been applicable to those who could be described as high achievers. Learners in school communities on both sides of the continuum between “challenged” and “achievers” sometimes pose problems for staff which require creative solutions.

The third category focused on body image and eating. Adolescent girls undergo noticeable physical changes which often have negative impact on them in terms of their lowered self-esteem and what often seems to be the unattainable perfect body, publicized in our society by magazines, the media and further influenced by family and peers.

These girls often feel a sense of distortion when looking in a mirror and rely on feedback from others as to whether they are attractive or not. The first two questions explored the possible

dissatisfaction that many adolescents seem to feel about their appearance and therefore their acceptability.

One question examined the different methods used to lose weight including disordered eating patterns and the final question in this category attempted to link emotions with eating.

Category four explored what learners might possibly like to see included in the sexual education part of life skills.

Probably the major change which takes place during adolescence is the transition from child to a person who is now capable of reproducing. This is an enormous responsibility at a time when they are usually still immature in terms of lack of life experiences and feelings of invincibility—“it can’t happen to me”.

There is a wealth of documented research on what could be considered to be realistically relevant topics for teenagers today (Chandy & Blum, 1996; Lieberman et al., 2000; National Women’s Health Report, 1995). An attempt was made to include these under sexual issues in order to stimulate contributions from respondents when answering the questionnaire.

Some of these issues were:

- looking at homosexuality;
- dating violence;
- exploring their practical knowledge about HIV;
- discussions about intimate sexual details (the encounter);
- sharing sexual experiences with parents;
- sexual abuse and subtle sexual coercion, and
- taking part in prostitution or a sexual display observed by others. This is particularly relevant with the growth of reality TV.

The final category labeled personal feelings explored possible depression, suicidal ideation and substance abuse amongst learners.

An attempt was made to construct questions which could help the researcher in distinguishing between normal adolescent “ups and down” and perhaps feelings which might fall into the depression category. It should be remembered that this data analysis would be based on a survey and not a detailed clinical assessment.

The first six questions fell into the normal adolescent mood swing category. The next group of six questions explored possible depression more deeply and questions in 5.11 in Appendix 2 looked at whether learners were involved in substance abuse and the possible underlying reasons for this.

As this was a newly constructed questionnaire, which involved emotional introspection, respondents were asked at the end of the questionnaire how they felt about answering the questions (Strydom & De Vos, 1988). This was also done to increase the participatory nature of the research.

They were also requested to list the five categories in order of importance for life skills input, (1) being the most important and (5) the least important.

Finally, in the space provided, learners were asked to say what they could like to see included in their life skills programme.

3.6 CONSTRUCTION OF THE QUESTIONNAIRE AND PILOT STUDY

Stage 1 began in December 2000 and January 2001 when the databases were searched for ideas for formulating questions about middle adolescents (females) and issues they may be concerned with. This search was combined with placing this group in a school setting and life skills programmes.

Databases searched were Psycho Info, Gender Issues, Eric, Socio files, Academic Search Elite and SA Studies.

After this and subsequent searches and to the best of the researcher’s knowledge, a standardised questionnaire which fitted the requirements of the planned research, “to explore the needs of middle adolescents in a school setting”, could not be found.

As the researcher became more familiar with the literature obtained from the databases, needs and behaviors of middle adolescents could be identified and grouped into categories which could form the outline of a questionnaire.

Stage 2. As construction of the questionnaire progressed, questions were re-grouped within each category to give a more logical flow to the format. For example in category 1, on relationships, questions started with family structure, then level of parental education and moved on towards exploring more abstract concepts such as “feeling connected to family”. The section following on from this grouped the questions concerning school together ending with activities after school.

Categories were re-organised with the least emotionally threatening subject matter being presented first and more personal categories such as sexual issues and personal feelings being presented at the end of the questionnaire.

Questions were phrased in such a way that it was hoped that learners in Grade 10 attending an English-medium school would be able to understand and answer them.

More qualitative/descriptive questions were included to increase participation by learners and to assist the researcher in eliciting a deeper understanding of the adolescent’s experience of their world.

The school psychologist was requested to give an assessment of the questionnaire. She said she did not understand questions 2.7a, page 6 (Appendix 1), which asks: “Different cultural groups punish their children differently, for example, some parents take away pocket money while others may smack their children. Are you confused about how your parents punish you?”

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

The school social worker felt these questions should remain as she had dealt with this issue with learners who had stayed with peers from another culture over a weekend. She felt that if a change was necessary, it could be done after the pilot study.

The psychologist queried the logic in question 2.10a page 7 (Appendix 1), and asked why a learner who was physically challenged should have difficulty in coping with schoolwork. At this stage the question was not altered and it was decided to go ahead with the pilot study as considerable changes and refinements had already been made to the rough design of the questionnaire.

Stage 3. The pilot study

When a new questionnaire is presented to a small number of respondents for testing, it is considered to be in its semi-final form. A pilot study is an essential stage in the refinement of a questionnaire because it is often then that respondents point out questions that are not clear. It is important to ask simple and understandable questions in order to obtain a comparable response. This increases the accuracy of the data (Fouche, 1988).

The pilot study was administered to four Grade 10 learners in the high school boarding house. They completed the questionnaires in 25–30 minutes under supervision and placed them in a sealed envelope which was given to the researcher the following day. In this way the respondents remained anonymous in accordance with the stated ethical rules which assured anonymity.

Results of the pilot study

Each respondent's questionnaire was given a number, Pilot 1, Pilot 2, Pilot 3 and Pilot 4.

The results were scrutinized and in discussions with the school social worker and supervisor, it was agreed that the researcher should make the following changes.

- Appendix 1, questions 1.9 and 1.10, page 4, were changed as the logic in these questions was unclear. Question 1.9 asked learners if they had friends at school. Questions 1.10 following on from this, asked learners if they felt lonely and whether it was because they found it difficult to make friends. Appendix 2, questions 1.9a and 1.9b, page 3, asked these two questions in simpler terms and removed the emotive word “lonely” to make the questions clearer.

- Appendix 1, question 2.4a, page 5. Pilot 3 wrote her own answer on the questionnaire, “don’t sit in a mixed group”. It was decided to re-word this question and the previous question 2.3 as the one followed on from the other.
- Appendix 1 questions 2.3, page 5. “Do you find it difficult to sit in mixed groups at break time and talk to each other? Negative wording “find it difficult” was taken out and “talk to each other” was omitted in order to simplify the meaning and ask the question in more general terms. Appendix 2, question 2.3, page 4 asks this questions: “Do you sit in mixed groups at break time”. YES or NO. Pilot 3 would then have been able to tick NO.
- Appendix 1, question 2.4a, page 5. The wording in this question was changed from “If you are sitting in a mixed group ...” to “If you do sit in a mixed group ...” This made the question clearer. See Appendix 2, questions 2.4a, page 4.
- Appendix 1, question 2.8, page 7. Pilot 2 said she did not understand the question about South African Society but gave no reason for this. The researcher was left to assume that it was the phrase “becoming more integrated” in the first part of the question “South African Society is changing and becoming more integrated”, was too difficult to understand. This was changed to “South African Society is changing and different cultural groups are now able to mix ...” See Appendix 2, question 2.8, page 6 where the wording has been simplified.
- Appendix 1, question 2.10a, page 7. The school psychologist had queried the logic in this question prior to the pilot study being administered. This question was not altered at that time (see stage two in construction of the questionnaire).
In the results of the pilot study, Pilot 4 identified herself as being physically challenged but did not answer the follow-up question in 2.11a, page 7 (Appendix 1) which asked “If you are physically challenged, do you find the following:”

The staff are supportive	Yes		No	
The pupils are supportive	Yes		No	

It was felt that she may not have wanted to answer this question as she felt identifiable as a physically challenged learner.

Pilot 2 did not answer the question at all and therefore did not identify herself as being physically challenged or not.

Pilot 3 wrote the answer “not physically challenged”. Only Pilot 1 answered the question correctly.

It was decided to omit the term “physically challenged” as it was felt that learners may feel identifiable. There are also learners who may experience other problems which interfere with their school grades, for example, a learner suffering from chronic asthma is often absent or a high achiever in sport or any extra mural activity might need to miss school regularly. The wording was changed to more general terms.

Question 2.10a “Do you have difficulties/problems at school, e.g. due to health or coping with the school work or for any other reason?” The wording in the questions following on from this was also changed and any negative connotation was changed to a positive one. See Appendix 2, questions 2.10a, 2.10b, 2.10c and 2.10d, page 6.

- Question 3.3 page 9, (Appendix 1). The wording “self-induced vomiting” was taken out as it came across as being too sophisticated and was replaced with “making yourself vomit”. See Appendix 2, question 3.3, page 7.
- Question 4.5a, page 10, (Appendix 1) expressed two separate ideas in one question. Learners were asked if they had suffered sexual abuse by anyone and if there was a responsible adult they could confide in. This was altered into two questions. See Appendix 2, question 4.5a and 4.5b, page 9.

Pilot 1 ticked the

Yes	
-----	--

Pilot 2 did not answer

Pilot 3 wrote an answer, “no abuse”

Pilot 4 ticked the

Yes	
-----	--

As a result of the ambiguous way the question was asked, the researcher did not know how to score the answer. “Yes” could have indicated that Pilots 1 and 4 had been abused or that they did have a responsible adult they could confide in.

The fact that Pilot 3 felt it necessary to write in her answers instead of using the answer format provided, highlighted this type of weakness in the construction of the actual questions.

Once these changes had been made, it was felt that the questionnaire in its final form could be administered to the sample of Grade 10 learners.

3.7 RELIABILITY AND VALIDITY

Reliability and validity are two characteristics considered to be important in a measuring instrument if it is to yield accurate results (Rubin & Babbie, 1993).

Reliability refers to whether an instrument will give the same or similar results each time it is administered to the same subjects, under similar conditions. Standardized questionnaires, which have been administered repeatedly, are likely to have a high degree of reliability. Under these circumstances, this questionnaire which was administered for the first time cannot be considered to be reliable (De Vos & Fouché, 1988).

However, reliability can be improved upon in an instrument, firstly by asking respondents the questions which they are knowledgeable about and are relevant to them and secondly by presenting these questions, clearly and simply and limiting ambiguity (Rubin & Babbie, 1993). A very real attempt was made to meet these two criteria, based on researching the subject matter relevant to middle adolescents and corrections made after the pilot study.

Validity refers to the extent to which a measure reflects with some degree of accuracy, the meaning of the concept being measured (Rubin & Babbie, 1993).

As many of the concepts, which are measured in behavioral research, are usually abstract, a number of different or composite descriptions are used to measure the one concept (Lieberman et al., 2000). For example, the researcher wanted to assess whether a learner felt connected to or a sense of belonging in her family. Five questions were formulated to explore this concept. One question looked at the atmosphere in the home, the second question looked at conflicts, the third looked at containment through clear communication, the fourth looked at emotional support, and the fifth looked at whether the learner wanted to leave home. Although this does rely on the subjective judgment or interpretation of the researcher, it was based on research and in supervisory consultation.

The use of two different types of measurement, in this case quantitative and qualitative, strengthens validity because it balances out the weakness in each form of the measurement (Davis, 1994: 424). Quantitative research is more precise and is closer to a scientific approach. Qualitative research is looking at a deeper and more descriptive accuracy, which assists in exploring concepts which are more abstract.

Harrison says, “we certainly do not want to abandon a scientific approach, but instead we need to integrate humanistic perspectives with it” (1994: 420).

CHAPTER FOUR

RESULTS

Both the scientific and the artistic provide us with ways of knowing
(Ann Hartman, 1994. p. 461)

4.1 INTRODUCTION

This was exploratory research in an attempt to identify the difficulties that the Grade 10's might be experiencing (their needs and problems) and what they would like to include in their life skills programme.

The questionnaire design was both quantitative and qualitative and the results (percentages) are presented in bar graphs and pie charts for clarity. Themes have been presented as summaries and quotes from respondents for the qualitative answers. The results for each of the five categories have been presented in this chapter.

4.2 RELATIONSHIPS

4.2.1 Learners living with both biological parents

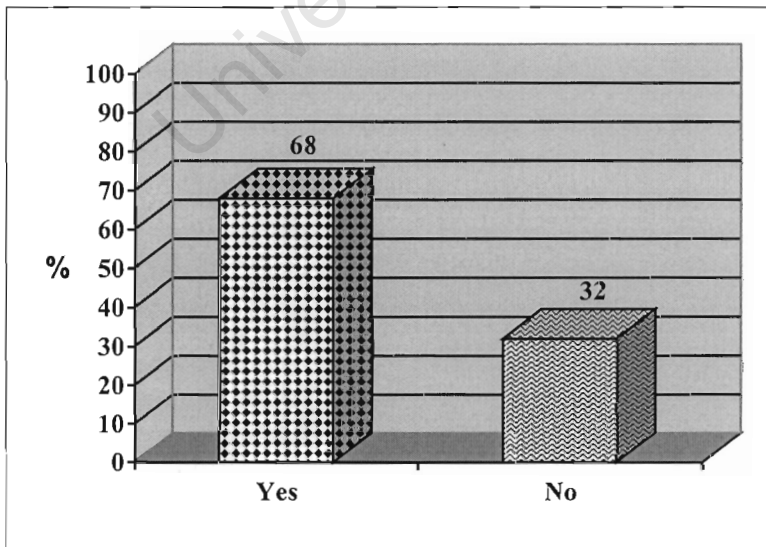


Figure 1 n = 62

- 68% of learners live with both biological parents;

- 32% of learners live with either one biological parent or in various less traditional home environments. Examples of these are, mother and boyfriend; boarding situation because parents are living in a country adjacent to South Africa and she is with them during holidays; mother (single parent); mother – learner was given the choice to live with her father overseas or mother.

4.2.2 Standard of education of parents of learners – completed matric/tertiary qualification

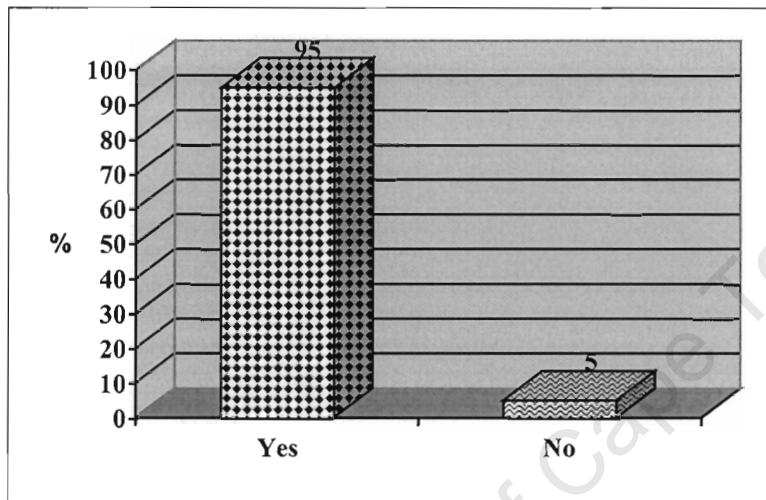


Figure 2 n = 62

- 95% of parent(s) had completed matric or have a tertiary qualification;
- 5% of parent(s) have not completed matric or level of qualifications is unknown.

4.2.3 Learners' connectivity – or claiming a strong bond to family

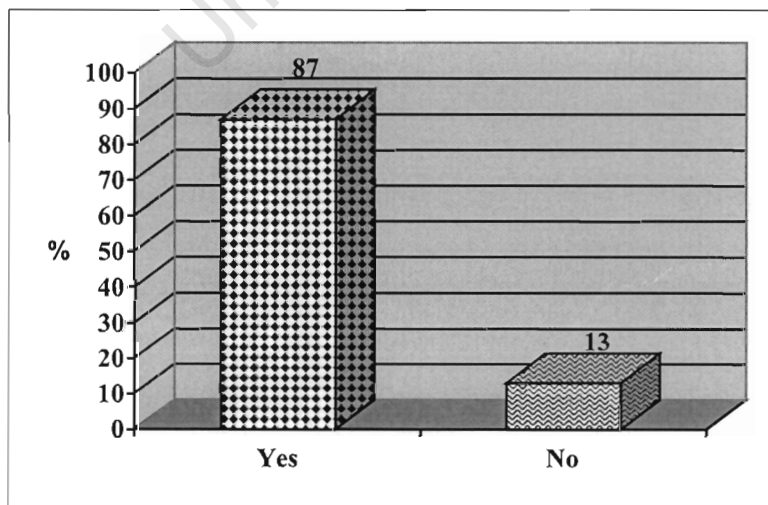


Figure 3 n = 62

- 87% of learners felt either a strong bond or some connection to their family;

- 13% of learners did not feel connected to their family.

4.2.4 Qualitative answers

Most respondents expressed feelings of closeness to siblings and parents, but also referred to sibling rivalry and felt that parents favored brothers or sisters, younger or older.

Most respondents felt the home atmosphere was “warm, secure and fun” but also “stressed”. Parents worked hard and came home tired. They felt their families loved and cared for them.

Those respondents who did not feel a strong sense of connection to their families and felt “misunderstood and unloved” referred to the high level of stress, either related to parents working hard, drinking, father with many girlfriends, living with a stepmother, parents with serious health problems, parents who punish rather than give an explanation and a respondent who did not live at home, felt unhappy, physically not well and suicidal.

Arguments were mainly between mothers and daughters (the respondents) about not doing their homework and household chores. Arguments also occurred between mothers and fathers and siblings and various family members about “taking sides unfairly”. Money matters were also an issue. Respondents felt some of the arguments were petty.

It was usually after a “big argument” that learners felt like leaving home but decided not to.

Most respondents felt parents were clear about what they did/did not find acceptable behavior, either with regard to their social manners, their schoolwork or their relationships with their boyfriends.

4.2.5 Learners' connectivity or claiming a sense of belonging to school

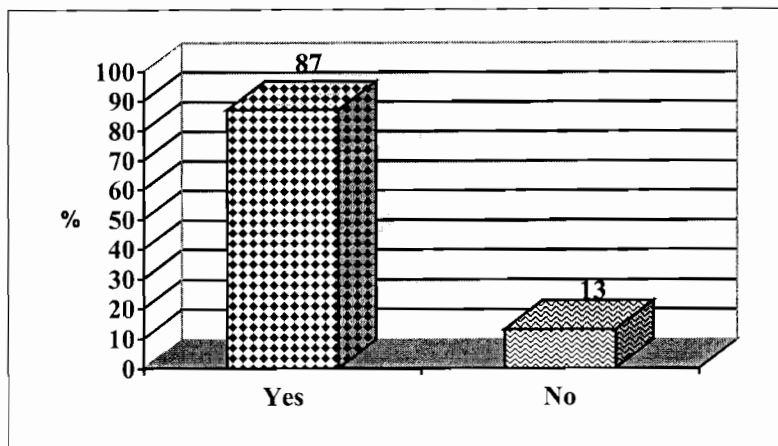


Figure 4 n = 62

- 87% of learners felt a sense of belonging or were happy to be at school;
- 13% of learners did not feel happy at school.

Three respondents, who were not connected to school, were also not connected to family.

Reasons given for a lack of connection to school were “fights, bullying and bitchiness, racism, nastiness and snobbishness”. They also felt teachers could be more understanding and patient of those learners who were finding the work difficult. [This topic is covered in more detail under “Different Cultural Groups”.]

4.2.6 Time management after school – involvement in structured activities

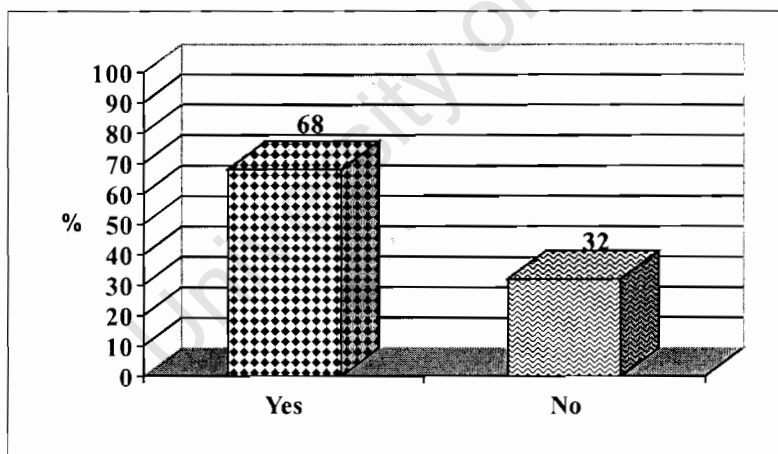


Figure 5 n = 62

- 68% of learners said they were involved in activities such as sports, dancing, and gymnastics, cooking/baking or helping to care for a younger child regularly. These are defined as structured activities. These learners did not mention watching TV.

- 32% of learners said they were involved with watching TV, computer games, shopping, talking to friends, etc. during the majority of their free time, which is defined as passive or passing time activities (Bruno, 1996).

4.3 DIFFERENT CULTURAL GROUPS

4.3.1 Acceptance of cultural diversity amongst learners

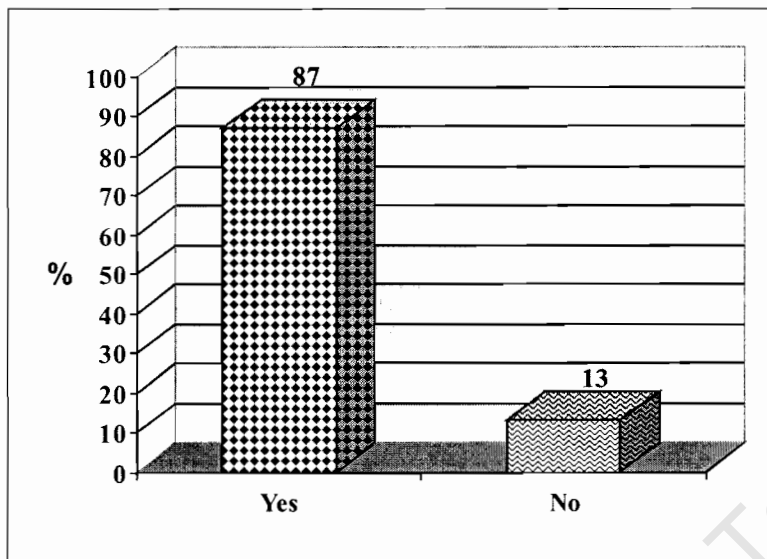


Figure 6 **n = 62**

- 87% of learners felt they could talk openly about their culture;
- 13% of learners felt they could not discuss their cultures openly.

Some of the comments made by the group who felt they could talk openly were:

- “Our teachers are people that we can talk openly to and they don’t think any less of you.”
- “I’m not afraid to say how I feel/think about my culture.”
- “I love talking about my religion – Islam, I’m very proud of it.”

Of the 13% who gave reasons for not wanting to discuss their culture in class, some of these were embarrassment about being from a “mixed” family or fear about discussing racial/cultural issues in case of being misunderstood and then “attacked” or that it was too personal to discuss.

4.3.2 Learners wishing to discuss other cultures in class

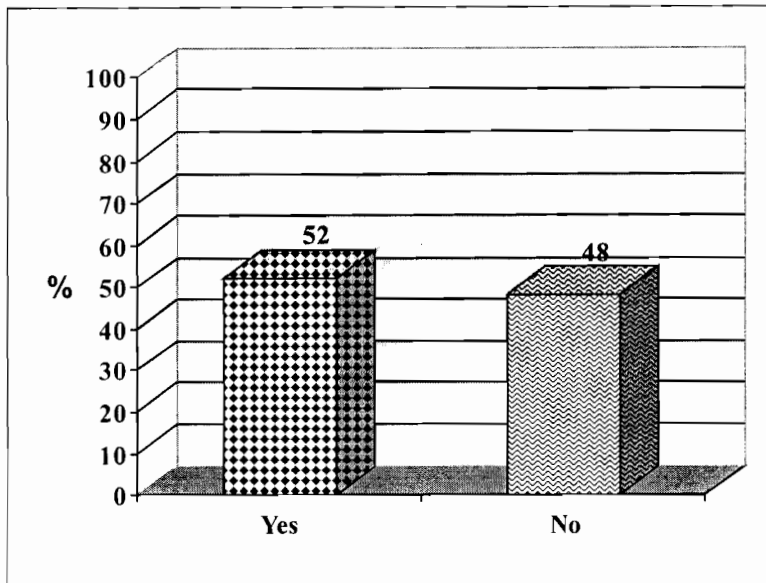


Figure 7 n = 62

- 52% of learners felt more time should be spent in class on discussing other cultures;
- 48% of learners did not feel the need to spend more time on discussing other cultures.

Of the 52% of learners who gave reasons, the main theme for increasing the time spent on discussion was pride in their culture.

4.3.3 Learners who felt secure in their own cultural identity

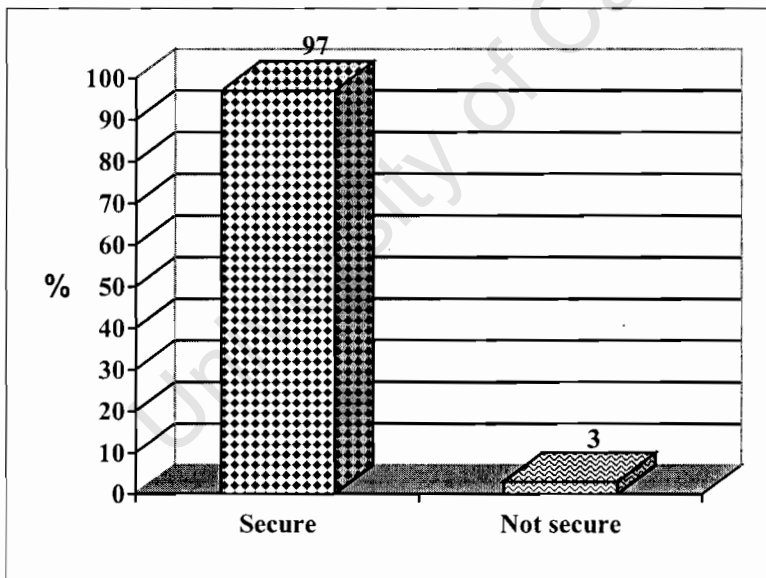


Figure 8 n = 62

- 97% of learners said they were secure about their cultural identity;
- 3% of learners were concerned about the possible loss of cultural identity.

4.3.4 Learners experiencing problems at school

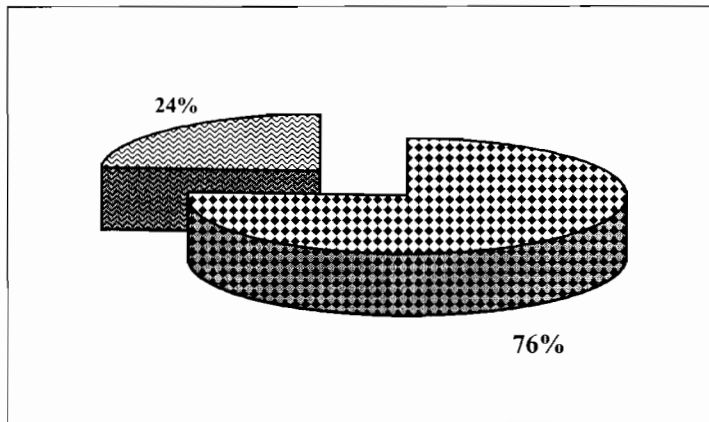


Figure 9 n = 62

- 76% of learners answered that they were experiencing difficulties at school.

The main themes which emerged were:

That the workload is too heavy and the academic standard too high or that in spite of working hard, they were only obtaining average marks or failing.

That some learners experienced problems with peer bullying and nastiness.

That teachers should try to be more patient with learners who were finding the work difficult.

4.3.5 Staff support

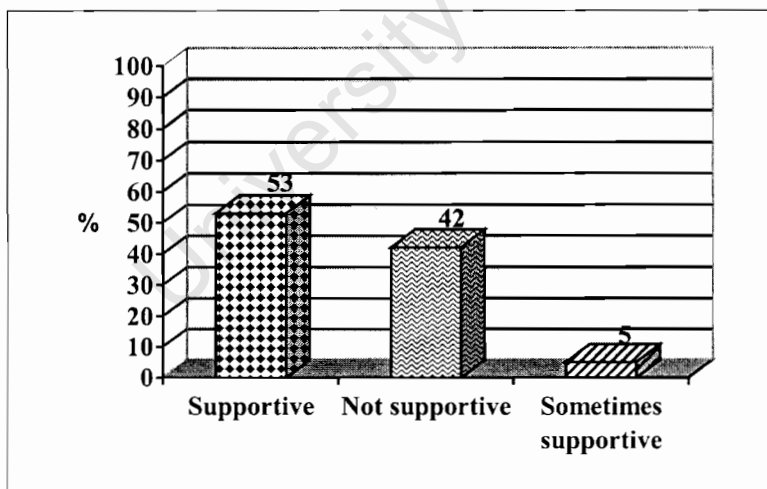


Figure 10 n = 55 (not all 62 respondents answered this question)

- 53% of learners said the staff were supportive;

- 42% of learners said the staff were not supportive;
- 5% of learners said staff was supportive sometimes.

4.3.6 Learner/peer support

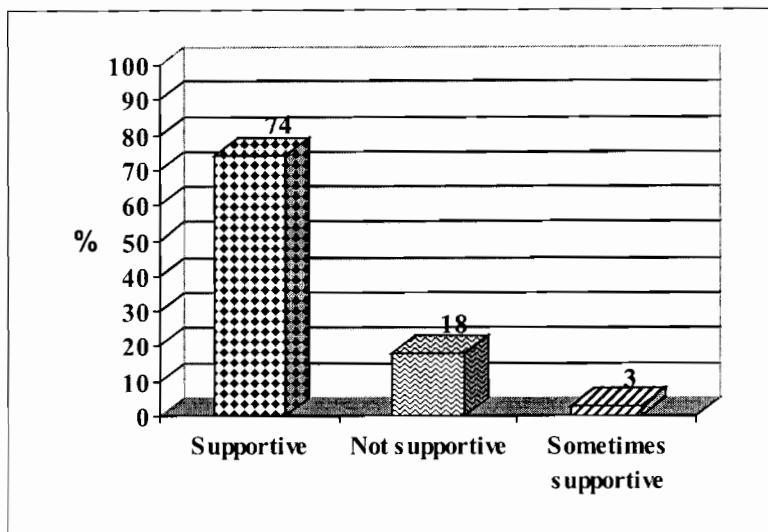


Figure 11 n = 55 (not all 62 respondents answered this question)

- 74% of learners said other learners were supportive;
- 18% of learners said other learners were not supportive;
- 3% of learners said other learners were supportive sometimes.

4.4 BODY IMAGE AND EATING

4.4.1 Learners' perception of body image

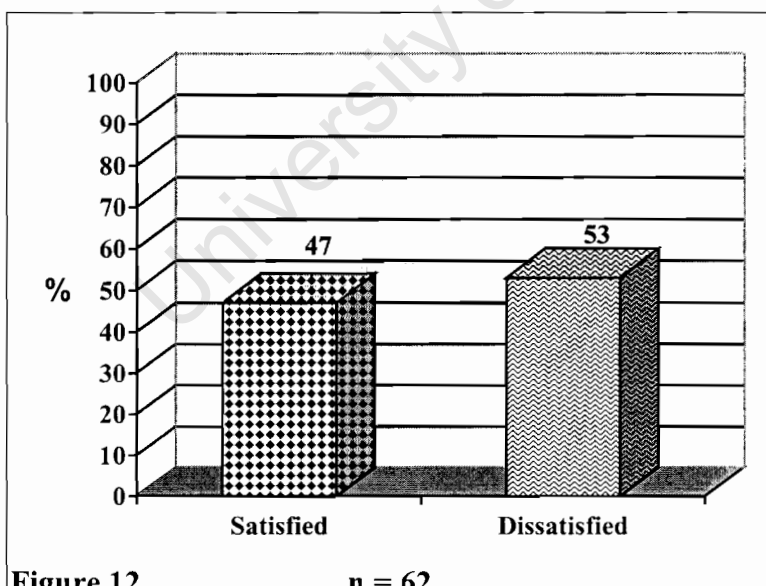


Figure 12 n = 62

- 47% of learners said they are satisfied with their bodies (weight);

- 53% of learners said they are dissatisfied with their bodies.

One learner who was included in the group who were satisfied with their bodies, said, “she had her good days and bad days”. All her comments in the body image and eating section were taken into consideration before including her in the “satisfied” group.

The following examples are from the “dissatisfied” group who offered comments:

- “I want to weigh 43kg.”
- “I’m overweight.”
- “Because I think I want to look like famous people, you think you look fat or your hips are too big.”
- “I don’t [like my body] because I’m not thin.”

4.4.2 Weight control

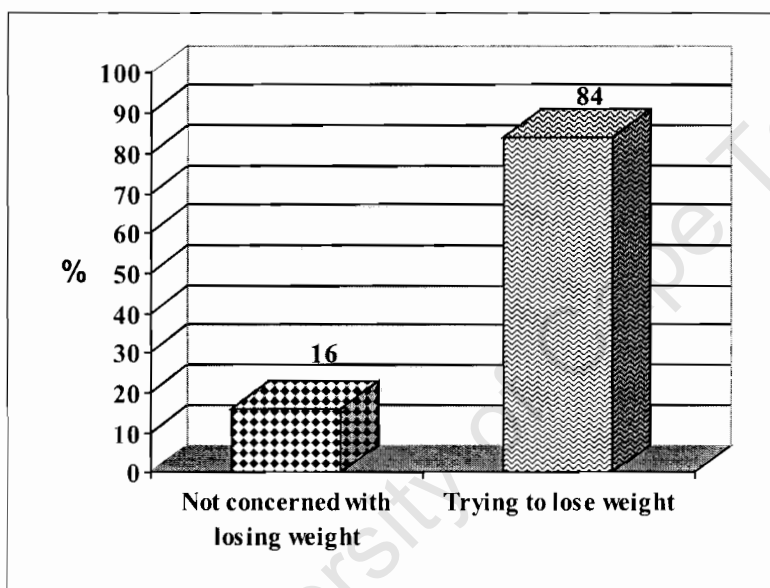


Figure 13 **n = 62**

- 16% of learners said they are not concerned with losing weight;
- 84% of learners said they are trying to lose weight.

4.4.3 Methods of weight control

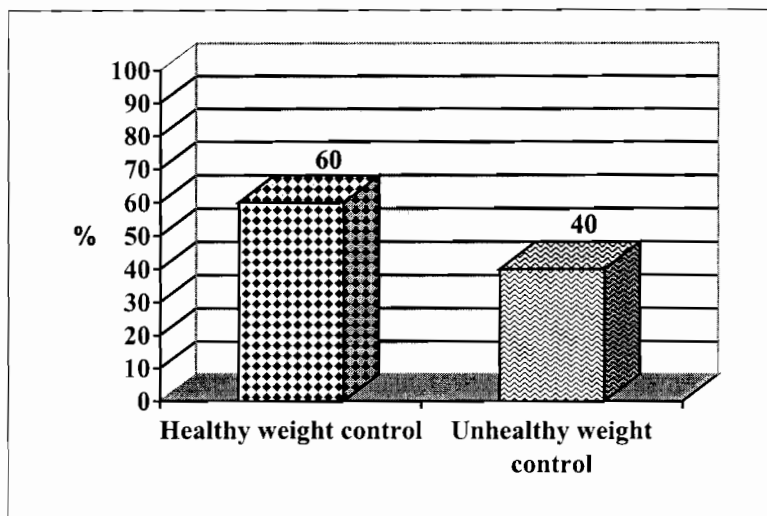


Figure 14 n = 53 (not all 62 respondents answered the question)

- 60% of learners said they were involved in healthy weight control e.g. cutting down on junk food and exercising;
- 40% of learners said they used methods defined as unhealthy by the researcher, e.g. disordered eating patterns, smoking, diet control pills, etc. One respondent said she smoked a packet of cigarettes a day. A few respondents either smoked, stopped eating for an unspecified time, or were involved in self-induced vomiting (bulimia).

A few respondents did not seem sure whether they are involved in controlling their weight but said they were involved in methods listed such as cutting down on junk food or exercising.

Themes that emerged amongst learners linking emotions to over-eating, were, “depression, shame, crying and not feeling good about yourself”.

4.4.4 Peer pressure/self-esteem on dieting

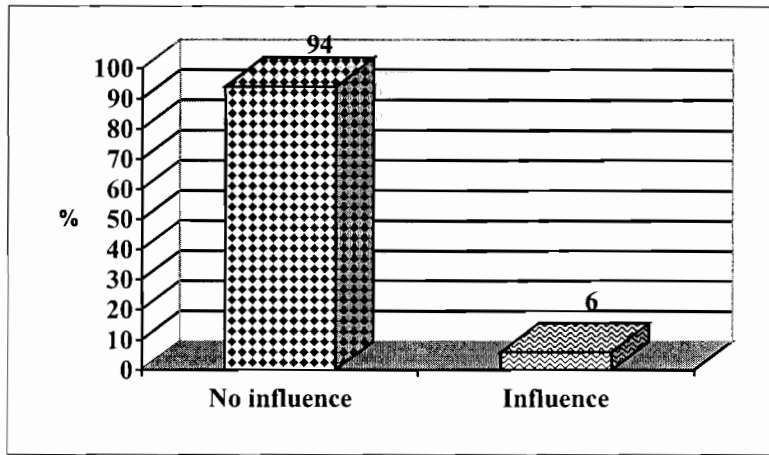


Figure 15 n = 62

- 94% of learners said they would not be influenced by their friends into dieting;
- 6% of learners said they would be influenced by their friends into dieting.

4.4.5 Qualitative answers

The dominant theme to emerge was that nearly all the learners said they would diet or are dieting because they wanted to look good, needed to lose weight and they would not be influenced by their friends. One learner said, “she doesn’t care what her friends say; they say they diet but they don’t”.

4.5 SEXUAL ISSUES

4.5.1 Birth control – more input needed

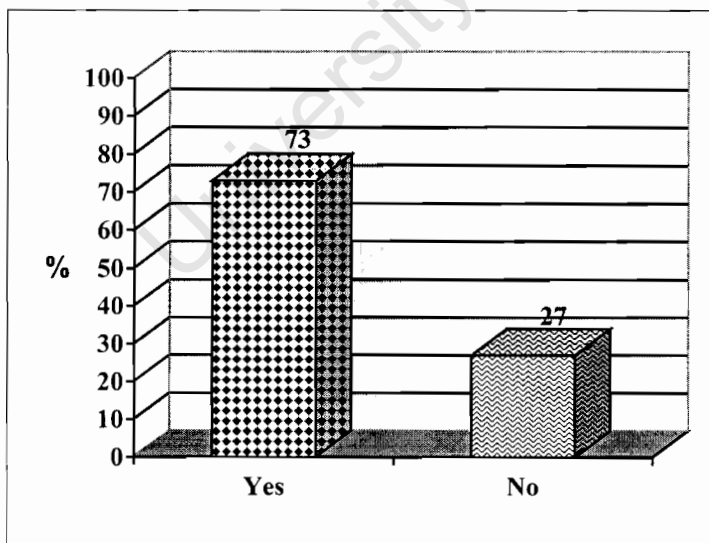


Figure 16 n = 55 (not all 62 respondents answered the question)

- 73% of learners said there should be input about birth control;
- 27% of learners said no to birth control input.

4.5.2 Sexually transmitted diseases (STDs) – more input needed

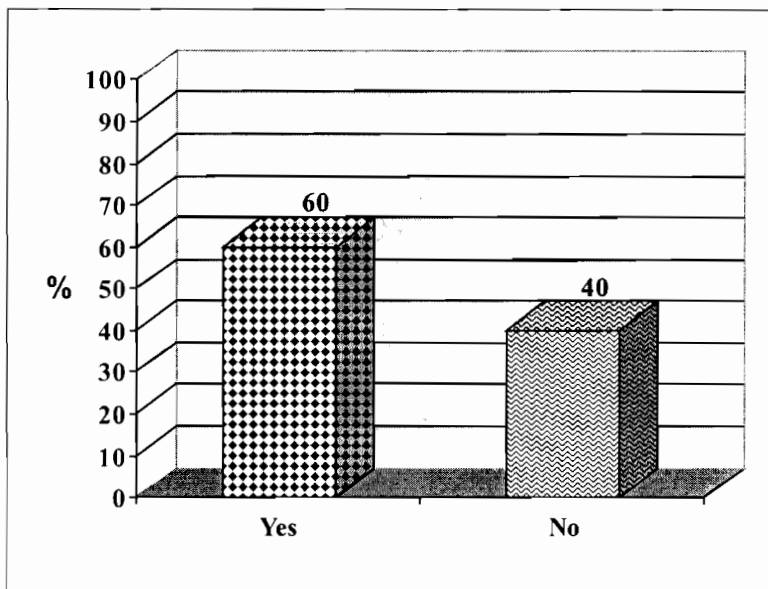


Figure 17 n = 53 (not all 62 respondents answered the question)

- 60% of learners said they would like input regarding STDs;
- 40% of learners said no to input regarding STDs.

4.5.3 AIDS – more input needed

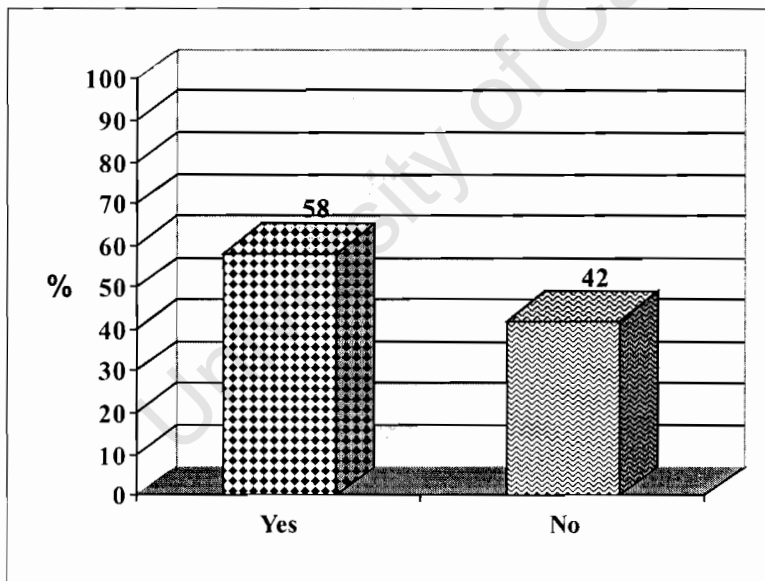


Figure 18 n = 52 (not all 62 respondents answered the question)

- 58% of learners said they would like input regarding AIDS;
- 42% of learners said no to AIDS input.

4.5.4 Questions about AIDS

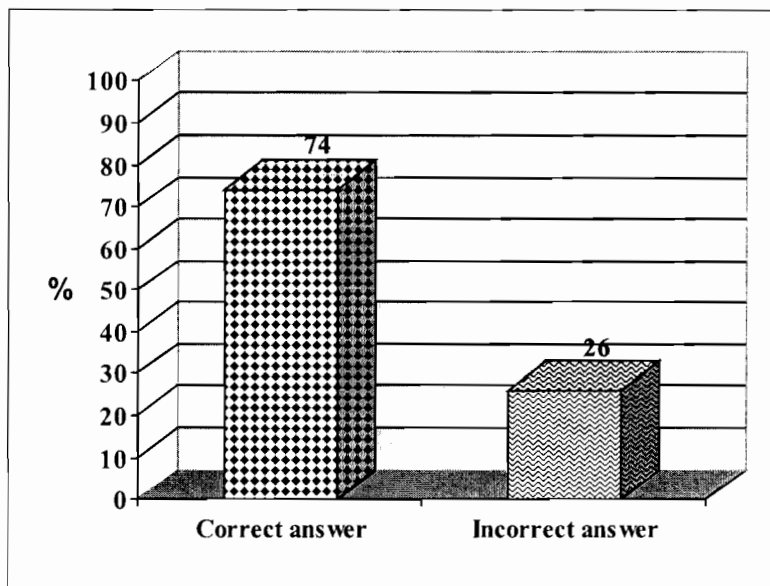


Figure 19 n = 61 (1 respondent did not answer the question)

- 74% of learners gave the correct answer;
- 26% of learners gave the incorrect answer.

4.5.5 Learners requesting input about homosexual and lesbian relationships

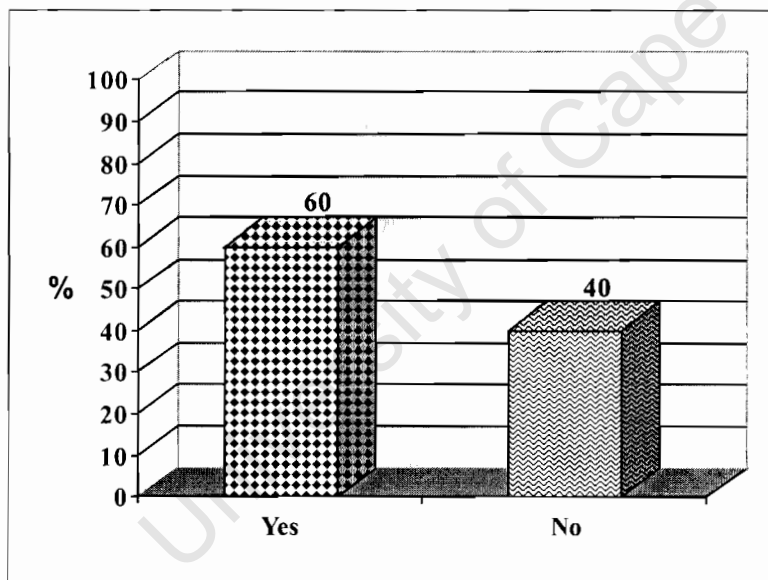


Figure 20 n = 55 (not all 62 respondents answered the question)

- 60% of learners said they would like input with regard to homosexual/lesbian issues;
- 40% of learners said no to input regarding homosexual/lesbian issues.

4.5.6 Learners requesting input about dating violence

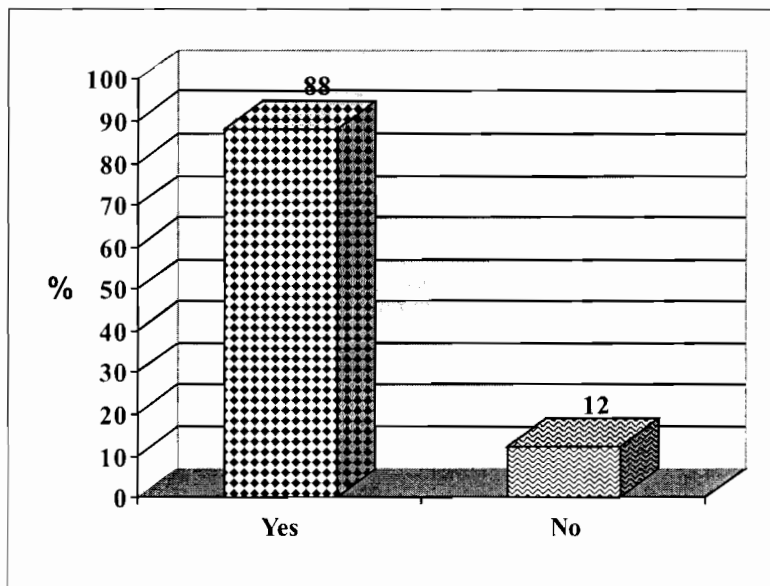


Figure 21 n = 57

- 88% of learners said they would like input regarding dating violence;
- 12% of learners said no to input regarding dating violence.

4.5.7 Learners who had experienced sexual abuse

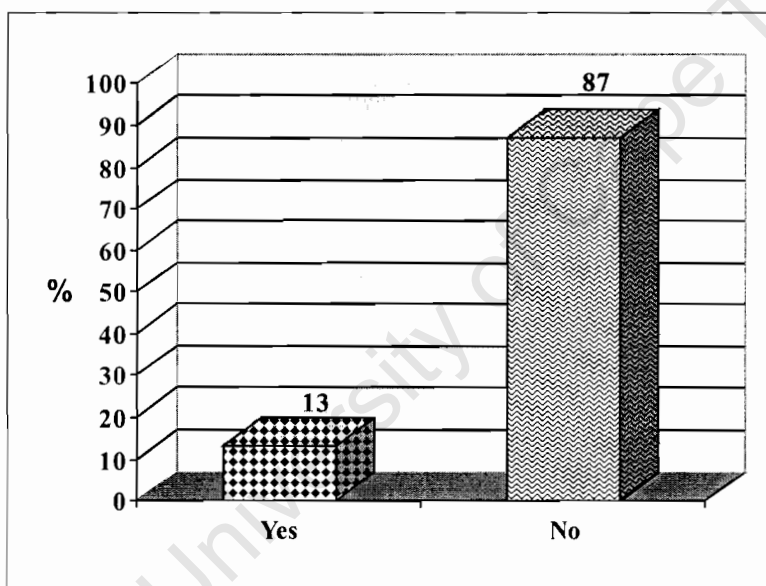


Figure 22 n = 62

- 13% of learners said they had suffered sexual abuse but chose not to elaborate.
- 87% of learners said they had not suffered sexual abuse.

4.5.8 Learners who had experienced sexual coercion

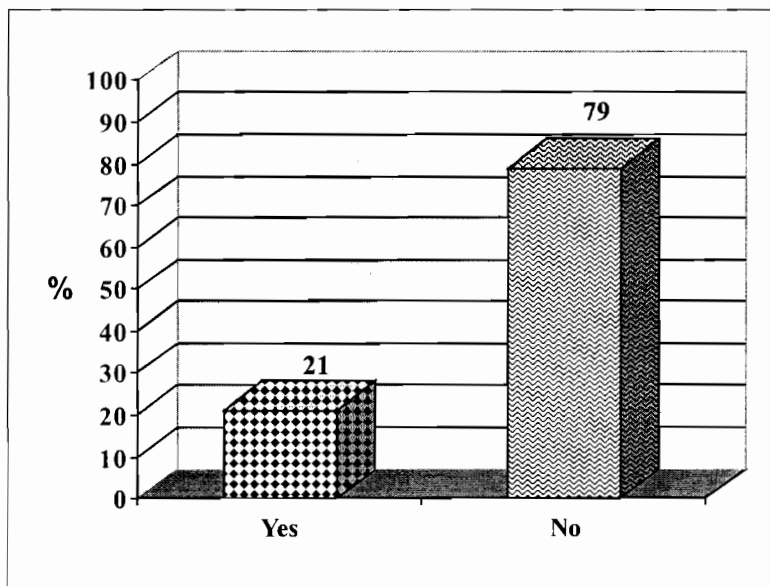


Figure 23 n = 61 (1 respondent did not answer the question)

- 21% of learners said they had experienced sexual coercion;
- 79% of learners said they had not experienced sexual coercion.

4.5.9 Learners requesting input about intimate sexual information

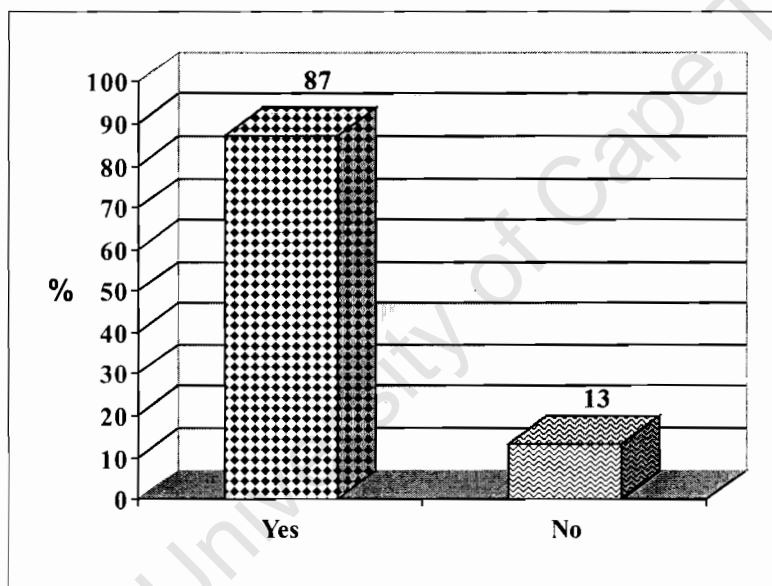


Figure 24 n = 62

- 87% of learners said yes to wanting input regarding intimate sexual issues;
- 13% of learners said no regarding to input about intimate sexual issues.

4.5.10 Sharing sexual feelings with parents

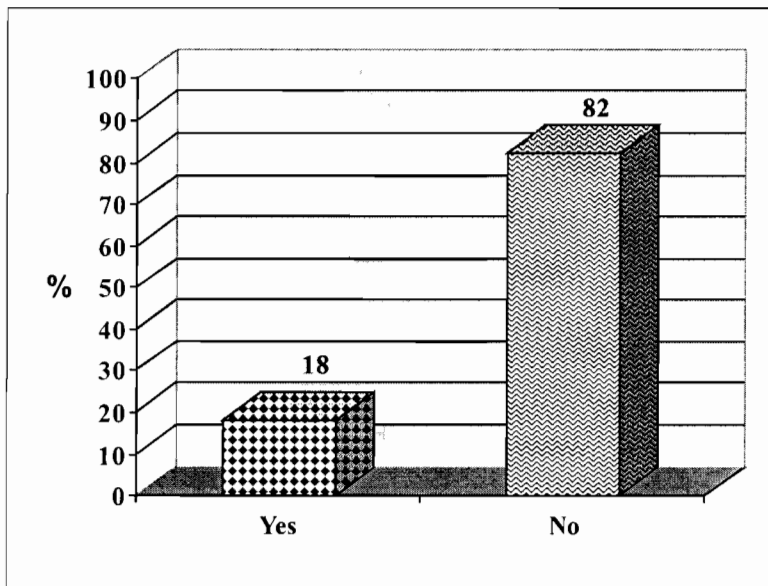


Figure 25 n = 62

- 18% of learners said yes to sharing sexual feelings with parents;
- 82% of learners said no to sharing sexual feelings with parents.

4.6 PERSONAL FEELINGS

4.6.1 Depression

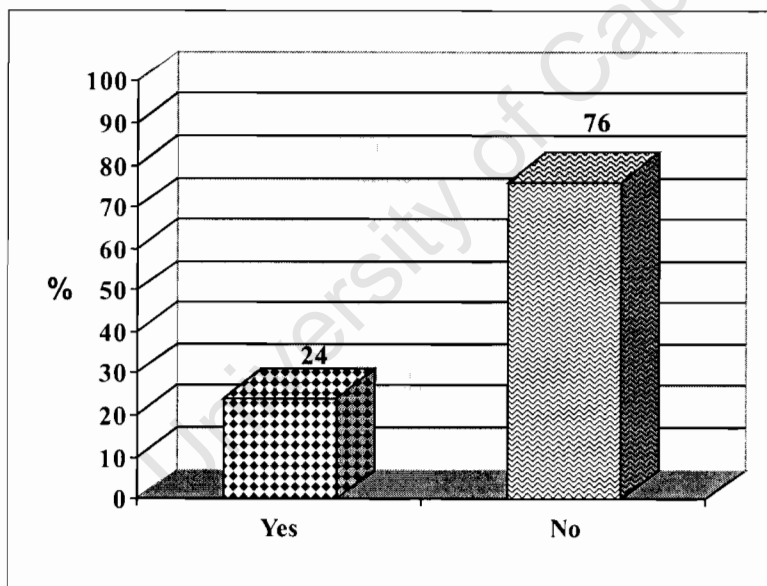


Figure 26 n = 62

- 24% of learners were identified as possibly being depressed based on the data analysis of the survey findings;

- 76% of learners appeared not to be depressed, although their responses indicate they may be experiencing some of the “ups and downs” and confusion, typical of middle adolescence.

4.6.2 Method of qualitative assessment

The researcher relied on her subjective interpretation in the assessment of the qualitative answers given by learners in the category concerning personal feelings. Some of the respondents were very clear about their issues and unhappiness e.g. one learner said she had tried to commit suicide several times. She was also involved in substance abuse and said she was seeing a psychiatrist.

However some of the answers to other questions in this category were more difficult or ambiguous to categorize as “depressed”. The researcher would then re-asses the whole questionnaire, looking at all the answers in all the categories and not at the one category “personal feelings” in isolation. This was done in the following manner:

Relationships: the overall quality of interaction between the learner and her family. Did she share a close relationship with anyone in the family and how did she describe the atmosphere in the home. Was she serious about wanting to leave home because she was unhappy most of the time, or did she only experience this after arguments?

Connectivity to school – did she feel some sense of belonging to school? Did she have friends at school and did she perceive other pupils and staff as supportive or not.

Body image and eating – how did she feel about herself and her body and what methods did she use to control weight. Was she involved in an anorexic or bulimic pattern of eating disorder?

Sexual issues – had she suffered sexual abuse and if so, was there anyone she could confide in and trust.

Personal feelings – did she ever think about doing anything serious in order to make her family listen to her. Has she been involved in any significant substance abuse and how did she feel about filling in this questionnaire.

If respondents volunteered these answers in the space provided, the researcher felt able to make an assessment as to whether the learner was likely to be more seriously depressed than suffering from the normal mood changes of adolescence.

4.6.3 Qualitative answers

Underlying feelings which came through in the answers of the depressed group were anger, unhappiness, disempowerment and a lack of trust, all of which were expressed in negative terms.

Problematic family relationships, feelings of being an outsider and misunderstood and that siblings were favored was a common theme.

A similar situation was reflected in the school environment. Other pupils were perceived as being nasty and threatening, teachers were unsupportive and the workload seemed overwhelming.

Expressions such as “hating” or “disliking” their bodies and of not believing people who complimented them on looking nice, because “people just say these things” added to their overall negativity.

Responses in the personal feelings category seemed to further confirm their unhappiness with expressions of emotions such as:

- “I cry and shout but it doesn’t help. They [family] never understand even if I try talking to a friend. If they’re [the friends] in the same situation it helps quite a bit.”
- Another very similar statement was – “I cry and often shout, sometimes I just leave it ‘cause they’ll [family] never understand no matter how hard I try.”
- [I think about] “committing suicide then maybe they’ll [family] understand you but then it’s too late ... [I feel like] running away.”

- “They [family] make me unhappy a lot.”
- “I don’t know who to trust, who to turn to.”

4.6.4 Thoughts of self-destructive behavior

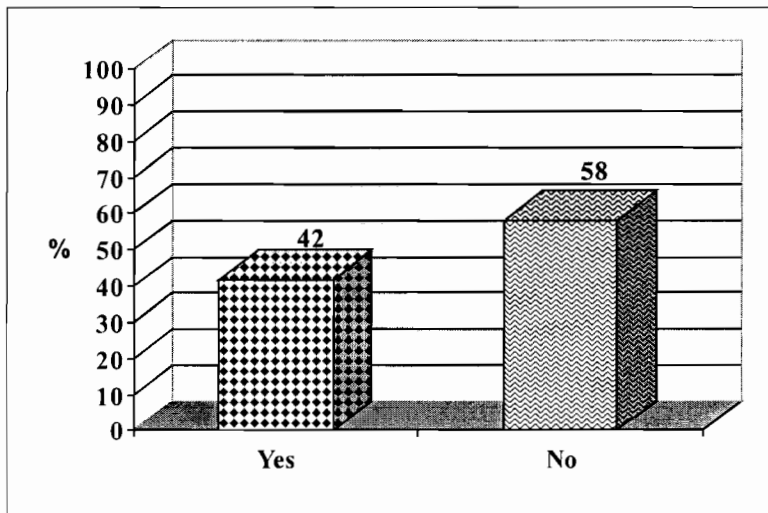


Figure 27 n = 61 (1 respondent did not answer the question)

- 42% of learners said they had thought of doing something serious;
- 58% of learners said they would not think of doing something serious.

Elements of adolescent fantasy from both the depressed and non-depressed adolescent groups seemed to run through the themes which emerged in answer to the question – whether learners had ever tried to do something serious in order to get attention and understanding from family and friends. Phrases such as “doing something dramatic” or “being the hero to get the family’s attention so that people would listen to them” exemplified some of these answers. The realisation that committing suicide wouldn’t help them was also expressed. Some disclosed their suicide attempts, others spoke of running away and never coming back.

4.6.3 Substance use

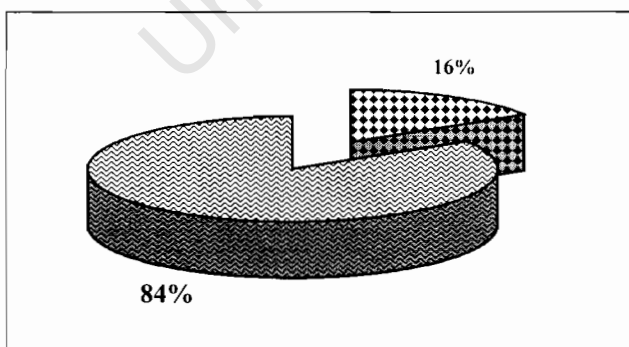


Figure 28

- 16% admitted to using drugs (mainly dagga).
- Many learners did not answer this question at all. The wording in the question asked learners to answer only if they were involved in using substances.

4.6.4 Knowledge of friend's self-destructive intention

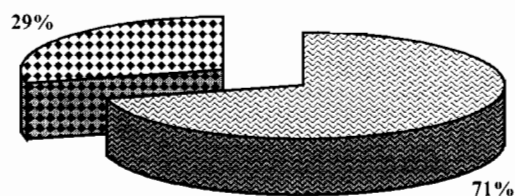


Figure 29

n = 61 (1 respondent did not answer the question)

- 29% said they knew of a friend who might harm themselves.
- 71% said they did not have knowledge of a friend's intention to harm themselves.
- One respondent divulged that her friend would not harm her/himself badly.

4.7 LEARNERS COMMENTS REGARDING THE EXPERIENCE OF COMPLETING THE QUESTIONNAIRE

When a newly designed questionnaire is administered to a sample population, it is important to obtain evaluation from the respondents in order to further refine the questionnaire and re-assess questions which may need to be altered or omitted.

The following extract gives themes which emerged from the feedback of respondents to question 6 (Appendix 2), which asks: "In the space provided would you like to briefly state how you feel about filling in this questionnaire?"

Overall the response was positive particularly as some learners expressed that they seemed to derive benefit from completing the questionnaire.

Respondents felt that the anonymous nature of the questionnaire provided them with the opportunity to express opinions and feelings openly and that they felt relieved and “normal.”

Some of the responses were that:

- she felt she got to know herself better;
- she felt relieved to say how she really feels;
- this helped her to see where she was at;
- she liked doing it because she felt she could open up and say what she liked for a change;
- she liked doing it because she found out things about herself she would not have thought about;
- the questions opened her eyes and made her realise what she was doing;
- she felt it was a good thing and they should do more as it was a good way of expressing feelings;
- it made her see what type of person she was;
- it made her think about issues she normally doesn't have time to think about.

Three of the above quoted comments were made by those learners whom the researcher identified as belonging to the “depressed” group.

Although it was emphasised that filling in the questionnaire was voluntary, 20% of the 59 learners who answered question 6 expressed more negative comments showing underlying trust issues. Included in this group were all the learners classified as belonging to the “depressed” group by the researcher.

Some of these responses were:

- “is a way you can be traced with your problems, eg. finger prints”;
- “don't have any feelings towards it whatsoever”;
- “don't really care”;
- “a bit nervous and scared”;
- “find it invasive and that adults should face their own problems”;
- “feel nothing really and everybody knows what is going on but no one talks about it” – they don't want to share experiences with adults because we're not one of them and we're judgmental;

- “found it too personal and felt uneasy about some of the questions”;
- “very worried that someone might find out who I am”.

Although there was a covering letter (Appendix 3) attached to each individual questionnaire explaining the purpose of the research, two learners indicated that they were not sure about the purpose of this and one learner specifically asked why the research was being done.

4.8 THE MOST IMPORTANT CATEGORIES

Question 7 asked learners to rank from 1 to 5 which of the five categories in the questionnaire they found the most important **1** - Most important going down to least important **5** . The researcher could not include in the calculations learners who did not answer question 7 or who did not answer it correctly.

The five categories in the questionnaire are:

1. Relationships;
2. Cultural Groups;
3. Body Image and Eating;
4. Sexual Issues; and
5. Personal Feelings.

4.8.1 The categories which learners numbered **1** (most important)

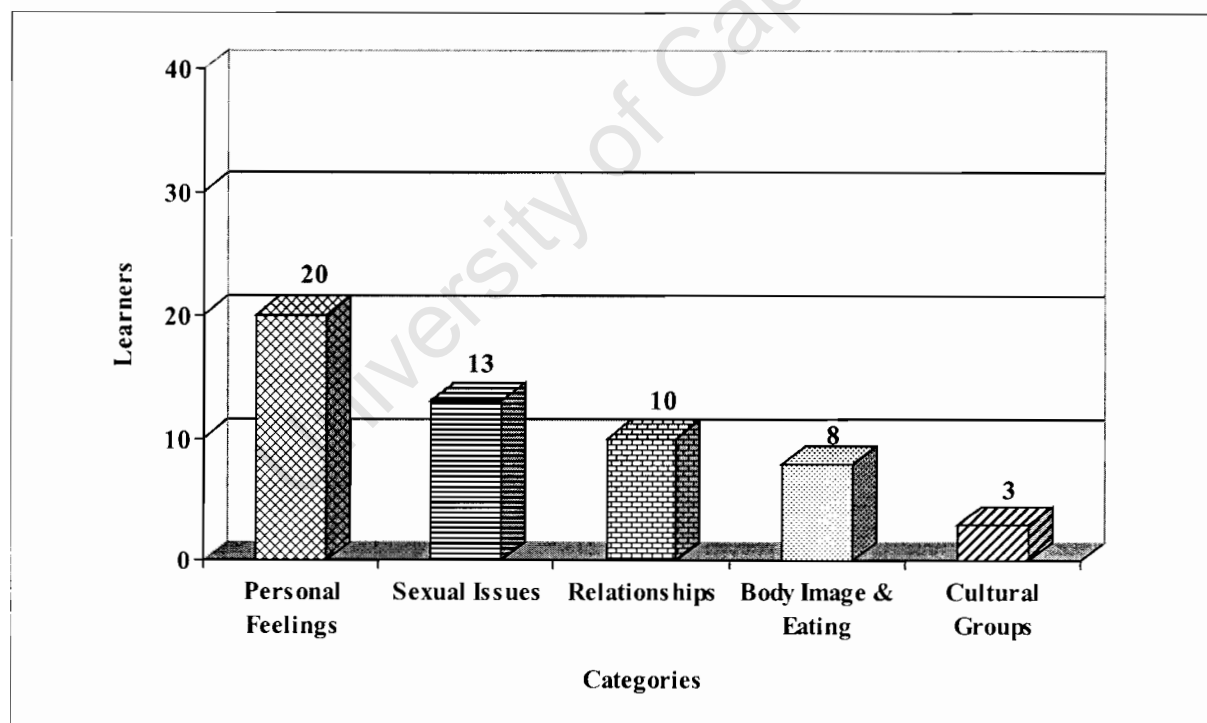


Figure 30

4.8.2 The categories which learners numbered **2**

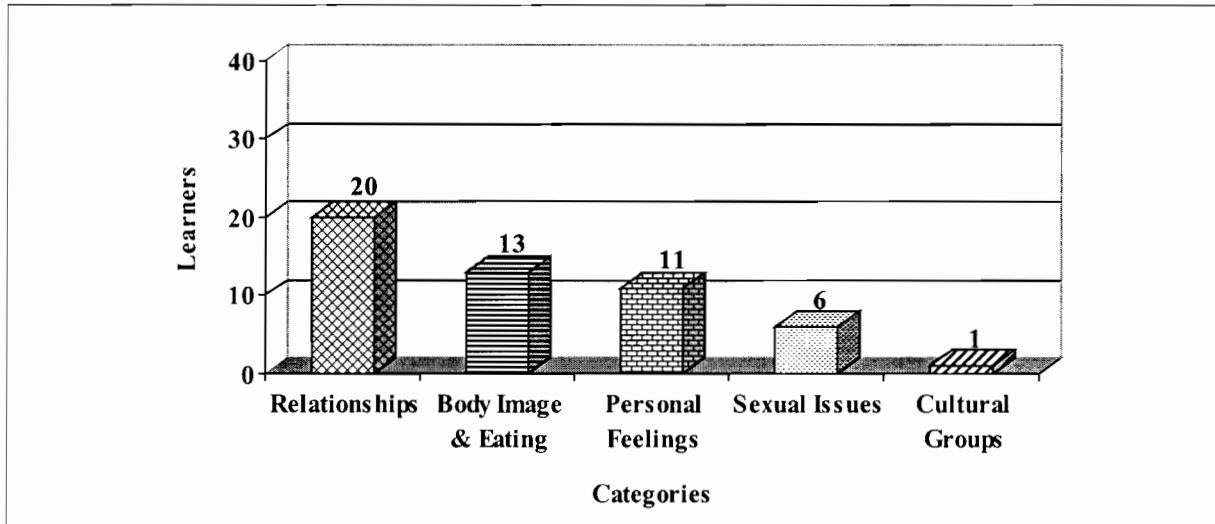


Figure 31

4.8.3 The categories which learners numbered **3**

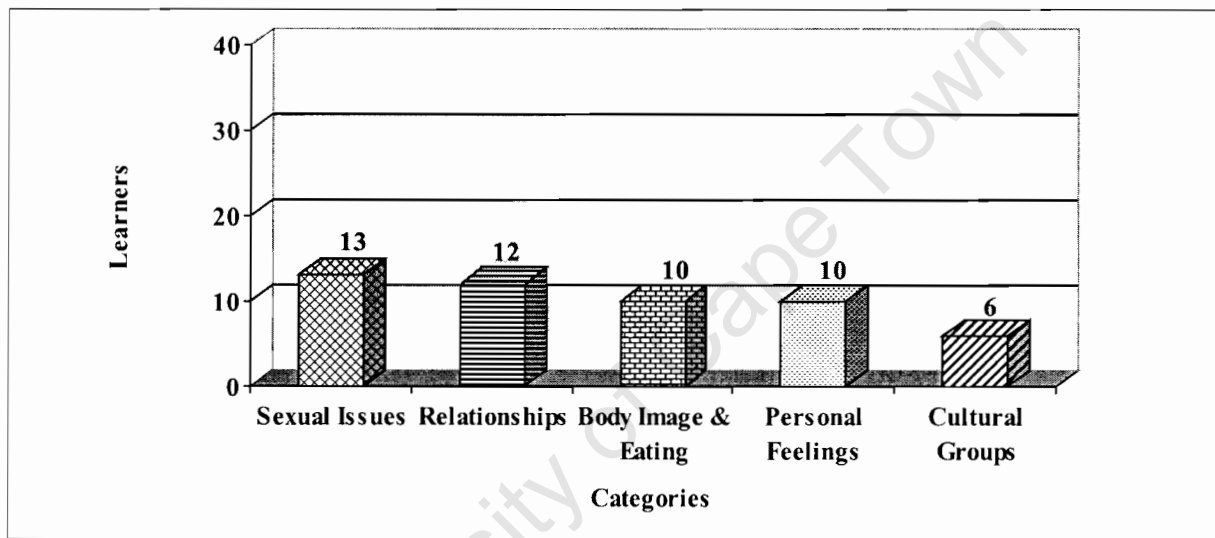


Figure 32

4.8.4 The categories which learners numbered 4

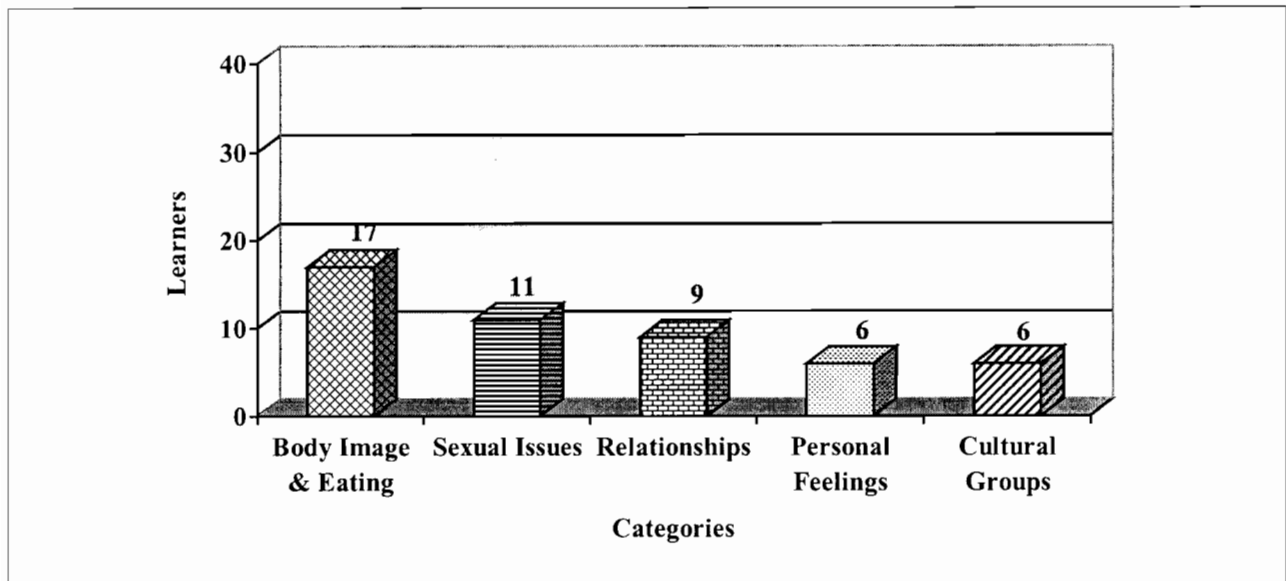


Figure 33

4.8.5 The categories which learners numbered 5 (least important)

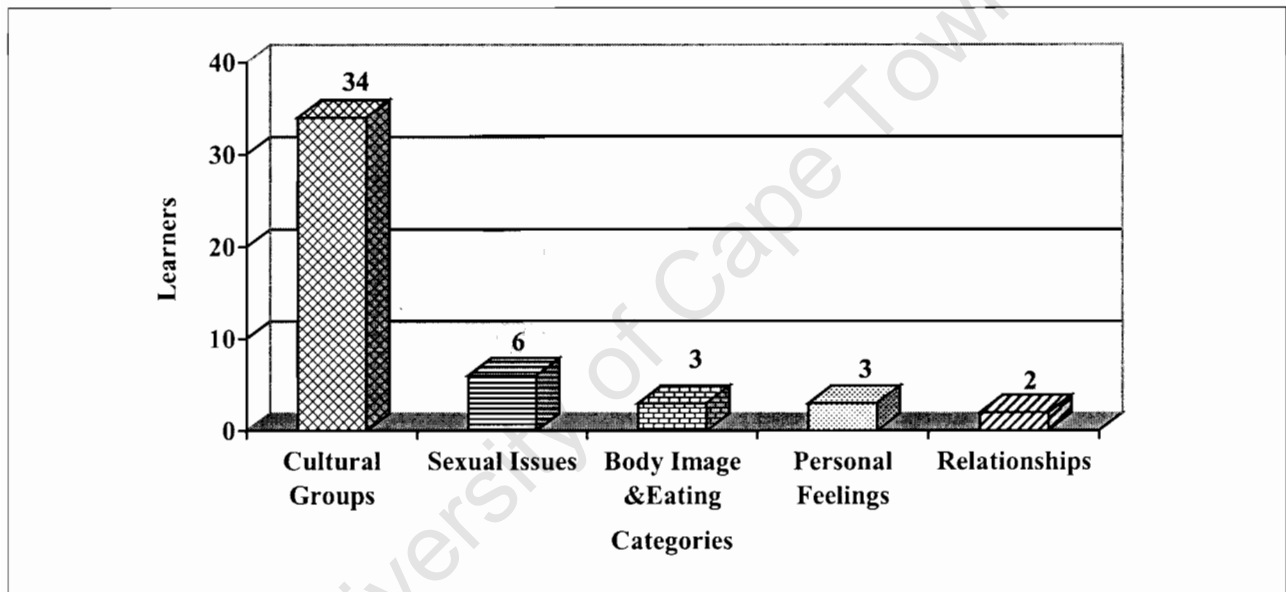


Figure 34

4.9 QUESTION NO. 8

Question number 8 was an attempt to encourage participation from learners to assist the counseling department in identifying topics they would like included in their life skills programmes.

- Six learners said they did not want AIDS input;
- Three learners said they did want AIDS input;
- Eight learners said they would like alcohol and substance input including parents who take drugs and allow their children to do so;
- Three learners said they would like input regarding homosexual and lesbian relationships.

The following are requests made by individual learners:

- Looking at the future, careers and unusual careers. To invite people with unusual careers to give a talk at the school;
- Problem management in the home, in relationships, arguments/fights with friends. How to cope with the break-up (loss) of a relationship;
- Assertiveness training and how to build self-confidence;
- Helping people to look at others in a less superficial and less reactively judgmental manner. Taking time to find out who people really are. Using respect and empathy as social skills;
- Coping with feelings, depression and frustration;
- Re-framing set backs in a more positive way;
- Health issues;
- Violence in the media and the effect it has on people;
- Coping with pressure constructively (school work/parental expectations/peer and social pressures);
- Dating, contraception, sexual intimacy and oral sex;
- Making life skills fun by using games and improving interaction;
- Group discussions about practical living;
- Self-defense courses;
- Discussions about religions, different cultures; and
- Everything teenagers go through.

CHAPTER FIVE

DISCUSSION OF THE RESULTS AND RECOMMENDATIONS

5.1 INTRODUCTION

The purpose of this exploratory study was to find out what the needs of the Grade 10 learners might be so that these could be addressed in their life skills programme. The method used to explore what these needs might be was a questionnaire which consisted of five categories, namely Relationships, Different Cultural Groups, Body Image and Eating, Sexual Issues and Personal Feelings.

Within these five categories are included issues which middle adolescents are involved in, largely as a result of their developmental phase.

However, many of these issues that adolescents are concerned with become social problems in terms of risk-taking behavior and one focus of this research was an attempt to assess their most pressing needs for input in the life skills programme.

To this end, the design of the questionnaire with both quantitative and qualitative questions used a participatory approach to encourage and empower learners to contribute to their life skills programme in a meaningful way.

The results of the data, which have been presented in Chapter Four, are now discussed, with recommendations, according to these five categories in this Chapter Five.

Although the results of the five categories are discussed separately, it should be remembered that these concerns or behaviors expressed by the respondents often impact on each other and assessment and discussion need to look at these concerns and behavior holistically rather than as discrete categories.

5.2 RELATIONSHIPS

5.2.1 Living arrangements of learners

A third of the sample could be described as living in less traditional home environments, which generally might be considered to be unable to offer adolescents the support (emotional and practical) which a more traditional home with both biological parents is able to offer. Research suggests that living with biological parents is a protective factor against many of the adolescent risk behaviors (Hogan et al, 2000; National Women's Health Report, 1995; Santelli et al, 2000).

The results from this sample showed that there were two groups, namely those learners living with both biological parents and those who were living with only one biological parent or in a variety of alternative family structures such as with a single parent and partner or with a single parent and extended family, etc.

In comparing connectivity or a sense of belonging to family between these two groups, 20% or less than a quarter of the second group indicated that they did not feel connected to their family.

What might be of possible significance is that in a sample of 62 from a population of 185, half the learners did not live with both biological parents but lived in either a single parent or substitute home.

Further research by the counseling department at the school might indicate a need to assist families in the second group with support services if indeed learners do not feel a sense of belonging to their families.

5.2.2 Standard of parental education

A high percentage (95%) of either one or both parents had a matric qualification or tertiary education.

Research has shown that this is a protective factor against risk behaviors such as early sexual initiation and school drop out (Hogan et al, 2000; National Women's Health Reports, 1995; Santelli et al. 2000). It may be that parents with higher qualifications expect the same from their children particularly with regard to education. Some of the qualitative answers from this sample suggested that learners were aware of parental expectations and delaying involvement with boyfriends.

5.2.3 Learners' connectivity to family

A sense of belonging and being accepted, loved and cared for by family is a fundamental human need and is also a protective factor against adolescent risk behavior, particularly delinquency. During adolescence so many changes are occurring on so many different levels, which leave the teenager feeling confused. It is important at this time for the family to offer guidance and containment and a degree of freedom, which allows exploration and self-expression for development. This helps to retain family ties and prevents rejection by the teenager of their parents and over-identification with a peer group as a family substitute (Erikson, 1968).

A high percentage (87%) of learners felt either a strong or some connection to family. This high score may have been exaggerated because it seems to have included both learners who felt strongly connected to their families and those who felt some connection, but not a strong one. When assessing the qualitative answers in this section of the questionnaire, there did appear to be a difference in the level of those who did feel strongly connected to family and those who did not feel as strongly connected to family. Creating a third group for those who did not feel any connection to their family, together with the other two groups would, in the researcher's opinion, have resulted in a more accurate distribution of scores which would have matched the qualitative answers more closely. This should be corrected in the questionnaire for future research.

5.2.4 Learners' connectivity to school

The research has suggested that connectivity to school is a protective factor for all the adolescent risk behaviors (Bonny et al. 2000). A sense of well-being in school promotes a positive attitude to learning and social interaction and increases self-esteem. School drop out

deprives learners of their academic, social and emotional education which affects them and the community for the rest of their lives.

As with connectivity to family, the scores are not only the same, but possibly exaggerated and too high in view of the qualitative answers. The same argument presented above with regard to learner's connectivity to family applies in this section. A third group accommodating those who are not strongly connected to school, but are nevertheless connected to a degree, should have been created. This would possibly have increased the accuracy of the scores.

Learners in the two groups "not strongly connected" and "not connected" are at risk of early drop out and adolescent risk behaviors.

Creating a social and emotional environment, which helps to develop a sense of responsibility, and staff who are able to turn negative behavior into a learning experience goes beyond once a week life skills input by a guidance teacher. It involves a policy change at senior level in the school and input and training which will support the holistic change in the environment (Inlay, 2003). A sense of belonging can be fostered by interventions such as parent education, teacher training and life skills programmes at primary school level. Teachers are in a position to identify learners who may be showing signs of school disconnectedness, such as emotional distress, violence (bullying), substance use, smoking and absenteeism (Bonny et al. 2000).

5.2.5 Time management after school

Research has shown that time management and structuring of daily activities is an important contributing factor to self-esteem (Bruno, 1996). Learners who are involved in regular structured activity after school are also likely to complete tasks such as homework and have a tendency to go to school prepared.

Half the learners in this sample are not involved in any structured activities after school and are involved in passing time with talking to friends, watching TV or videos and shopping, all of which are defined by the research as passive activities. Balancing "structure" and "passing time" activities is considered to be the best option (Bruno, 1996).

This may be an indication that the home environment has a tendency to be more chaotic which might also account for the high number of learners who disclosed regular arguments and disagreements amongst family members.

Involvement in passive activities could also fulfill the need to escape from a boring or unhappy situation at home.

Another tentative suggestion is that the lack of structure might also be because parents are unable to focus on the needs of their children and that these adolescents are not only growing up in a more haphazard manner but also in an environment that lacks a comfortable degree of organization and containment.

The possible impact of the home environment on learner's choice of after school activities could be explored in a life skills programme.

Mention should also be made of the 76% of learners who said they experienced problems at school. The main themes to emerge from their answers were that the workload was too heavy, the academic standard too high, teachers were perceived as not being patient enough with those who were finding the work difficult and that some of the girls were nasty and bullies. This seems to be indicative of learners who are feeling academically pressurized with a sense of not being able to cope and they may feel the need to be involved in passing time activities after school in order to escape this build up of pressure.

A recommendation would be that the counseling department needs to discuss these results with the teaching staff and to come up with solutions to alleviate some of this pressure on learners. Once learners feel they are able to cope with and understand the work they might be likely to adopt a more constructive attitude and search for ways to manage their workload more effectively.

The possible impact of the home environment on learners' choice of after school activities could also be explored in a life skills programme.

In a society which is so dominated by time issues, this is often an attribute which is overlooked and should be explored further amongst learners and possibly be included in the life skills programme.

5.3 DIFFERENT CULTURAL GROUPS

5.3.1 Discussions about different cultures

A high percentage of learners (87%) felt they could discuss their culture openly in class which possibly testifies to staff values of tolerance towards all cultures.

Only a small proportion (13%) felt that racism and nastiness did exist amongst learners.

The researcher is unable to offer a meaningful discussion about this as she did not have access to demographic information about the Grade 10 population, from which the sample was taken. For example, if the majority of the learners are white, it may be that they do not feel threatened or have a problem with discussions about culture and the learners experiencing racism might be in the minority of a different culture. Under these circumstances discussing this issue would be speculative.

Ninety-seven percent (97%) of learners felt secure about their cultural identity. Again, meaningful discussion would be dependant on having background demographic information. Those learners who did identify their cultures in the questionnaires were Islamic and did so out of pride for their culture and religion.

It is also difficult to make meaningful interpretation of the fact that half the sample wanted more discussions about cultural diversity in class and half felt that the discussions at present were sufficient.

It may be that those who feel pride in their culture and religion would like more discussions about it and those who may be the majority (white?) are less concerned with educating others about their culture. These are all very tentative suggestions in the discussion of these results.

However, this could also be explored further with learners. Racial integration and mainstreaming at school level are changes which have occurred relatively recently in South Africa and are fundamental aspects of the school social environment which warrant monitoring and further research investigation.

5.3.2 Learners experiencing problems at school

Seventy-six percent (76%) of learners said they experienced problems at school. This seems to be a high percentage.

The dominant theme was problems with work, whether it was as a result of difficulty with understanding and learning or the pressure of the work or the perceived lack of patience on the part of teachers. Problematic peer relationships with bullying were also raised.

School performance and relationships with friends and staff at school were two of several characteristics investigated with regard to school connectedness in the research conducted by Bonny et al (2000). Lack of school connectedness was thought to be an underlying factor contributing to several adolescent risk behaviors and early school dropout.

Difficulties at school like these could also be a reflection of lack of focus on academic matters because of the confusion and issues facing learners during the middle adolescent phase. It could also be as a result of problems at home.

A recommendation would be that this would need to be explored with more specific questions in a questionnaire to find out whether the problems were situated in the home or at school or whether it was as a result of their developmental phase. Whatever the major contributing factor is, school disconnectedness seems to have serious consequences in terms of risk behavior and school dropout.

Addressing issues which adolescents are pre-occupied with in regular life skills sessions is known to assist them focusing on their academic learning.

5.3.3 Staff and pupil support

Over half the learners felt staff were supportive whereas just under half felt they were not.

These statistics together with the high percentage of learners (74%) who felt pupils were supportive and the 76% of learners who were experiencing problems (school work) might suggest that the quality of staff/learner interaction needs to be explored further.

However, the researcher feels that “learners experiencing problems at school” should be the first focus of further investigation because staff support follows on from this issue. Staff and pupil support contribute to school connectivity.

5.4 BODY IMAGE AND EATING

5.4.1 Learners’ perception of body image

Over half the learners (53%) were unhappy with their bodies, which is understandable in terms of the build up of body fat in girls during adolescence and the conflicting social messages of retaining a nice shape in a thin body (National Women’s Health Report, 1995).

The high percentage (84%) involved in weight control and dieting was also to be expected as this is a major issue for adolescent girls who are very self-conscious about their appearance, peer group opinion and at the same time are trying to attract members of the opposite sex.

What was surprising was the high percentage (94%) of learners who said they would not be influenced or pressurized by their friends to diet. Research shows that during middle adolescence when self-esteem is lowered this group is particularly vulnerable to pressure from all sources including peers (Pesa, 1999).

A characteristic of middle adolescence is often denial about sensitive issues and it may be that the subject of peer pressure, not only as far as dieting is concerned but with regard to other adolescent behaviors should be explored in life skills because using a questionnaire to obtain the opinions of adolescents may not give a high degree of accuracy in the results. Use of the

questionnaire is of value as it may give an indication, with either high or low scores that a certain issue needs further investigation.

As weight concerns are a major issue for female adolescents in Western industrialized society, input about using healthy measures to control weight in order to avoid disordered eating patterns and the use of diet pills and smoking could be covered in a life skills programme.

5.5 SEXUAL ISSUES

5.5.1 Birth control

The high percentage (73%) of respondents who said they wanted information about birth control could be understood in terms of their developing sexuality and the importance this issue holds, particularly for adolescent females in terms of pregnancy risk.

5.5.2 Intimate sexual information

Research suggests that sex education often focuses on teaching adolescents about birth control, which is usually presented factually with emphasis on the physiology of human reproduction. However, what is also needed is input about the intimate sexual encounter, feelings and what is likely to occur as part of their preparation for this encounter. This will prevent their knowledge about birth control being forgotten at a time when it is needed (Levinson, 1995). Teenagers who are more readily prepared for this initial encounter are more likely to use birth control and prevent unwanted pregnancies. A high percentage (87%) of respondents said they would like this input indicating a possible awareness and need for this level of sex education. Research has shown that school-based sexual educational programmes are still considered to be the best way of educating adolescents who may become involved in early sexual activity (Lieberman et al, 2000).

5.5.3 Sexually transmitted diseases and AIDS input

Both the results for sexually transmitted diseases (STD's) and AIDS input were similar. The YES and NO scores for both these topics were more balanced suggesting that learners had

received information about AIDS and STD's and they possibly did not perceive a great need for more input. However some significant need for further input was expressed by the smaller half of the sample as indicated by both these scores.

5.5.4 Questions about AIDS

In keeping with the results on AIDS input, was the high percentage (74%) of correct answers to the AIDS question which would verify the education Grade 10's have received about this subject.

5.5.5 Homosexual and lesbian relationships

What was surprising was the balanced scores (YES and NO) for information about homosexual and lesbian relationships. A few learners had criticized the lack of discussion about this topical subject and overseas research has suggested that it should be included in the sex education curriculum (Redman, 1996).

It may be that strong religious views and values which reject alternative sexual relationships dominated the sample although only 55 out of 62 respondents answered this question. However, an 89% return rate on a question is still significantly high so religious views and values might have had an effect.

It may also be that while the majority were interested in information about homosexual and lesbian relationships, it was not that relevant for the slightly smaller minority. It is usually during this middle adolescent developmental phase that sexual identity is established (Erikson, 1968). There is often considerable ostracism for "gay" teenagers at schools and for many learners this may be a threatening subject even in life skills lessons.

A need for input about this topic could be explored either through a questionnaire or in the life skills programme, which looked at diversity in cultures and behavior.

5.5.6 Sexual coercion

Seventy-nine percent (79%) of learners said they had not experienced sexual coercion in a relationship. This high score may also indicate that the majority of this sample is possibly not yet fully sexually active. A few learners indicated that they were aware of their parents' disapproval of them being too involved in boy/girlfriend relationships. This question may have been more appropriate for Grade 11 learners.

The research which examined this subtle form of sexual coercion in adolescent relationships was conducted amongst grade 10s at eight public high schools in Florida, USA (Zimmerman & Sprechter, 1995). Amongst the recommendations by these authors was that adolescents should be assisted to develop self-efficacy (self-confidence) and that this should be included in sex education programmes.

5.5.7 Dating violence

Results showed that a high percentage (88%) wanted information about dating violence. The increase in violence against women in our society is discussed in the media and the popular press publishes reports regularly about date rape. Apart from the fact that this is of major concern in our society, female adolescents are at a stage when they are becoming aware of their physical vulnerability and have a need to face this reality and the violence against women.

A life skills programme should include making adolescent females aware of practical ways to minimize the risk of dating violence.

5.5.8 Sharing sexual feelings with parents

The results obtained for the question of whether learners felt they would like to share their sexual experiences/feelings with their parents is contrary to the research findings (Lieberman, et al. 2000; Ngxabazi, 1997; and Etsane, 1997). Eighty-two percent (82%) of learners in this research were definite about not wanting to share this information with their parents.

There could be many reasons for adolescents not wanting to share their sexual feelings with their parents. Possible difficulties could be lack of open communication or uncertainty and embarrassment on the part of both teenagers and parents. According to National Women's Health Report (1995) it is at this crucial time in their lives that most teens welcome parental involvement while many parents are trying to disengage from their children's lives.

If family relationships are stressed it is likely to create emotional barriers and detract from the parents ability to focus on the changing needs of their teenagers.

It is sometimes difficult for parents to acknowledge and accept their children's developing sexuality. This reserve on the part of parents could be interpreted as rejection by teenagers who are usually highly sensitive at this time. Sexual feelings also seem to be accompanied by feelings of guilt in our society.

Based on the findings of this research, this issue may not warrant further exploration at present.

5.6 PERSONAL FEELINGS

5.6.1 Depression

Depression, which was covered in this category, is very difficult to assess because middle adolescents are particularly emotionally labile. What could be interpreted as "normal" teenage mood swings could also be moving towards more serious depression. The assessment procedure was covered by the researcher in detail in Chapter Four under Personal feelings, paragraph 4.6.1.

Twenty-four percent (24%) or just under a $\frac{1}{4}$ of the sample is a significant percentage of learners who appear to have definite depressive symptoms, some of which are suicide attempts or ideation, an inability to pay attention and do their homework, social withdrawal and possible substance abuse.

Without exception, this group seemed to have very high levels of stress in their families and the learners seemed to experience severely problematic relationships with family members. This could be clearly identified from the answers they gave in the questionnaire.

The learners seemed to be very unhappy at home and their attitude towards other situations such as school and peers came across as being negative and bleak. With the other “not depressed” group (76%) this negative attitude did not pervade all situations. While some of the learners from the “not depressed” group might not have had strong connectivity to family or school, they did seem to have a degree of sense of belonging to family or school. Research has shown that feeling connected to family and/or school is a protective factor against adolescent risk behaviors (Bonny et al. 2000; Santelli et al 2000).

It is difficult for adolescents coming from a highly stressed background to accomplish the tasks of this phase, such as developing into a unique individual separate from family who is able to cope with the challenges life presents with containment and assertiveness.

Schools could provide preventative intervention through implementation of programmes such as the Australian ‘beyond blue’ mentioned in Chapter Two literature review (Burns & Hickie, 2002). Schools are in a position to change their social and emotional environment. Learners can be made to feel safe, cared for and accepted. Through life skills their coping abilities can be improved. Programmes like these can offer support not only to learners but also to parents who are unable to help their teenagers because of pre-occupation with their own problems and issues.

5.6.2 Self-destructive behavior

Forty-two percent (42%) or just under half of the sample had thought about doing something serious in order for family and friends to listen and understand them. While this is not always an uncommon fantasy in adolescence, it could reflect a pattern of “acting out” as a result of feelings of hopelessness and disempowerment rather than an ability to communicate with family in an assertive way in order to be heard and understood.

However, if one is to regard these statements in a questionnaire as potentially serious, then just under half the sample is a high percentage.

In the “depressed group”, 14 out of 15 said they had thought about doing something serious. It may be that the counseling department might consider addressing the issue of depression in a simplified version of the “beyond blue” framework covered in Chapter Two (Burns & Hickie, 2002). This framework includes improvement in the school social environment; improving relationships and communication with parents; clinical assessment for those learners requiring individual therapy; and implementing life skills programmes which include topics such as self-esteem building, assertiveness training and problem management skills. However, in order to implement this, there needs to be commitment made by the staff to become involved in training programmes which will help them identify possible depression in learners. The main goal of the ‘beyond blue’ programme is early identification of depression in adolescents for effective intervention. The staff will also require support services for this type of work.

5.6.3 Substance use

Drug abuse is one of the risk behaviors which usually occurs as a result of underlying problems such as weak/problematic attachment to family and school, depression and combined with these, overall adolescent confusion and rebellion (Santelli et al, 2000; Weissberg et al, 2003; Burns & Hickie, 2002).

One needs to keep in mind that this is exploratory research, and when analysing some of the other scores in this research, notably, depression 24% and lack of connectivity to family and school which was the same, 12% for each category, the low 16% for substance abuse might be a fairly accurate score, particularly if learners feel they are not abusing substances by smoking dagga and drinking alcohol occasionally.

The researcher feels that the wording for this question should be altered in an attempt to obtain more accurate results. The present wording is “would you answer this question, ONLY if you are involved in taking drugs like dagga, ecstasy, cocaine etc. or drinking alcohol heavily”.

It should be changed to “Do you take drugs or drink alcohol? Yes No The qualitative part of the question could be added after this. This format is more direct and does not provide a loophole for those who might be involved in taking unusual combinations of recreational drugs.

This does not guarantee that learners will respond to a more direct question, but improving the questionnaire might increase the probability of more accurate scores. This would improve the reliability and indirectly the validity of the questionnaire.

It should also be remembered that learners are likely to be aware that drug usage of this nature is illegal and they are not likely to admit to breaking the law even in an anonymous questionnaire.

However, because drug abuse is one of the risk behaviors usually started during adolescence and appears to be a widespread problem in the general population, a life skills programme should address this issue so that the dangers associated with drug use and the rapid addiction which often follows experimentation and usage can be explored with learners and clearly stated.

Research has shown that lack of connectivity to school often results in teens turning to using drugs. Learners who take drugs often appear to be in the process of dropping out of academic learning and school (Finn et al, 2003). If this is indeed a possible cause, then intervention to improve the school climate should assist in containing this problem.

5.6.4 Knowledge of friend's self-destructive intention

Research on adolescent suicides suggests that friends who know of a planned suicide, tend not to confide in anyone who could be considered to be a responsible person who might be able to avert the tragedy. Jo Geddes says that "... the mystique of tight lipped loyalty among the young is strong" (1998, p. 30).

In another case study, it emerged that classmates had discussed the planned suicide with the victim over several weeks, passing scribbled notes back and forth during lessons (Graham, 1992).

Possible reasons for not confiding in some responsible adult could be because of lack of trust between the different generations or because of adolescent fantasy and the difficulty they experience at times in coping with issues like these and grasping reality.

Twenty-nine percent (29%) or a quarter of the learners in this research answered YES to the question that they knew of a friend who might harm herself.

It is difficult to read anything significant into this, other than to explore this issue in a life skills programme. Based on the research mentioned, there is a need to ask this age group “When is one being loyal and when it is necessary to take a measure of responsibility for someone else in a life and death situation?”

In the investigation conducted by Gleick (1996), one of the crisis workers offered his opinion after the “pact” suicide of two teenagers, when he said, “And for many kids death is not real – it’s a fantasy concept – so you can say, ‘Oh, I’ll kill myself and get my picture in the paper.’ They don’t see that death is final.”

A great deal of thought needs to go into the issue of suicide when dealing with this in a life skills programme with adolescents because of the unknown emotional vulnerability of some learners. Possible intervention might involve small group discussions with a high level of established trust using group activities to explore this concept indirectly.

5.7 LEARNERS’ RANKING OF QUESTIONNAIRE CATEGORIES FOR THEIR LIFE SKILLS PROGRAMME

5.7.1 Personal feelings

Based on the results in order of importance (1 = most important to 5 = least important), 20 learners chose personal feelings as the most important category to be included in their life skills programme.

Unfortunately it is not possible to give a percentage as some of the learners did not give a numerical value next to each individual category, but just ticked all the categories. These could not be counted.

The personal feelings category involved questions about depression, suicidal ideation, substance abuse and social interaction on an emotional level.

Adolescents often try to make sense of what is happening to them and seem to welcome the opportunity of opening up and giving vent to issues, even on paper. This is particularly so if they perceive there is a level of understanding based on the relevant topics covered in the questionnaire.

By choosing this category, it seems that the majority have indicated a need to clarify their confusion about their feelings, possibly to regain lost control over their behavior and to relate in a meaningful way to significant others.

Although depression can have many sources, unresolved emotional confusion in adolescence added to early life conflict could result in emotional and social withdrawal and acting out risk behavior. In implementing the “beyond blue” programme, the Australian authorities have recognized this (Burns and Hickie, 2002).

5.7.2 Sexual issues

In the second category, 13 learners chose sexual issues with a ranking of 1.

Sexual development, both physical and emotional is one of the biggest changes which occur during adolescence and impacts on their lives often pushing aside well-established interests from their latency period.

However there is a significant difference between 13 votes for this category and 20 for personal feelings. This may have been because the questions covered in this section were not as relevant to this middle adolescent group as the research seemed to indicate.

This developmental group is entering into boyfriend and girlfriend relationships and questions focusing on practicalities about the relationship such as communication between the genders, parental approval for dating and all the emotional issues surrounding the encounter such as expectations and disappointments may have been more relevant. Although only one learner remarked on it, she did suggest that the questionnaire might have been more appropriate for older adolescents as opposed to the middle adolescent group.

Adolescence is divided into three stages and each one is characterised by different physical, cognitive and emotional milestones. According to the National Women's Health Report (1995) sexual development in early adolescence is characterised by self-exploration with a limited amount of dating and intimacy. In middle adolescence, sexual activity increases involving more partners.

The questions in this questionnaire were based on overseas research which possibly could account for differences between the middle adolescent group overseas in comparison with the South African group.

When implementing a life skills programme, the *participatory* input from learners is likely to ensure that the level of questions and issues explored will be at the same level as that of the learners.

5.7.3 Relationships

The third category which 10 learners chose for their life skills programme was relationships. Included in this was the emotional atmosphere at home and how learners related to family members. Basically, it covered learners' sense of belonging to family and school.

In the discussion in paragraph 5.2.1 mention was made that the analysis should have included a third category for learners not strongly connected to family and school.

The researcher feels that the scores of connectivity to both family and school are too high based on the qualitative answers given by learners about their relationships/interaction with family members and problems they experience in the school context.

This has been mentioned again based on the results of the ranking given to the relationship category by 10 learners which possibly indicates a need or difficulties experienced by learners at home and school.

Difficulties could be arising because of developmental issues of this age group particularly in view of the fact that they are experiencing problems in the two main contexts in which they spend most of their time. This would need to be explored further in life skills and questions in

the survey would need to be more specific in order to accurately measure connectivity to family and school.

5.7.4 Body image and eating

The fourth category of importance for life skills input was body image and eating with a score of 8. This low score was surprising in terms of the importance physical appearance seems to hold for female adolescents in our society (Pesa, 1999).

It may be that this is an aspect in their lives that adolescents feel they can exert control over, using various methods of dieting and that it works, whereas with their emotions and interactions with others, there is less control and more confusion.

5.7.5 Different cultural groups

The final category was cultural groups, which did not feature significantly in the ranking with only three learners choosing this.

A possible explanation is that learners do not encounter a problem with cultural diversity. In this category, the most significant problem for learners seemed to be with school work (5.3.2).

5.7.6 Summary

This Chapter five has covered the discussion of the results with recommendations which have been presented in a way which is in keeping with the exploratory nature of this research.

The following significant findings which emerged from this research for the life skills programme are:

- half of the learners in this sample do not live with both biological parents;
- half of the learners are involved in “passing time” or less structured activities after school;
- a high percentage of learners experience problems related to academic work at school;

- a high percentage of learners indicated that they would like information of a more intimate sexual nature in their sex education;
- only half the learners expressed interest in information about homosexual and lesbian relationships;
- a high percentage of learners wanted information about dating violence;
- a high percentage of learners did not want to share their sexual experiences or feelings with their parents;
- a quarter of the sample appeared to have depressive symptoms which could have debilitating effects or serious consequences;
- just under half the sample had thought about doing something serious in order to make family and friends listen to them and just under a quarter of the sample knew of a friend's self-destructive intention;
- sixteen percent acknowledged being involved in using substances;
- personal feelings ranked as the most important category that learners would like included in the life skills programme.

These issues identified by learners as being important can all be explored in a life skills programme, either in a classroom setting or in small groups with the same members, in order to build up trust.

Identifying learners who might be depressed, and applying effective interventions, would require more than once a week life skills input. It would require a policy change about the emotional and social climate in the school, implementing staff training and support programmes, co-ordinating services for learners with outside professionals and agencies involved in the treatment of adolescent depression and building up a communication network with parents. These underlying structures would need to be in place if early detection of depression is to be successful.

CHAPTER SIX

CONCLUSION

“Across the life span from early childhood until death, mental health is the springboard of thinking and communication skills, learning, emotional growth, resilience, and self-esteem. It is these components that determine each individual’s successful contribution to community and society.” (Report. World Health Organisation. Meeting of Ministers of Health for Pacific Island Countries. 2003: 5).

The aim of this exploratory research was to try and identify what needs and problems Grade 10 girls at a high school might be experiencing and how these needs could be addressed in a life skills programme. They were also requested to participate in the questionnaire by giving input about topics they would like included in their life skills programme. The results of the questionnaire were presented in Chapter four and these were discussed with recommendations in Chapter 5. The significant findings were summarised at the end of Chapter 5.

While this research was limited to a sample of Grade 10 girls at one specific high school, the literature search upon which the construction of the questionnaire was based came from worldwide research sources about middle adolescents in high school settings in industrialised societies. Their needs and risk behaviors which manifest during this vulnerable transition are similar, such as unplanned pregnancies, the spread of sexually transmitted diseases, drug abuse, eating disorders and depression and its effects such as self-inflicted injuries and suicide.

In the WHO’s report (Meeting of Ministers of Health for the Pacific Island Countries, 2003:4), it is stated that by 2020 depression is expected to be the second highest contributor to global disease after heart disease.

The report states that there are various reasons for this marked increase in depression, which affects twice as many females as males and is rapidly increasing amongst young people. Amongst these are the emotional results of living with AIDS and the use of mind-altering drugs amongst the youth.

Depression, which is a debilitating disease, characterised by a depressed mood and general loss of interest in life which is often associated with low self-esteem and lack of productivity can be successfully and promptly treated by primary care programmes so that it does not develop into a chronic condition.

It can also be managed by utilizing preventative programmes, such as the “beyond blue” programme which will eventually be implemented in every high school throughout Australia in order to identify depression in adolescents at an early stage (Burns & Hickie, 2003).

In this research, 24% of the sample was identified as almost certainly having depressive symptoms. This is of concern in a small sample such as this and this trend seems to be in keeping with predictions from the WHO’s reports on depression (Chronic conditions are escalating, 2003; Mental Health Report on the Meeting of Ministers of Health for Pacific Island Countries, 2003; Saraceno & Bertolte, 2003).

A well planned and presented life skills programme in a school setting is able to offer intervention during adolescence, which is likely to have a positive and long lasting effect on those learners, identified as being depressed into their adult years.

Other positive features of life skills programmes are that they are able to reach a large section of the population at relatively low costs in comparison with other forms of therapeutic treatment. Tackling the problem of depression in a regular school programme is likely to destigmatise this condition and educate learners not to discriminate against those afflicted by it. Identifying learners at risk sooner rather than later is likely to result in a more favourable prognosis. Schools will be able to encourage family support and should be able to request government funding for programmes, personnel and research into both the causes of depression and evaluation of programmes.

However when planning the life skills program cognizance should be taken of the findings of this research of the grade 10’s feelings of fear of exposure when exploring sensitive issues which affect them.

The costs involved in a preventative service, such as life skills, are an investment for the future well-being of learners and cannot be measured against the costs involved in entrenched

social problems which prevent them as adults from living a full and productive life or result in loss of life to suicide.

University of Cape Town

BIBLIOGRAPHY

- “Adolescent Health at Risk”, 1995. National Women’s Health Report. 17(6):1-6. Viewed Dec. 2000, Contemporary Women’s Issues. Item 5.
- Academy for Educational Development Report. 1992. Washington DC viewed Dec. 2000/ Jan 2001. Eric database.
- Bagley, C. & Bolitho, F. 1997. Sexual assault in school, mental health and suicidal behaviors in adolescent women in Canada. Adolescence. Summer 97. Vol. 32. Viewed Jan. 2001. Academic Search Elite.
- Barbour, A. 1996. The relationship of sociometric inclusion to delinquent behaviour in adolescent females. Journal of Group Psychotherapy, Psychodrama & Sociometry Journal of Group Psychotherapy, Psychodrama & Sociometry. Winter 96. Vol. 48. Viewed Jan. 2001. Academic Search Elite.
- Bloom-Feshbach, Jonathan & Sally, (Eds). 1987. The Psychology of Separation and Loss. Jossey-Bass. San Francisco.
- Blos, Peter. 1941. The Adolescent Personality. Appleton-Century-Crofts, Inc. New York.
- Blos, Peter. 1962. On Adolescence – A Psychoanalytic Interpretation. Free Press. New York.
- Bonny, A., Britto, M., Klostermann, B., Hornung, R., Slap, G. 2000. School Disconnectedness: Identifying Adolescents at Risk. Pediatrics, Nov. 2000. Vol. 106, Issue 5, p, 1017. Viewed 06-01-2001. Academic Search Elite.
- Brace, A. 2000. Cowardly parents just can’t say ‘no’. Lynda Warrington’s presentation. Times Educational Supplement. 17-11-2000. P. 13. Viewed 06-11-2001. Academic Search Elite.

- Brindis, C & Startuck-Morales, S. 1994. Characteristics associated with contraceptive use among adolescent females in school-based family planning programs. Family Planning Perspectives. Jul/Aug. 94. Vol. 26. Viewed Jan. 2001. Academic Search Elite.
- Brown, J.M. 1998. Adolescent Problems in a Higher Socio-economic Community: A social work perspective. Unpublished Masters dissertation. Stellenbosch. University of Stellenbosch. Viewed Jan. 2001. SA Studies.
- Bruno, J.E. 1996. Time Perceptions and Time Allocation Preferences among Adolescent boys and girls. Adolescence. Spring 96. Vol. 31. Issue 121. Viewed Jan. 2001. Academic Search Elite.
- Burns, J. & Hickie, I. 2002. Depression in young people: a national school-based initiative for prevention, early intervention and pathways for care. Australian Psychiatry. Vol. 10, No. 2. June 2002, pp. 134-138.
- Byfield, L. 1997. Teenagers-Canada. Alberta Report/News magazine. 15-12-97. Vol. 24. Issue 52. Viewed Jan. 2001. Academic Search Elite.
- Caird, J. 1994. Thick Description Revisited; Family Therapist As Anthropologist-Constructivist. Sherman, E. and Reid, W.J. (eds). Qualitative Research In Social Work. Columbia University Press. New York.
- Candotti, S.M., Mason, J.B., Ramphal, R. 1996. Life Skills Training Programmes. Human Sciences Research Council, Pretoria.
- Cashdan, Sheldon. 1988. Object Relations Therapy. W.W. Norton & Company. New York.
- Chandy, J., & Blum, R.W. 1996. Female adolescents with a history of sexual abuse. Journal of Interpersonal Violence. Vol. 11. Viewed, Jan. 2001. Academic Search Elite.
- De Noon, D.J. (ed). 1995. Condoms for Teens. Infections Disease Weekly, 1/23/25. Viewed Jan. 2001. Academic Search Elite.

- De Vos, A.S. (ed.). 1998. Research at grass roots. Van Schaik. Pretoria.
- Dixon, C. 1997. Pete's tool: Identity and sex-play in the design and technology classroom. Gender and Education. March 97, Vol. 9. Viewed Jan. 2001. Academic Search Elite.
- Ellickson, P. & McGuigan, K. 2000. Early Predictors of Adolescent Violence. American Journal of Public Health. Apr. 2000. Vol. 90. Issue 4. P. 566. Viewed Dec. 2000. Academic Search Elite.
- Erikson, Erik, H. 1950 Childhood and Society. Penguin Books Ltd. England.
- Erikson, Erik, H. 1968. Identity: Youth and Crisis. Faber & Faber. London.
- Esman, Aaron, H. (ed.). 1975. The Psychology of Adolescence. Essential Readings. International Universities Press, Inc. New York.
- Etsane, M.E. 1997. A study on the level of knowledge about sexuality among adolescents in Atteridgeville. MA. Potchefstroom University. Dept. of Nursing. Potchefstroom. Viewed Jan. 2001. SA Studies.
- Finn, K., Willert, H.J. & Marable, M.A. 2003. Substance Use in Schools. Educational Leadership. Vol. 60. No. 6.
- Fullilove, M. & Fullilove, R. 1990. Black women and Aids Prevention: A view towards understanding the gender roles. Journal of Sex Research. Feb. 1990. Vol. 27. Viewed Jan. 2001. Academic Search Elite.
- Geddes, Jo. 1998. The suicide watch. Maclean 20-4-98. Vol III. Issue 16. Viewed Jan. 2001. Academic Search Elite.
- Gleick, E. 1996. Suicide's Shadow. Time. 22-7-96. Vol. 148. Viewed Jan. 2001. Academic Search Elite.

- Gould, R.E. 1975. Suicide problems in children and adolescents. Esman, A. (ed). The Psychology of Adolescence. International Universities Press. Inc. New York.
- Graham, M. 1992. Adolescent Suicide. Youth Studies, Autum92, Vol II, Issue 1. Viewed Jan 2001. Academic Search Elite.
- Greenberg, B. & Woods, M. 1999. The Soaps: Their sex, gratification and outcomes. Journal of Sex Research. Aug. 99. Vol. 36. Viewed Jan. 2001. Academic Search Elite.
- Guneri, Oya, Syumer, Zeynep & Hatip. 1999. Sources of self-identity among Turkish adolescents. Adolescence. Fall, 99. Vol. 34. Issue 135. Viewed Dec. 2000. Academic Search Elite.
- Hartman, Ann. 1994. Setting The Theme; Many Ways Of Knowing. Sherman, E. and Reid, W.J. (eds) Qualitative Research In Social Work. Columbia University Press. New York.
- Hawton, K., Fagg, J & Simkins, S. 1996. Deliberate self-poisoning and self-injury in children & adolescents under 16 years of age in Oxford. British Journal of Psychiatry. Aug. 1996. Vol. 169. P. 202-208. Viewed Jan. 2001. PsychINFO.
- Hazell, Jeremy (ed). 1994. Personal Relations Therapy: The Collected Papers of H.J.S. Guntrip. Jason Aronson Inc. New Jersey. London.
- Hein, Karen. 1994. Teenage Girls And Aids. Society Mar/Apr 94. Vol 31 Issue 3. Viewed Jan. 2001. Academic Search Elite.
- Hill, S & Drolet, S. 1999. School-related Violence among High School Students in the United States, 1993-1995. Journal of School Health. Sept. 99. Vol. 69. Viewed Jan. 2001. Academic Search Elite.
- Hogan, D., Sun, R. & Cornwell, G. 2000. Sexual and Fertility Behaviours of American Females aged 15-19 years: 1985, 1990 and 1995. American Journal of Public Health. Sep. 2000. Vol. 90. Issue 9, p. 1421. Viewed Jan. 2001. Academic Search Elite.

- Holmes, George, R. 1995. Helping Teenagers into Adulthood. Praeger, Connecticut.
- Huon, G. & Lain, J. 2000. Social Influences and Female Adolescent Dieting. Journal of Adolescence. Apr. 2000. Vol. 23. Viewed Jan. 2001. Academic Search Elite.
- Inlay, Linda. 2003. Values: The Implicit Curriculum. Educational Leadership. Vol. 60. No. 6.
- Johnson, R. 1989. Adolescent growth and development. In Hofmann, A., Greydanus, D. (eds). Adolescent Medicine. Appleton & Lange, Norwalk, C.T.
- Josson, Suma. 1999. Living on the Edge: Easing the pressures of adolescence through counselling & discussion. Real Lives. Dec. 1999. Viewed Jan. 2001. Contemporary Women's Issues.
- Kawabata, T., Cross, D., Nishioka, N., Shimai, & Satos. 1999. The relationship between self-esteem and smoking behaviour among Japanese Early Adolescents. Journal of School Health. Sept. 1999. Vol. 69. Viewed Jan. 2001. Academic Search Elite.
- Kobus, K. & Reyes, O. 2000. A Descriptive Study of Urban Mexican American Adolescents' Perceived Stress & Coping. Hispanic Journal of Behavioural Sciences. May 2000. Vol. 22. Viewed Jan. 2001. Academic Search Elite.
- Kroger, Jane. 1996. Identity in Adolescence. The balance between self & other. London. Routledge.
- Lamport, L. & Andre, T. 1993. Aids, knowledge & sexual responsibility. Youth and Society. Sept. 93. Vol. 25. Viewed Jan. 2001. Academic Search Elite.
- Lavikainen, J., Lahtinen, E., & Lahtinen, V. (eds). 2000. Public Health Approach on Mental Health in Europe. Ministry of Social Affairs and Health. Stakes. Viewed Dec. 2003.

- Lebakeng, M.T. 1993. Impact on Self-definition of Attending “Open” White Schools on Black South African Adolescents. Unpublished Masters dissertation. Gauteng. University of the Witwatersrand. Viewed Dec. 2000. SA Studies.
- Lee, Mo-Yee. 1996. A constructivist approach to the help-seeking process of clients: A response to cultural diversity. Clinical Social Work Journal. Vol. 24. No. 2. Summer 1996, pp. 176-202.
- Lees, S. 1994. Talking about sex in sex-education. Gender & Education. 1994. Vol. 6. Viewed Jan. 2001. Academic Search Elite.
- Levine, M.P. & Smolak, L. 1994. The relation of socio cultural factors to eating attitudes and behaviours among middle schools girls. Journal of Early Adolescence. Nov. 94. Vol. 14. Viewed Jan. 2001. Academic Search Elite.
- Levinson, R.A. 1995. Reproductive and contraceptive knowledge, contraceptive efficacy, and contraceptive behaviour. Adolescence. Spring 1995. Vol. 30. Viewed Jan. 2001. Academic Search Elite.
- Lieberman, L., Gray, H., Wier, M., Fiorentino, R. & Maloney, P. 2000. Long-term outcomes of an abstinence-based, small group pregnancy prevention program in New York city schools. Family Planning Perspectives. Sep/Oct 2000. Vol 32. Issue 5. Page 237. Viewed Jan. 2001. Academic Search Elite
- Lindberg, L., Ku, L. & Sonenstein, F. 2000. Adolescent’s Reports of Reproductive Health Education, 1988 & 1995. Family Planning Perspectives. Sep/Oct. 2000. Vol. 32. Page 220. Viewed Jan. 2001. Academic Search Elite.
- Linn, E. 1999. The Role of School Mental Health Professionals in Resolving School-related Sexual Harassment Complaints. Social Work in Education. Oct. 99. Vol. 21. Issue 4. Viewed Dec. 2000. Academic Search Elite.

- Lundy, B., Field, T. et al. (original sourcing). 1998. Same-sex and opposite-sex best friend interactions among high school juniors and seniors. Adolescence. Summer 98, Vol. 33. Viewed Jan. 2001. Academic Search Elite.
- Manlove, J., Terry, E., Gitelson, L., Papillo, A. & Russell, S. 2000. Explaining Demographic trends in Teenage Fertility. 1980–1995. Family Planning Perspectives. Jul/Aug. 2000. Vol. 32. Viewed Jan. 2001. Academic Search Elite.
- Manning, W., Longmore, M., & Giordano, P. 2000. The Relationship Context of Contraceptive Use at First Intercourse. Family Planning Perspectives. May/June 2000. Vol. 32. Viewed Jan. 2001. Academic Search Elite.
- Martin, G. 1992. Adolescent Suicide. Youth Studies. Autumn 92. Vol. 11. Viewed Jan. 2001. Academic Search Elite.
- Moreno, A. & Thelen, M. 1995. Eating behavior in junior high school females. Adolescence. Spring 1995. Vol. 30. Viewed Jan. 2001. Academic Search Elite.
- Mouton, Johan. 2001. How to succeed in your Masters & Doctoral Studies. A South African Guide and Research Book. Van Schaik. Pretoria.
- Murry, V. 1992. Incidence of first pregnancy among black adolescent females over three decades. Youth & Society. June 92. Vol. 23. Viewed Jan. 2001. Academic Search Elite.
- National Women's Health Report. 1995. Adolescent Health at Risk. Viewed Dec. 2000. Contemporary Women's Issues.
- Nations Health. Sept. 99. Vol. 29. Risky Behaviours Prevalent Among Hispanic Girls. Viewed Jan. 2001. Academic Search Elite.
- Ngxabazi, N. 1997. Mother-daughter interactions concerning sexuality among blacks in Umtata. Med. University of the Orange Free State. Bloemfontein. Viewed Jan. 2001. Nexus database.

- Pesa, J. 1999. Psychosocial factors associated with dieting behaviors among female adolescents. Journal of School Health. May 99. Vol. 69. Viewed Jan. 2001. Academic Search Elite.
- Philander, J.H. 1996. Juvenile delinquency: an educational psychological prevention programme for the primary school. M.Ed Dissertation. University of Stellenbosch. Stellenbosch. Viewed Jan. 2001. Academic Search Elite.
- Pillari, V. 1988. Human Behaviour in the Social Environment. Brooks/Cole. California.
- Rooth, Edna. 1995. Life Skills. A Resource Book for Facilitators. MacMillan Boleswa (Pty) Ltd. Swaziland.
- Roscoe, B. & Strouse, J. 1994. Sexual harassment: Early adolescent's self-reports of experiences and acceptance. Adolescence. Fall 94. Vol. 29. Viewed Jan. 2001. Academic Search Elite.
- Rotheram-Borus, M.J. 1989. Ethnic differences in adolescent's identity status and associated behavior. Journal of Adolescence. 1989. Dec. Vol. 12(4). Viewed Dec. 2002/Jan. 2001. Sociological Abstracts.
- Rubin, A. & Babbie, E. 1993. Research Methods for Social Work. Brooks/Cole. California.
- Sacoor, S.N. 1991. Factors associated with attempted suicide during adolescence. Unpublished Masters dissertation. Gauteng. University of the Witwatersrand. Viewed Jan. 2001. Nexus database.
- Salkind, Neil, J. 1994. Child Development. Harcourt Brace & Co. Florida.
- Santelli, J., Lowry, R., Brener, N., & Robin, L. 2000. The Association of Sexual Behavior with Socioeconomic Status, Family Structure and Race/Ethnicity Among US Adolescents. American Journal of Public Health. Oct. 2000. Vol. 90. Issue 10 p. 1582. Viewed Jan. 2001. Academic Search Elite.

- Saraceno, B. & Bertolote, J.M. (no date given). Depression. Report. World Health Organisation. Viewed Dec. 2003.
- Schlozman, S.C. 2003. The Shrink in the Classroom. Educational Leadership. Vol. 60. No. 6. March 2003.
- Silverstone, R. 1996. Now what do I do? How to give your pre-teens your message. Report. Sexuality, Information and Education Council of the United States. Viewed Jan. 2001. Contemporary Women's Issues.
- Sherman, Edmund & Reid, William, J. (Eds). 1994. Qualitative Research in Social Work. Columbia University Press. New York.
- Social and Economic pressures drive reproductive behavior in Women's Health Weekly. 01/25/99. IN Academic Search Elite. Viewed Jan. 2001.
- Swartz, Mimi. 1997. Brenham's paradise lost. Texas Monthly. Feb. 97. Vol. 25. Viewed Jan. 2001. Academic Search Elite.
- Taylor, J., & Others (listed accordingly). 1995. Beyond Black & White. New Faces & Voices in US Schools. Suny Series. Erik Database. Viewed Jan. 2001.
- Thompson, S. 1990. Putting a big thing into a little hole. Teenage girls' accounts of sexual initiation. Journal of Sex Research. Aug. 1990. Vol. 27. Viewed Jan. 2001. Academic Search Elite.
- Tolle, Eckhart. 1999. The Power of NOW. New World Library, USA.
- Tomeo, C & Field, A. 1999. Weight concerns, weight control behaviors, and smoking initiation. Pediatrics. Oct. 99. Part 1 of 2. Vol. 104. Viewed Jan. 2001. Academic Search Elite.
- United Nations Development Programme. 1994. Teenage girls & Aids. Society. Mar/Apr. 1994. Vol. 31. Viewed Jan. 2001. Academic Search Elite.

Weissberg, R.P., Resnik, H., Payton, J. & O'Brien, M. 2003. Evaluating Social & Emotional Learning Programs. Educational Leadership. Vol. 60. No. 6.

Women's Health Weekly. 01/25/99. Social & economic pressures drive reproductive behaviour. Viewed Jan. 2001. Academic Search Elite.

World Health Organisation. Report. May, 1999. An overview of a strategy to improve the mental health of undeserved populations. Geneva. Viewed Dec. 2003.

World Health Organisation. The World Health Report. 2001. Depressive Disorders. Viewed Dec. 2003.

World Health Organisation. Report by the Secretariat. 11-4-2002. 55th World Health Assembly. Mental Health: Responding to the call for action. Viewed Dec. 2003

World Health Organisation. 2002. Prevention & Promotion in Mental Health. Mental Health: Evidence & Research. Department of Mental Health and Substance Dependence. Geneva. Viewed Dec. 2003.

World Health Organisation. Report. Secretariat of the Pacific Community. New Caledonia. 9 – 13 March 2003. Mental Health. Meeting of Ministers of Health for Pacific Island Countries. World Health Organisation for the Western Pacific. Manila, Philippines. Viewed Dec. 2003.

World Health Organisation. 2003. Substance use in Southern Africa. World Health Organisation. Geneva.

World Health Organisation. Report. 2003. Chronic conditions are escalating. Viewed Dec. 2003.

Zimmerman, R. & Sprechter, S. 1995. Adolescents' perceived ability to say "no" to unwanted sex. Journal of Adolescent Research. July 1995. Vol. 10. Viewed Jan. 2001. Academic Search Elite.

APPENDIX 1: PILOT STUDY

This questionnaire has been drawn up in order to assist the counselling department of Wynberg Girls' High School plan their Life Skills Programmes for the Grade 10s. The questionnaire and results will also form part of my Master's Thesis for Social Work.

Because of the type of questions being asked, you are assured of complete CONFIDENTIALITY. You are not asked in any way to identify yourself, e.g. name, address, age, etc. It would be appreciated if you could answer the questions as truthfully as possible. All answers are acceptable.

You also have the RIGHT to REFUSE to take part in answering the questionnaire and this will also be completely acceptable.

Both the counselling department at your school and myself will be available throughout the day to offer counselling and support to any pupil/learner who feels that they need this service as a result of answering the questions.

University of Cape Town

- 1.4 How would you describe the atmosphere in your home most of the time?
Please tick the appropriate box/boxes. Please add anything further in the space provided.

Warm, secure and fun
Stressed
There are lots of arguments
Unhappy

- 1.5 If there are lots of arguments, who are the arguments between, e.g. yourself and mother.
Could you describe the situation briefly?

- 1.6 Are you clear about what your parents do/do not find acceptable behaviour? If you want
to add anything further, please do so in the space provided.

Yes No Sometimes

- 1.7a Is there anyone at home you feel you can talk to and share problems with?

Yes No

- 1.7b If you answered NO, is there anyone you feel you can talk to about things that worry
you? Add anything further in the space provided.

Yes No

1.8 Do you often feel you want to leave home?

Yes No

If YES, would you like to share why?

1.9 Do you have friends at school?

Yes No

1.10 If you feel you are lonely, is it because you find it difficult to make friends?
Add anything further in the space provided.

Yes No

1.11 Do you often feel that if you say what you think people may not like you?
Add anything further in the space provided.

Yes No

1.12 Please tick the appropriate box/es.

Do you experience the following feelings at school?

- happy to be at school
- feel that your belong/are part of the school community
- feel safe at school

1.13 If you do not feel safe at school, would you like to say why?

1.14 What do you do in your free time after school?
e.g. sport, dancing, watch videos, etc.

2. DIFFERENT CULTURAL GROUPS

2.1 Do you feel that in class discussions you are able to talk openly about your culture/customs at home. Please add anything further in the space provided.

Yes No

2.2 Do you feel that more time should be spent in class on discussing your culture and language?

Yes No

2.3 Do you find it difficult to sit in mixed groups at break time and talk to each other?

Yes No

2.4a If you are sitting in a mixed group, do you speak in your home language to others of your culture?

Yes No

2.4b Please tick either one box for the next part of the question or add your own comments in the space provided. Do you think that those who do not understand your conversation are either -

irritated

or

accepting

2.5a After being at school all day, do you find it difficult to feel that you belong in your community?

Yes

No

2.5b If YES, could you describe how you feel?

2.6 Are you worried that you are going to lose your African/Coloured/White/Moslem/Indian/Immigrant identity in your school?

Yes

No

2.7a Different cultural groups punish their children differently, for example, some parents take away pocket money while others may smack their children. Are you confused about how your parents punish you?

Yes

No

2.7b If YES, would you like to share why you are confused?

2.8 South African society is changing and becoming more integrated. Would you like to indicate how you feel about this by circling the appropriate number or adding your own comments in the space provided.

- 1 pleased
 2 pleased, but you have some reservations
 3 cautious
 4 slightly negative
 5 unhappy
 6 any other feelings you have

2.9 If you feel I have not mentioned an issue that is important to you, I would appreciate it if you could add this in the space provided.

2.10a If you are a pupil/learner who is physically challenged, do you feel you are able to cope with the school work:

Yes No

2.10b If you answered NO, would you like to say how you feel this could be improved?

2.11a If you are physically challenged do you find the following:

the staff are supportive Yes No
 the pupils are supportive Yes No

2.11b If NO, to either of these, would you like to say why you think they are not supportive?

3. BODY IMAGE AND EATING

3.1 Do you only feel confident that you are looking good when others tell you that you look good? Please add anything further in the space provided.

Yes No

3.2 Do you like your body most of the time? Please add anything further in the space provided.

Yes No

3.3 Do you try to lose weight?

Yes No

If YES, how do you try to do it?

Please tick any of the box/boxes or add your own explanation in the space provided.

Cutting down on junk food

Eating healthy food

Exercising

By smoking

By taking weight control pills, water pills or herbal remedies

Stop eating for periods at a time

Self-induced vomiting

Use of laxatives

3.4 Do you feel that you should diet because most of your friends are dieting?
Please add anything further in the space provided.

Yes No

3.5a Do you feel emotionally depressed/unhappy when you think you have eaten a lot?

Yes No

3.5b If you answered YES, would you briefly describe what you do about it?

4. SEXUAL ISSUES

4.1 Do you feel that in the life skills programme, the school should offer more information about the following:

- | | | |
|--|------------------------------|-----------------------------|
| - Birth control | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - Sexually transmitted diseases (STDs) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - AIDS | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - Issues around lesbianism and homosexuality
including anti-gay attitudes | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - Dating violence | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

4.2 If you had a "partner" whom you had known for some time, who looked healthy and was involved in sport, would you accept their assurance that they were not HIV infected?

Yes No

4.3 Some research has suggested that there might be a need to offer discussions to teenagers around intimate sexual details. Do you agree?

Yes No

4.4 Do you feel that you can share with your parent/s your sexual feelings?

Yes No

4.5 If you have suffered any form of sexual abuse by anyone, do you feel that there is any responsible adult you can confide in? (Remember that once you have reported an incident, you have the right to decide how far you will take the matter.)

Yes No

4.6a Have you ever experienced any of the following?

- felt “pushed”/”talked into” having a sexual relationship when you were not sure about it?

Yes No

- received money or some favour for having a sexual relationship?

Yes No

- taken part in pornography or a sexual display watched by others?

Yes No

4.6b If YES to any of the above, would you like to share the reason for this as you understand it?

5. PERSONAL FEELINGS

5.1 Do you often have difficulty getting up in the morning and planning for the day?

Yes No

5.2 In spite of being physically healthy, do you often feel tired and the need to sleep?

Yes No

5.3 Do you often feel tearful?

Yes No

5.4 Do you often have difficulty paying attention?

Yes No

5.5 Do you often have difficulty doing your homework?

Yes No

5.6 Do you feel the need to drink alcohol and take other mind altering substances in order to cope socially? Please add anything further in the space provided.

Yes No

5.7 Have you recently felt that you don't want to be with people (friends and family) and prefer to be on your own most of the time? Please add anything further in the space provided.

Yes No

5.8a Do you often feel very angry/frustrated and that people do not understand you?

Yes No

- 5.8b If you have answered YES, could you answer the following briefly:
How do you make people understand you when you are angry?

- 5.9 Do you ever think about doing something serious in order for family and friends to listen and understand you? Please add anything further in the space provided.

Yes No

- 5.10a Have you recently gone through a “bad patch”, e.g. poor marks at school, arguments with parents and friends?

Yes No

- 5.10b If you answered YES, would you answer the following question:

Have you now decided to change completely, e.g. work hard at school, try to get on with your parents and friends?

Yes No

- 5.11 Would you answer this question, ONLY if you are involved in taking drugs like dagga, ecstasy, cocaine etc. or drinking alcohol heavily. Please tick the appropriate box/boxes.

- friends are doing it and you want to be part of the group
- you are bored over weekends
- you find it difficult to share time with your family and when you are under the “influence”, you don’t have to interact with them
- you are very unhappy and the drugs/alcohol help you to forget about it
- you feel you can’t trust anyone
- you feel very angry

5.12 Do you have a friend who is depressed and you think she might be involved in behaviour which could harm her?

Yes No

6. **ENDING**

In the space provided would you like to briefly state how you feel about filling in this questionnaire?

7. Which issues do you regard as the most important?
Next to each one, please put a number in the box, e.g. 1 would be the most important category to you and 5 would be the least important.
This will assist the school in planning the life skills programme.

- Relationships
- Issues concerning different cultural groups
- Body image and eating
- Sexual issues
- Personal feelings

8. Finally, if you were planning a life skills programme, what would you like to see included in it?

I would like to take this opportunity to thank all the Grade 10s who filled in this questionnaire. Your assistance and contribution is very greatly appreciated.

- 1.4 How would you describe the atmosphere in your home most of the time?
Please tick the appropriate box/boxes. Please add anything further in the space provided.

Warm, secure and fun
 Stressed
 There are lots of arguments
 Unhappy

- 1.5 If there are lots of arguments, who are the arguments between, e.g. yourself and mother.
Could you describe the situation briefly?

- 1.6 Are you clear about what your parents do/do not find acceptable behaviour? If you want to add anything further, please do so in the space provided.

Yes No Sometimes

- 1.7a Is there anyone at home you feel you can talk to and share problems with?

Yes No

- 1.7b If you answered NO, is there anyone you feel you can talk to about things that worry you?
Add anything further in the space provided.

Yes No

1.8 Do you often feel you want to leave home?

Yes No

If YES, would you like to share why?

1.9a Do you have friends at school?

Yes No

1.9b If you answered No, would you like to share why this is so?

1.10 Do you often feel that if you say what you think people may not like you?
Add anything further in the space provided.

Yes No

1.11 Please tick the appropriate box/es.

Do you experience the following feelings at school?

- happy to be at school
- feel that your belong/are part of the school community
- feel safe at school

1.12 If you do not feel safe at school, would you like to say why?

- 1.13 What do you do in your free time after school?
e.g. sport, dancing, watch videos, etc.

2. **DIFFERENT CULTURAL GROUPS**

- 2.1 Do you feel that in class discussions you are able to talk openly about your culture/customs at home. Please add anything further in the space provided.

Yes No

- 2.2 Do you feel that more time should be spent in class on discussing your culture and language?

Yes No

- 2.3 Do you sit in mixed groups at break time?

Yes No

- 2.4a If you do sit in a mixed group, do you speak in your home language to others of your culture?

Yes No

- 2.4b Please tick either one box for the next part of the question or add your own comments in the space provided. Do you think that those who do not understand your conversation are either -

irritated

or

accepting

2.5a After being at school all day, do you find it difficult to feel that you belong in your community?

Yes No

2.5b If YES, could you describe how you feel?

2.6 Are you worried that you are going to lose your African/Coloured/White/Moslem/Indian/Immigrant identity in your school?

Yes No

2.7a Different cultural groups punish their children differently, for example, some parents take away pocket money while others may smack their children. Are you confused about how your parents punish you?

Yes No

2.7b If YES, would you like to share why you are confused?

2.8 South African society is changing and different cultural groups are now able to mix. Would you like to indicate how you feel about this by circling the appropriate number or adding your own comments in the space provided.

- 1 pleased
- 2 pleased, but you have some reservations
- 3 cautious
- 4 slightly negative
- 5 unhappy
- 6 any other feelings you have

2.9 If you feel I have not mentioned an issue that is important to you, I would appreciate it if you could add this in the space provided.

2.10a Do you have difficulties/problems at school e.g. due to you health or coping with the school work or for any other reason?

Yes No

2.10b If you answered YES, would you like to share what the problem is?

2.10c Please tick the appropriate box/boxes if you are having difficulties/problems at school:

the staff are supportive Yes No
the pupils are supportive Yes No

2.10d If you are having difficulties/problems at school, how do you think you could be helped?

3. **BODY IMAGE AND EATING**

3.1 Do you only feel confident that you are looking good when others tell you that you look good? Please add anything further in the space provided.

Yes No

3.2 Do you like your body most of the time? Please add anything further in the space provided.

Yes No

3.3 Do you try to lose weight?

Yes No

If YES, how do you try to do it?

Please tick any of the box/boxes or add your own explanation in the space provided.

Cutting down on junk food

Eating healthy food

Exercising

By smoking

By taking weight control pills, water pills or herbal remedies

Stop eating for periods at a time

Making yourself vomit

Use of laxatives

3.4 Do you feel that you should diet because most of your friends are dieting?
Please add anything further in the space provided.

Yes No

3.5a Do you feel emotionally depressed/unhappy when you think you have eaten a lot?

Yes No

3.5b If you answered YES, would you briefly describe what you do about it?

4. **SEXUAL ISSUES**

4.1 Do you feel that in the life skills programme, the school should offer more information about the following:

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| - Birth control | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| - Sexually transmitted diseases (STDs) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| - AIDS | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| - Issues around lesbianism and homosexuality
including anti-gay attitudes | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| - Dating violence | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

4.2 If you had a “partner” whom you had known for some time, who looked healthy and was involved in sport, would you accept their assurance that they were not HIV infected?

Yes No

4.3 Some research has suggested that there might be a need to offer discussions to teenagers around intimate sexual details. Do you agree?

Yes No

4.4 Do you feel that you can share with your parent/s your sexual feelings?

Yes No

4.5a Have you ever suffered any form of sexual abuse?

Yes No

4.5b Is there anyone you feel you can talk to about this?

Yes No

4.6a Have you ever experienced any of the following?

- felt “pushed”/”talked into” having a sexual relationship when you were not sure about it?

Yes No

- received money or some favour for having a sexual relationship?

Yes No

- taken part in pornography or a sexual display watched by others?

Yes No

4.6b If YES to any of the above, would you like to share the reason for this as you understand it?

5. PERSONAL FEELINGS

5.1 Do you often have difficulty getting up in the morning and planning for the day?

Yes No

5.2 In spite of being physically healthy, do you often feel tired and the need to sleep?

Yes No

5.3 Do you often feel tearful?

Yes No

5.4 Do you often have difficulty paying attention?

Yes No

5.5 Do you often have difficulty doing your homework?

Yes No

5.6 Do you feel the need to drink alcohol and take other mind altering substances in order to cope socially? Please add anything further in the space provided.

Yes No

5.7 Have you recently felt that you don't want to be with people (friends and family) and prefer to be on your own most of the time? Please add anything further in the space provided.

Yes No

5.8a Do you often feel very angry/frustrated and that people do not understand you?

Yes No

5.8b If you have answered YES, could you answer the following briefly:
How do you make people understand you when you are angry?

5.9 Do you ever think about doing something serious in order for family and friends to listen and understand you? Please add anything further in the space provided.

Yes No

5.10a Have you recently gone through a "bad patch", e.g. poor marks at school, arguments with parents and friends?

Yes No

5.10b If you answered YES, would you answer the following question:

Have you now decided to change completely, e.g. work hard at school, try to get on with your parents and friends?

Yes No

5.11 Would you answer this question, ONLY if you are involved in taking drugs like dagga, ecstasy, cocaine etc. or drinking alcohol heavily. Please tick the appropriate box/boxes.

- friends are doing it and you want to be part of the group
 - you are bored over weekends
 - you find it difficult to share time with your family and when you are under the "influence", you don't have to interact with them
 - you are very unhappy and the drugs/alcohol help you to forget about it
 - you feel you can't trust anyone
 - you feel very angry
-
-

5.12 Do you have a friend who is depressed and you think she might be involved in behaviour which could harm her?

Yes No

6. ENDING

In the space provided would you like to briefly state how you feel about filling in this questionnaire?

7. Which issues do you regard as the most important?
Next to each one, please put a number in the box, e.g. 1 would be the most important category to you and 5 would be the least important.
This will assist the school in planning the life skills programme.

- Relationships
- Issues concerning different cultural groups
- Body image and eating
- Sexual issues
- Personal feelings

8. Finally, if you were planning a life skills programme, what would you like to see included in it?

I would like to take this opportunity to thank all the Grade 10s who filled in this questionnaire. Your assistance and contribution is very greatly appreciated.

APPENDIX 3: COVERING LETTER

This questionnaire has been drawn up in order to assist the counselling department of Wynberg Girls' High School plan their Life Skills Programmes for the Grade 10s. The questionnaire and results will also form part of my Master's Thesis for Social Work.

Because of the type of questions being asked, you are assured of complete CONFIDENTIALITY. You are not asked in any way to identify yourself, e.g. name, address, age, etc. It would be appreciated if you could answer the questions as truthfully as possible. All answers are acceptable.

You also have the RIGHT to REFUSE to take part in answering the questionnaire and this will also be completely acceptable.

Both the counselling department at your school and myself will be available throughout the day to offer counselling and support to any pupil/learner who feels that they need this service as a result of answering the questions.

University of Cape Town