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**Factors Associated With Suicide Attempts amongst the
Young People in Soshanguve, South Africa:
A Social Work Study**

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Abstract

This study was aimed at investigating the factors that contribute to the young people of Soshanguve to decide on attempting suicide. The study was triggered by the observation made by the social workers at Dr George Mukhari Academic Hospital, after a number of young people were admitted for treatment after they attempted to take their lives.

The study was qualitative in nature, with the exploratory-descriptive design to allow the participants to tell their stories that would assist to answer the research question. Phenomenological strategy was also used to ensure that the lived experiences of the participants are explored and described. In-depth interviews guided by the interview guide were used to collect data, to ensure that all the participants were subjected to similar stimuli, since there were a number of people involved in the process of data collection. The thematic steps of qualitative data analysis were used to analyse data. It was found that there are a number of factors that pushed young people to attempt suicide. The most prominent were lack of stable family life, feeling of rejection, economic dependence, isolation and spiritual influence. It was concluded that the family life needs to be strengthened to provide support for young people.

Keywords: suicide attempt, experiences, rejection, isolation, unstable family life.

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Introduction

The purpose of this study was to explore the factors that contribute to suicide attempt behaviour by young people residing in Soshanguve who ultimately receive treatment at Dr George Mukhari Academic Hospital. The findings of this study were intended to inform appropriate social work intervention strategies to address these factors with the aim of addressing the behaviour of suicide attempts amongst the young people, though the strategies do not form part of this paper due to limited space.

Social workers in the health care field are often inundated with high case loads of patients who attempted suicide or who demonstrated some form of self-destructive behaviours. According to Schlebusch and Bosch (2001:5) the prevalence rate of suicide in South Africa is 17.2 per 1 000,000 which is slightly higher than the WHO reported world average rate of 16 per 1 000,000. The study conducted by Schlebusch and Bosch (2001:6) in the mortuaries of the five provinces in RSA indicated that suicide accounted for 8% of all deaths. Of these, 79.2% were males, 43.3% were Blacks, 38.4% were Whites, 15.9% were Coloureds and 2% were Asians. The average age of those who committed suicide was 36.6 years. Hanging was the most frequent method (36.2%), followed by poisoning (9.8%), gassing (6.5%) and burning (4.1%). The concern raised was that 45% of suicide victims had positive levels of alcohol in their blood (Schlebusch & Bosch, 2001:8). Although this information could be said to be outdated, efforts to get the recent one did not yielding the expected results.

The prevalence of this behaviour affects amongst others young people from all races. In spite of the intervention provided by social workers to address the phenomenon, the problem of trying to commit suicide continues to escalate. It would seem the problem lies with how the phenomenon is addressed because the social workers in hospitals provide crisis intervention services and do not go further to investigate the factors underlying the problem to address them appropriately. This results in the phenomenon recurring and in some instances escalating. From January 2013 to July 2014, 838 patients who attempted suicide were referred to the social work department of Dr George Mukhari Academic Hospital (Social Work Departmental Statistics, 2014). This raised a concern to the researchers in this project and indicated a need to gain more insight about the nature of the problem so as to develop efficient and effective intervention strategies to address this phenomenon and not just focus on providing crisis intervention. This situation calls for social work intervention at the primary level, i.e. prevention level as argued by the Framework for Social Welfare Services (2013: 29), to arrest it and make sure that it does not go further. According to this policy document the focus of social work service delivery must be at the prevention level to ensure that people's situations do not deteriorate to the statutory/residential/alternative care in order to save costs (Framework for Social Welfare Services, 2013:29-30). It has also been observed by the researchers that after discharge from the hospital there are no follow-up services for the patients. This might result in repeated suicide attempt, as found in this study where three participants had attempted suicide

more than once, or ultimately death and prompted the researchers to strive to gain knowledge and ultimately address the phenomenon comprehensively.

Statistics South Africa (2011:47) classifies death in terms of natural and non-natural causes. Intentional self-harm came second last on the classification of non-natural causes of death which accounted to 359 in the year 2011. Even though the rate of death incidences caused by suicide is not that high according to this document, it is totally not necessary to have people die of suicide, there is a need to strive to become a suicide free society and this could be achieved if proper intervention strategies to address the issue can be developed and implemented (the intervention strategies do not form part of this paper due to the limited space). Focus must be on empowerment of young people and the community at large and this can only be achieved if the phenomenon of suicide attempt can be understood and addressed accordingly, specifically the factors that lead to its occurrence.

Literature Review

When dealing with suicidal acts, it is important to distinguish between attempted suicide and suicide. Oxford Advanced Learners Dictionary (2011:1494) defines Para-suicide as an attempted suicide without the actual intention of killing oneself. This definition is shared by O' Connor, Platt and Gordon (2011:15) who describe Para-suicide as an act of self-injury that does not lead to death. Instead it is intended to give the appearance of suicide attempt as a means of gaining communication with others. However the authors cautioned that professionals should be careful when dealing with people who attempted to kill themselves because in one of the studies it was found that people who tried to kill themselves end up dead of suicide within a year of an episode of suicide attempt.

Pickering and Walford (2000: 25) see suicide as cutting across all cases of death resulting directly or indirectly from positive or negative act of the victim himself/herself, which he/she knows will produce this result. According to Marais as quoted by O'Conner et al. (2011:11) suicide can be described as an intentional self-inflicted act which results in death. Arensman, Corcoran and Fitzgerald (2011:120) introduced a new concept that is closely related to suicide, namely, deliberate self-harm, and they indicate that deliberate self-harm frequently leads to non-fatal repetition that could occur over a remarkable period of time. According to Arensman et al. (2011:120) deliberate self-harm could be defined as 'an act with non-fatal outcome in which an individual deliberately initiates a non-habitual behaviour, that without intervention from others will cause self-harm, or deliberately ingests a substance in excess of the prescribed or generally recognized therapeutic dosage ...'. It could happen that the person who engages in deliberate self-harm act may end up dead, and this confirms that suicide is an act that is initiated by a person with a particular objective in mind. This confirms the fact that suicide cannot be seen as an accident but in most cases it is a well meditated act.

According to King and Apter (2003:189) there are five fundamental dimensions of suicide which are: The initiation of the act, the act that lead to death, the willingness of self-destruction, motivation to die and the knowledge of the potential of death. King and Apter (2003:188) further indicate that the common purpose of suicide is to seek a solution; suicide is not a random act. Suicide is never done pointlessly, rather it is a way of a problem, a dilemma, a difficult situation, a crisis and an unbearable situation, it is an only answer to a real puzzle in the eyes of the individual at that particular time. This view is shared by Kenny (2001:1) who defines suicide as a conscious act of self-induced annihilation, best understood as a multidimensional malaise in a needful individual who is faced with an issue for which suicide is perceived as the best possible solution. Oxford Advanced Learners Dictionary (2011:1494) shares the similar view and defines suicide as the action of killing oneself intentionally. Hawton and Van Heeringen (2005:585) perceive suicide as a major public health concern accounting for approximately one million deaths per annum. The afore-mentioned authors further indicate that suicide is the tenth leading cause of death worldwide while McKinnon, Garipey, Sentenac and Elgar (2016:340) found that youth suicide is a major public health concern.

In the researchers' opinion, suicide is never an accident. It is premeditated after a person has tried all other means to deal or address a particular situation or problem. It is seen as the last option after everything else has failed. It has been observed by the researchers that +/- 60 patients are being referred for social work intervention per month, and most of the frequent methods used are a mixture of tablets, household cleaning materials, ingestion of rat poison, 'galephirime' (a cheap poisonous powder easily accessible from the street vendors) and paraffin (Dr George Mukhari Academic Hospital Social Work Departmental Caseload, 2014). The researchers further deduce that suicide attempt might be associated with not actually wanting to die but it might be a cry for help. With this view in mind the researchers investigated the factors behind this behaviour to gain understanding so that appropriate intervention strategies could be developed.

Objective of the Study

The research aim is according to Creswell (2013:134) the statement of the major goal or intent or roadmap of the study. The aim of this study was:

- To develop an in-depth understanding of the factors that lead young people in Soshanguve to attempt suicide.

Research Methodology

The study was qualitative in nature to ensure that the actual factors that led young people to attempt suicide are heard from them in a conducive environment where they feel free to share. Exploratory-descriptive design was adopted as little was known on the phenomenon. Purposive sampling was used to select the sample because the researchers were targeting a particular group of people to collect data through in-depth interviews using interview guide. Thematic data analysis was used because of the qualitative nature of the study. Informed consent was obtained from all participants and the parents of those who were minors, where they also gave assent.

Profile of Participants

The sample consisted of 25 participants who received treatment at Dr George Mukhari Academic Hospital after they attempted to take their lives. Six of the participants were males and 19 were females. The age of the participants ranged from 15-29 years and all were from the black population. Only four of the participants were employed at the time of the study and only one stated that she was a sex worker but this could not be declared as employment due to its current status in the country. Twelve were unemployed whilst seven of the participants were learners in different grades which were not specified. Eight participants declared to be affiliated members of the ZCC whilst 10 were affiliated to the charismatic churches, four declared to be non-affiliated to any religion and three belonged to the mainstream churches. Twenty-two of the participants were still single, two were customarily married whilst only one was married. Ten participants were of the Tsonga ethnic group, five were from the Batswana ethnic group, three were from the N Sotho, two from the Venda whilst only one was from the Ndebele and one from the Zulu ethnic groups. Only one participant was trying this for the second time while two were trying for the third time and 22 were trying for the first time.

Discussion of the Findings

As indicated already themes were extracted from the data and used to analyse the information that was provided by the participants. Some of the verbatim responses from the participants are used to confirm what has been deduced from the data and the themes are discussed. Literature control is also used to confirm the findings. Before the discussion of the findings it is important to present a brief profile of the participants.

Family Circumstances and Relationships

It came out clear from the participants that most of them were experiencing family circumstances that were unfavourable, characterised by

unhealthy relationships and rejection. This has been found in the existing literature that unfavourable family life predisposes young people to suicide attempt as stated by King, Foster and Rogalski (2013:32). These authors further stated that low support from family predicted suicide attempts in ..., and teenagers from families with more conflict or discord and lower levels of perceived family support are more likely to attempt suicide. The following verbatim responses from participants show that they were not enjoying healthy and stable family life:

I once received a call from my husband's mistress who told me that she has a child with my husband, she even sent me the picture where she was intimate with my husband to confirm her story, which my husband kept on denying and this affected me negatively.

My parents have separated and I am staying with my father. I started staying with my mother at her home of origin but was thrown out of the house because of my alleged behaviour. My parents are unable to communicate regarding their problems and put me in the middle. I also feel my parents are not taking responsibility for raising my younger brother who is now using drugs at the age of 14.

My life is complicated, I discovered that I was pregnant at age 18 and did not know how to handle my situation. I was afraid my mother was going to beat me up, as she is known to beat us when she does not agree with what we have done. My father is just indifferent because I suspect he hates me because I am an unplanned child who caused him his professional qualification. When my mother became pregnant with me my parents were still at school and my father was forced to drop out and could not complete his studies.

I do not have a relationship with all my family members as I was raised by my grandmother, I feel like a stranger. My mother and my sister reject me because I never got a chance to bond with them. My children are also rejected by my family. My sister even obtained a court interdict against me with the help and influence of my mother.

Another important aspect that emerged from the information given by the participants is that some were coming from step-families characterised by unstable relationships that had an influence on their lives.

I am currently staying with my brother while my father is staying with my step- mother together with their three children. My mother is staying in Mozambique. My step mother hates me and treats me badly.

My parents were never married. My father, who was emotionally and physically abusive, used to expose us to different women starting from the

time when my mother was still alive and this got worse after my mother's death. In fact I never had a stable family environment as I was exposed to different environments, firstly with my mother who was abusing alcohol, then with my maternal grandmother and most of the time with my father's girlfriends. I then had to stay with my father and stepmother during my adolescence stage. Because I have being exposed to too many women in my father's life I ended up not accepting my stepmother.

My mother kicked me out for no reason while she was drunk. My stepfather never said anything. He just sits and does nothing, he shows no interest in my life.

It is evident from the above responses that participants did not have stable family relationships that could provide them with some reliable support network for them to fall on when faced with life difficulties. Those in step-families were also exposed to unfriendly family setup that resulted in them not seeing any value in continuing living. It is also important to note that these participants are still growing up as a result needed to be supported by their families to be grounded in constructive life.

Rejection and Isolation

It was evident from the responses received from the participants that they needed to belong but did not find that in their immediate environment. Most of them felt that they were rejected and unloved by their immediate family members whilst one felt rejected by the church members, leading to them not seeing the value of life as emphasised by their responses below. For one participant there was also pressure from his father to perform academically:

I have realised that my mother does not love me and is just clubbing with her family against me.

I feel isolated by the church members who judge me for the occupation I am involved in (sex work) and they talk negative about me. The community members are also interfering in my life because they influence my boyfriend against me telling him that I wreck other people's marriages.

My father always states that he hates me and I feel harshly judged. I am not a strong student and have being failing my grades even if I was put in high performing schools and my father was never impressed, he is expecting me to perform well. He has set high standards for me and keeps on comparing me with my older brothers who are now successful in life. My father is also measuring his success by using me and because I am not performing well he feels disappointed in me and harshly rebukes me. On the day that I attempted to take my life I came home late after going out with my friends and my father was very furious and threatened to disown

me and told me to pay back all the money he has given to me. He ended up telling me to bring back the cell phone he had bought for me and I felt unloved and decided to take my life.

My girlfriend and her family rejected me. The only support I get is from my co-workers (taxi drivers).

When I visited my husband in prison I realised that he was no longer keen to spend time with me. We then had a serious argument and my husband left me alone without any effort to reassure me, I then took overdose of my chronic treatment.

What has been indicated by the participants as one of the factors that led them to decide to take their lives is confirmed by Joiner, Van Orden, Witte and Rudd (2009:11) that loneliness and social isolation can be seen as also a contributing factor to suicide. When people feel they are not cared for they start to cut ties to life and end up killing themselves or try to take their lives like in this study. This can also be linked to lack of belonging due to the unhealthy family life as discussed above.

Social Relationships/ Heterosexual Relationships

Some of the participants did not have healthy relationships with their family members as well as the community at large. They ended up calling themselves loners and found life unbearable and felt it was better for them to take their lives:

Our neighbours are very negative people and always undermine others. I don't feel like I belong there. What frustrated me most is that they were there when I was fighting with my brother and they encouraged him to hit me hard, which pushed me to end my life.

My boyfriend's other girlfriend with two children started insulting me on face-book and received a lot of followers and I felt left out.

One participant had a destructive relationship with friends and that ended up affecting his relationship with his father.

I have good relationships with friends, except that they influence me to roam around the township and often go home late, drinking alcohol and hence neglect my school work of which all irritates my father.

It could be said that some of the participants were finding it difficult to have healthy and supportive relationships both within and outside their families, making it difficult for them to enjoy life. Without support structures in life it becomes difficult to enjoy life and this could push a young person to

decide to end his/her life. According to Manani (2014:732), peer pressure can also result in suicide attempts by young people. When a person is wholly dependent on others to feel good he/she end up unable to judge if the behaviour is acceptable or not, but just following what his/her peers are doing for the sake of belonging.

Economic Circumstances

Only three participants from the sample were financially independent. One participant reported to be earning a living from 'sex work' but was still dependent on the boyfriend as she did not have a stable income. The rest of the participants depended on someone financially and it was interesting to find that most were dependent on the state grants, specifically the child support grant. It could be said that financial instability can contribute to the person's decision to end his/her life as it could be tiresome to ask for assistance every time a need arises.

I earn money from my occupation (sex work). I am staying in a rented room that is paid for by my boyfriend. My mother is receiving child support grants for my three children and taking care of them.

I do not have a stable home, I move from one family member to the other and where I land I depend on that family. My parents are both deceased. My maternal grandfather receives a child support grant to support me with. I am not placed in foster care because nobody from my family is prepared to be stuck with me.

My brother is the only one who is working and supporting the family. Both, my parents are not working. We also get child support grants for my child and five younger siblings.

I'm unemployed and financially dependent on my husband. I'm in receipt of child support grants for my 2 kids which is not enough to meet our needs.

I'm unemployed and live alone, I receive child support grants for my 3 children, and the money assists me financially.

Without a stable financial background one can be frustrated as not all the needs are met but forced to depend on other people for survival. It was interesting in this sample that the state grants played an important role in the lives of people, which could be attributed to high unemployment rate in the country as was reported in the news that rose to 26.7% amongst the youth (eNCA, 2016 on 09/05/2016) and the high number of grants recipients in South Africa. Due to the fact that these grants are not enough to meet all a person's

needs the recipients find themselves still struggling to have their needs met which could lead to a feeling of inadequacy.

Religious Affiliation/ Spirituality

It became clear from what the participants had to say that spirituality had a role to play in their lives. There were those who believed that they were bewitched after they were told by the church elders at ZCC church that they were bewitched for them to kill themselves. Some families had to consult the church to get answers regarding their children's suicide attempt as shown below:

I really do not know what happened but prior to this I consulted ZCC and I was told that I have been bewitched, so I believe this was beyond my control.

I feel like an isolated person, like a black sheep as I don't have a relationship with my family. I get strength from worshipping and praying at ZCC.

My mother was shocked by what I did so she went to ZCC to find out why I tried to kill myself.

My girlfriend's family did not approve of our relationship that is why they encouraged her to terminate the pregnancy without consulting me as they see themselves as born again Christians and would be ashamed if she continued with the pregnancy before marriage.

I am just a loner who only depends on God.

I think that my boyfriend's third girlfriend from Zimbabwe is responsible for all this confusion because she is using muthi (isichitho) to keep us apart. I do not believe in ancestral interference but with this matter I had to consult my grandmother (traditional healer) and it was revealed that there is muthi used against me.

It became evident from what the participants said that they believed in some power beyond them regarding their lives. It is not clear to what an extent did the participants believe this power had control over their lives but by mentioning it suggests that it had some level of influence on their lives including their decision to attempt suicide.

Feeling of Betrayal

Some participants decided to end their lives after they felt betrayed by those they trust with their lives. This could be linked to the emotional pain that they experienced beyond their control.

My relationship with my mother is not healthy as I feel she betrayed me by forcing me to terminate the pregnancy and also not supporting me to continue with my studies.

I had an overdose of pills because I had stress from having relationship problems with my boyfriend. I found out that he has another girlfriend with two children.

I found out that my girlfriend was pregnant and she and her family decided to terminate the pregnancy without consulting me.

I found out that my husband was cheating on me and denying me quality time, when I tried to address the matter with my husband he refused to give attention to the matter.

Betrayal can cause emotional pain on a person and in this study the pain led to the decision to end own life. This is confirmed by Joiner et al. (2009:4) that people who have been exposed to extreme emotional pain and provocation are likely to commit suicide.

Depression/ Mental Illness

Only participant showed some elements of mental illness as he kept on stating that he hears voices telling him to kill people including his father.

I do not have a good relationship with my father and sometimes hear voices telling me to kill him.

This is confirmed by O' Connor et al. (2011:100) that mental illness is one of the factors that could lead to suicide.

Feelings after the Attempt

It was interesting to find out that only two participants did not regret what they did, in fact they expressed anger towards those who rescued them, they wanted to be left to complete what they intended to do.

I feel angry towards my family's intervention of saving my life, I really wanted to die.

If I can find another chance I will make sure that I succeed with my intention of taking my life. I don't understand why people interfere with my plan.

Some of the participants expressed regret over what they did and said that they will never try again.

I regret having attempted taking my life because I have embarrassed my family.

I regret having done what I did, I did this as I was overwhelmed.

I regret what I have done and believe that I will never do it again. I also intend to become a peer counsellor in future to help others not to fall in the same trap.

There were also those who felt ashamed of what they did. They felt they have shamed their families and indicated that they will never do that again:

I regret what I did and I wish I could have handled the matter differently. I know now that I will never ever try to take my life again.

I feel ashamed and very bad of what I did. I do not know how I am going to face the family.

I am ashamed of what I did as I am aware that suicide is not a solution to problems and I promise not to repeat it.

It was also interesting to hear participants promising to never try to take their lives because three were already doing this for more than once

Conclusion

The young people in Soshanguve are faced with unhealthy family setting that leave them lost and having nowhere to go when faced with difficulties in their personal lives. The family is supposed to provide a safety net for the young people for them to be properly guided for them to be independent and constructive adults in future. With strong family bond the young people will be able to withstand peer pressure as a result efforts have to be made to strengthen the families. Social work intervention should not only focus on the young people but should be extended to include families. With strong families in place the whole nation will be strengthened.

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