

**LIFE SKILLS THAT ENABLE RESILIENCE:
A PROFILE OF ADOLESCENTS FROM A
COLOURED COMMUNITY IN KIMBERLEY**

by

Anthea Natalie Blanche Jansen

**Dissertation submitted in fulfillment of the requirements for the
Magister's Degree in Occupational Therapy**

at the

**FACULTY OF HEALTH SCIENCES
DEPARTMENT OF OCCUPATIONAL THERAPY
UNIVERSITY OF THE FREE STATE**

Study Leader: Dr. S van Vuuren

Co-study Leader Dr. S.M van Heerden

Biostatistician: Ms M Nel

DECLARATION

I declare that the dissertation hereby submitted by me for the M. Occupational Therapy degree at the University of the Free State is my independent effort and has not previously been submitted for a degree at another University/Faculty.

I furthermore waive copyright in respect of the dissertation in favour of the University of the Free State.

Signature

Date

ACKNOWLEDGEMENTS

- This dissertation would not have been possible without the love and grace of our Heavenly Father, for providing me with the opportunity to be involved with adolescents.
- I am forever indebted to my parents who have ignited the flame that burns within me to be a lifelong learner. Thank you so much for your endless support and encouragement. You guys are my pillars of strength.
- This dissertation would have remained a dream had it not been for my husband and best friend, Gregs. Thank you for being my rock and for all your love and support.
- The three little motivators in my life, beautiful Britney, lovely Lisa and zealous Zaida. Thanks for being so enduring with mum and for graciously receiving my words of discipline from the other side of the laptop.
- I owe my deepest gratitude to my colleagues Ernesta, Stellie, Elsa, Rachel and Cornelia. You have all been so supportive. Thank you for always having kind words of encouragement.
- I cannot find words to express my gratitude to my study leaders. Dr van Vuuren and Dr van Heerden, thank you for your endless support, encouragement, knowledge and guidance. I consider it an honour to have worked with both of you.
- I would like to thank Riette Nel, biostatistician, for data capturing and analysis.
- Finally, thank you to the adolescents who participated in this study as well as the deputy headmasters at the four schools in Kimberley.

SUMMARY

Adolescent development is synonymous with physical and emotional changes and challenges. This development has previously been termed “storm and stress” to further illustrate these turmoils that adolescents experience. Adolescents generally growing up in a coloured community further experience hardships such as gangsterism, unemployment, overcrowding and substance abuse.

The implementation of life skills could be seen as a way to possibly reduce engagement in risky behaviour and effectively face adversity. Life skills include an unlimited list of complex and integrated skills and assist in the participation of meaningful occupations. The main occupation of an adolescent is that of a learner. Within schools, life skills are part of the form of Life Orientation. Life Orientation includes subjects such as vocational guidance, religion and physical education and it addresses the most crucial life skills. Not only can life skills assist with positive adaptive behaviour amongst adolescents, but supportive environments also contribute to resilient behaviour. Resilience is being able to bounce back from challenges. Adolescents engaging in risky behaviour, having poor to little knowledge of life skills, not applying their life skills and negative environmental factors all influence their ability to be resilient.

The researcher undertook this study to establish a profile of coloured adolescents and their knowledge and application of life skills that lead to resilient behavior. This was a descriptive study involving a convenience sampling method. The study took place at four predominantly coloured schools in Kimberley in the Northern Cape. Three hundred and forty

eight (348) learners returned signed permission letters that allowed them to complete the questionnaire.

The sample comprised of both males and females aged 16 to 18 years. Grade 12 learners were in the minority, while there were mostly grade 11 learners (45.4%) that participated in the study. Learners mostly came from coloured suburbs with 26.4% of learners coming from other suburbs within Kimberley.

The profile of coloured adolescents presented with learners possessing knowledge and/or application of different life skills. Learners presented with better knowledge of life skills within communication skills (90.3%), time management (72.8%) and values (89.9%). When expected to apply life skills, problem-solving skills (90.9%) and values (81.1%) were applied best. Learners applied time management and decision making poorly of all life skills. The researcher further noted that application of communication skills and time management (whether high or low) were directly related to resilience. Knowledge of the other life skills (whether high or low) were related to resilience. The only exception was within values, where knowledge and application were both directly related to resilience.

Only small numbers of learners engaged in risky behaviour in the form of drinking alcohol mostly. Risky behaviour is considered a negative influence on life skills. Learners portrayed hope, optimism and competence within individual environmental factors. However learners from the lower socio-economic backgrounds presented with less hope (70.7%) compared to other suburbs (84.2%). Within family factors security, stability and support were prominent factors and had a positive

influence on life skills leading to resilience. Peer acceptance was important for most learners (95.4%).

To conclude the researcher will use findings to develop community and school programmes that could assist in the implementation of life skills that would serve to support and empower adolescents. The important role that the occupational therapist could play in adolescent development is to ensure optimal engagement in occupations through life skills in order to develop as healthy adults.

Key words

Adolescents, coloured, life skills, Life Orientation, resilience, environmental factors, risk factors, adversity, protective factors, occupational therapy

OPSOMMING

Die ontwikkeling van adolessente is sinoniem met fisiese en emosionele veranderinge en uitdagings. Hierdie ontwikkeling is voorheen genoem "storm en stres" wat die uitdagings wat adolessente ervaar illustreer. Adolessente wat grootword in 'n kleurling gemeenskap ervaar verdere swaarkry soos bendebedryghede, werkloosheid, oorbevolking en dwelmmisbruik.

Die implementering van lewensvaardighede kan gesien word as 'n manier om moontlik die betrokkenheid in riskante gedrag te verminder. Lewensvaardighede sluit 'n onbeperkte lys van komplekse en geïntegreerde vaardighede in en help met die deelname aan sinvolle aktiwiteite. Die hoofrol van 'n adolessent is dié van 'n leerder. In skole, word lewensvaardighede aangebied as deel van die Lewensoriëntering Kurrikulum. Lewensoriëntering sluit onderwerpe soos beroepsvoorligting, godsdienst en liggaamlike opvoeding in en dit fokus op die mees kritieke lewensvaardighede. Lewensvaardighede help nie net met positiewe aanpasbare gedrag nie, maar ondersteunende omgewings dra ook by tot veerkragtige gedrag. Veerkragtigheid beteken dat die persoon in staat is om terug te bons van uitdagings. Adolessente wat betrokke raak in riskante gedrag, min kennis oor lewensvaardighede het, nie goeie toepassing van lewensvaardighede toon nie asook negatiewe omgewingsfaktore beïnvloed hul vermoë om veerkragtig te wees.

Die navorser het hierdie studie onderneem om 'n profiel te vestig van kleurling adolessente asook kennis en toepassing van lewensvaardighede wat lei tot veerkragtige gedrag. Dit was 'n beskrywende studie met 'n gerieflikheidssteekproef. Die studie is by vier

kleurling skole in Kimberley in die Noord-Kaap uitgevoer. Drie honderd agt-en-veertig (348) leerders het teruggekeer met ondertekende toestemmingsbriewe wat hulle toegelaat het om die vraelys te voltooi.

Die steekproef het uit beide seuns en dogters bestaan tussen die ouderdomme van 16 tot 18 jaar. Graad 12 leerders was in die minderheid, terwyl hoofsaaklik graad 11-leerders (45,4%) aan die studie deelgeneem het. Leerders het hoofsaaklik van kleurling woonbuurte gekom met 26,4% van leerders wat van ander woonbuurte binne Kimberley afkomstig was.

Die profiel van kleurling adolessente het bestaan uit leerders wat oor kennis en/of toepassing van verskillende lewensvaardighede beskik. Leerders het met 'n beter kennis van lewensvaardighede ten opsigte van kommunikasievaardighede (90,3%), tyd (72,8%) en waardes (89,9%) presenteer. Ten opsigte van die toepassing van lewensvaardigheid, was probleemoplossings-vaardighede (90,9%) en waardes (81,1%) die beste toegepas. Leerders het tydsbestuur en besluitneming die swakste van alle lewensvaardighede toegepas. Die navorser het verder opgemerk dat die toepassing van kommunikasie vaardighede en tydsbestuur (hetsy hoog of laag) direk verwant aan veerkragtigheid is. Kennis van die ander Lewensvaardighede (hetsy hoog of laag) was verwant aan veerkragtigheid is. Die enigste uitsondering was in waardes, waar kennis en toepassing albei direk verwant aan veerkragtigheid was.

Slegs klein getalle leerders was betrokke in riskante gedrag veral in die vorm van inneem van alkohol. Riskante gedrag word beskou as 'n negatiewe invloed op Lewensvaardighede. Leerders het hoop, optimisme en bevoegdheid binne individuele omgewingsfaktore getoon. Leerders uit die laer sosio-ekonomies agtergronde het egter minder hoop (70,7%)

in vergelyking met die ander woonbuurte (84,2%) getoon. Binne die gesin was faktore soos sekuriteit, stabiliteit en ondersteuning, wat 'n positiewe invloed op lewensvaardighede het, mees prominent wat lei tot veerkragtigheid. Eweknie aanvaarding was belangrik vir die meeste leerders (95,4%).

Die navorser het tot die gevolgtrekking gekom dat bevindings gebruik kan word om die gemeenskap en die skool programme te ontwikkel wat kan help in die implementering van lewensvaardighede en wat kan help om adolessente te bemagtig en ondersteun. Die belangrike rol wat die Arbeidsterapeut kan speel in adolessente ontwikkeling is om te verseker dat optimale betrokkenheid in aktiwiteite bereik word deur middel van lewensvaardighede sodat hulle as gesonde volwassenes kan ontwikkel.

TABLE OF CONTENTS

LIST OF TABLES	xiii
LIST OF FIGURES	xiv
LIST OF ACRONYMS AND ABBREVIATIONS	xv
CONCEPT CLARIFICATION	xvi

CHAPTER 1: INTRODUCTION AND ORIENTATION

1.1	Introduction	1
1.2	Problem statement	5
1.3	Aim and objectives	6
1.4	Scope of the study	6
1.5	Methodology	7
1.5.1	Research design	7
1.5.2	Methods of investigation	9
1.6	Significance of the research	9
1.7	Ethical considerations	10
1.8	Chapter outline	11
1.9	Summary	12

CHAPTER 2: LITERATURE REVIEW

2.1	Introduction	13
2.2	Adolescence	13
2.2.1	Normal development of adolescents (16-18 years)	14
2.2.2	Challenges of the 16-18 year old adolescents	17
2.2.3	Protective and risk factors in adolescent development	19
2.2.4	Adolescents and risky behaviour	22
2.3	Life skills	23
2.3.1	Life skills and the adolescent	24
2.3.2	Life skills in schools	25

2.3.3	Life skills in occupational therapy	32
2.3.4	The occupational therapists role regarding life skills in adolescents	34
2.4	Resilience	36
2.4.1	Development of resilience	38
2.4.2	Attributes of a resilient adolescent	39
2.4.3	Risk and protective factors in the environment predicting resilience	41
2.5	Summary	47

CHAPTER 3: RESEARCH METHODOLOGY

3.1	Introduction	49
3.2	Research design	49
3.3	Study population	50
3.4	Sampling	51
3.5	Pilot study	52
3.6	Data collection and measurement	54
3.6.1	Data collection method	55
3.6.1.1	Measurement	55
3.6.1.2	Measurement tools	56
3.6.1.3	Data collection procedure	60
3.7	Measurement errors	62
3.8	Data analysis	65
3.9	Ethical consideration	65
3.10	Summary	67

CHAPTER 4: RESULTS

4.1	Introduction	68
4.2	Demographic information	69
4.3	Environmental factors enabling resilience	76
4.3.1	Individual factors	76

4.3.2	Open-ended questions relating to individual factors	80
4.3.3	Family factors	88
4.3.4	Open-ended questions relating to family factors	89
4.3.5	Community factors	92
4.4	Knowledge of life skills	94
4.5	Life skills appropriations	96
4.6	Summary	99

CHAPTER 5: DISCUSSION OF RESULTS

5.1	Introduction	101
5.2	Environmental factors	101
5.3	Knowledge and application of life skills that lead to resilience	108
5.4	Description of sample	111
5.5	Demographic information	112
5.6	Limitations of the study	116
5.7	Reflection on questionnaire and data gathering	117
5.8	Summary	118

CHAPTER 6: CONCLUSION AND RECOMMENDATIONS

6.1	Introduction	121
6.2	Conclusions	122
6.3	Research boundaries	123
6.4	Suggestions for further research	124
6.5	Recommendations	125
6.6	To conclude	126

List of references	127
--------------------	-----

List of Appendixes

- Appendix A: Ethics letter
- Appendix B: Letter to Department of Education
- Appendix C: Permission Letter from Department of Education
- Appendix D: Letter to Headmasters
- Appendix E: Letter to Parents
- Appendix F: Adolescents Information Document
- Appendix G: Questionnaire
- Appendix H: List of Instructions
- Appendix I: Rationale for Questions

List of Tables

Table 2.1:	Erikson's developmental stages	15
Table 2.2:	Common protective and risk factors in adolescence	21
Table 2.3:	Overview of topics	28
Table 3.1:	Respondents in predominantly coloured schools admitted in 201	51
Table 4.1	Response number of respondents in all four schools	70
Table 4.2:	Age range of respondents	71
Table 4.3:	Suburbs of respondents	72
Table 4.4:	Other suburbs	73
Table 4.5:	Room density in respondents' homes	74
Table 4.6:	Indication of available water and electricity facilities	75
Table 4.7:	Statistical significant difference of available water and electricity facilities between other suburbs and Galeshewe	75
Table 4.8:	Risky behaviour of respondents	77
Table 4.9:	Comparison of risky behaviour between other suburbs and Galeshewe	78
Table 4.10:	Individual factors	79

Table 4.11:	Significant difference of individual factors of Galeshewe respondents compared to respondents from other suburbs	80
Table 4.12:	Motivations of Variable B of respondents who answered 'yes'	81
Table 4.13:	Motivations of Variable B of respondents who answered 'no'	82
Table 4.14:	Motivations of Variable C of respondents who answered 'yes'	83
Table 4.15:	Motivations of Variable C of respondents who answered 'no'	84
Table 4.16:	Motivations of Variable D of respondents who answered 'yes'	85
Table 4.17:	Motivations of Variable D of respondents who answered 'no'	86
Table 4.18:	Motivations of Variable A of respondents who answered 'yes'	87
Table 4.19:	Motivations of Variable A of respondents who answered 'no'	88
Table 4.20:	Family factors	89
Table 4.21:	Motivations of Variable E of respondents who answered 'yes'	90
Table 4.22:	Motivation of Variable E of respondents who answered 'no'	91
Table 4.23:	Motivations of Variable J of respondents who answered 'yes'	92
Table 4.24:	Community factors	93
Table 4.25:	Learners knowledge of life skills	95
Table 4.26:	Correct application of theoretical knowledge of life skills	96
Table 4.27:	Knowledge of life skills versus application of life skills	97
Table 4.28:	Knowledge and application of life skills leading to resilience	98

List of Figures

Figure 4.1:	Gender distribution of participants	71
Figure 4.2:	With whom participants live	74

LIST OF ACRONYMS

LS	Life skills
LO	Life Orientation
OT	Occupational therapy
NC DoE	Northern Cape Department of Education
FS DoE	Free State Department of Education
STI	Sexually Transmitted Infection(s)
HIV	Human Immune-deficiency Virus
AIDS	Acquired Immune Deficiency Syndrome
EP	Equivalent Person

CLARIFICATION OF CONCEPTS

Adolescence - Adolescence is considered a normal process of development. The adolescent goes through physical, emotional and psychological changes. The adolescent years ranges from 10-19 years of age (early adolescence, 10-14; late adolescence, 15-19). According to Rowatt (2001:30) middle adolescence occurs between the ages 15 and 17 years. Various authors in literature differ in opinion on the exact age range of adolescence. For the purpose of this study the age range for the term adolescence will only include ages 16 -18 years (Borgen & Amundson 2009:online).

Resilience – For the purpose of this study, resilience will refer to the ability to bounce back from hardships and overcome negative life experiences such as divorced parents, poverty or substance abuse to name a few (Greeff 2005:10). It includes the characteristics needed of an individual in order to connect with others and it also involves support given from the environment.

Resilient - When somebody is said to be resilient, that person has the ability to show resilience and overcome adversities. Being resilient implies that the individual is in the process of developing survival capacities in the face of life's emotional, social and physical challenges. These emotional, social and physical challenges are viewed as fundamental for adolescent development (Coleman and Hagell 2007:13). Resilient characteristics depend on the person's knowledge and application of life skills as well as the support he or she has in the environment (Allen, Murray & Simmons 2008:1).

Environmental Factors - Coleman and Hagell (2007:7) identified positive and negative challenges that the average adolescent might experience. They have divided these challenges into individual factors, community factors and family factors. According to Van der Merwe (2009:online) there is an importance for the individual to succeed in more than one environment. These environments are divided into the family, school or community.

Protective Factors Protective factors decrease chances for risky behavior and contribute to the well-being of an individual. Protective factors can be intrinsic (temperament, intelligence, personality) or extrinsic (caring families, mentors, good school experiences) (Frydenberg 1999:347).

Risk Factors – Factors that increases an individual's vulnerability to risky behaviour (Loots 2008:7).

Life skills - According to the World Health Organisation (Francis 2007:online) life skills are the abilities necessary to engage in positive behaviour that enables individuals to deal effectively with the demands and challenges of everyday life. Life skills can be acquired via teaching or during direct experience of a problem encountered daily. It is thus the ability to cope with stressors in daily life and it comprises of skills in communication and literacy, decision-making, occupational requirements, problem-solving, time management and planning. According to the American Occupational Therapy Association (2008:639) performance skills can be defined as the abilities that an individual displays in the actions that he or she carries out. In other words it is seen as the performance of an activity. The researcher views the

definition of performance skills as being similar to the definition of life skills described by Francis (2007:online).

Life Orientation - This is the study of the self in relation to others and to society (Prinsloo 2007:156). It focuses on and emphasizes the knowledge and application of skills, values and attitudes in daily situations as well as the participation in physical activities and community organisations (Our Lady of Fatima Dominican Convent School 2011:online).

For the purpose of this study Life Orientation will be referred to as a compulsory subject that adolescents from grades 10 -12 receive at school. This subject includes basic life skills and replaces previous subjects such as Vocational Guidance, Religion and Physical Education (Grey 2008: Personal communication).

Values - According to Monteith and colleagues (2007:49), values are our principles and convictions. They can change over a period and they help us to distinguish between what is wrong and what is right and also to judge what is important.

Problem solving skills - It is the ability to identify a problem and handle challenging situations as well as to find solutions for these problems/challenges (Monteith *et al.* 2007:49). The researcher views it as being dependent on being able to determine what the problem is and having knowledge on problem solving skills. It has a close link to decision making abilities.

Conflict management - Conflict can be seen as having a negative and positive connotation, since it helps individuals to understand each

other's social and personal boundaries (Du Plooy-Cullier & Olivier 2000:228). Monteith *et al.* (2007:49) describes it as the ability to having a calm and peaceful approach when handling friction between people. It is considered normal to differ from somebody but the moment a situation becomes violent then it is viewed as problematic.

Stress management - The researcher emphasizes the importance to note that stressful situations cannot be avoided. Stress management is the ability to control a situation "that weighs heavily on someone's spiritual abilities as a result of increased emotional stress" (Monteith *et al.* 2007:49). A stressful situation becomes problematic when somebody cannot handle the pressure.

Decision making abilities - According to Monteith *et al.* (2007:49) decision making is the ability to evaluate all possible alternatives and to weigh up the advantages and disadvantages in order to make an informed decision. In the researcher's opinion individuals who possess decision making abilities and problem solving skills make the right choices in life.

Communication skills - Communication is a process whereby individuals give and receive messages. Du Plooy-Cullier and Olivier (2000:4) describe it as two or more people sharing meaning through verbal and/or non-verbal cues. In order for communication to be effective it is dependent on openness, trust, supportiveness and positivism (Du Plooy-Cullier & Olivier 2000:159).

Coloured - In South Africa, "Coloured" is a specific term used for people of mixed race especially in the Western Cape Province (Hughes 2009:133). Although it may be argued elsewhere, this is not a politically

correct term. It is the term used on all official forms and more importantly it is the term used by this specific culture in Kimberley, Northern Cape Province (Tait 2010: Personal communication).

CHAPTER 1

INTRODUCTION AND ORIENTATION

1.1 INTRODUCTION

In his opening speech at the first democratic parliament in May 1994, Nelson Mandela placed a great deal of emphasis on the importance of the South African youth when he read the poem *The Child* by Ingrid Jonker in Viljoen (2012:65). Dietrich (2003:16) refers to how Mandela challenged parents, educators and adults to invest in their leaders of tomorrow when he commented: *"The youth of our country are the valued possessions of the nation. Without them there can be no future. Their needs are immense and urgent."* (Mandela 1994).

The average adolescent developing normally experiences challenges on a daily basis (Coleman & Hagell 2007:7). These previously mentioned challenges that an adolescent may encounter ranges from individual challenges, such as role identity and self-esteem issues to community challenges, such as substance abuse and non-constructive recreational activities. Adolescents are perceived as beings to fear, who engage in risk-taking behaviour and who do not want to be guided. Instead adults, educators and parents should view the risk-taking behaviour of adolescents as developmental and not destructive (Dietrich 2003:1). This comment supports Erickson's statement (1968:87) that development takes place as the adolescent moves from accepting his/her parents' views, to exploring peers' views to ultimately determining his/her own view of the self. Cited in Dietrich (2003:42), Erickson describes the adolescent as actively searching for his/her role,

contemplating personal strengths and weaknesses as well as fusing with past, present and future life experiences.

Challenges that apply to adolescents in general, applies in an even greater extent to coloureds. Within a coloured community in South Africa, Legett (2004:4-8) has identified the following as possible challenges the adolescent might be confronted with:

- Unemployment: 22.3% (STATS SA: 2011) of coloureds in South Africa are unemployed. Coloured are employed in lower skill jobs due to the fact that although they complete their secondary education, they are less likely to continue further tertiary education.
- Claustrophobia: 2% (STATS SA: 2011) of coloureds reside in shacks while the majority of the rest are exposed to overcrowding in households. Coloured adolescents only leave home when they are married. Adolescents therefore spend a considerable amount of time on the streets due to overcrowding.
- Gangsterism: Gangs are formed as many adolescent boys find themselves competing for territory due to poor employment and overcrowding in homes
- Substance abuse: In the past, coloured men who worked on the wine farms in the Western Cape received wages in the form of alcohol. It is no wonder that youth today follow in their elders footsteps and not only engages in alcohol abuse but there is also a considerable amount of mandrax abuse as well as "tik".

It is at this critical time of development and challenges that parents, educators and community leaders play a crucial part in providing appropriate intervention to help adolescents to understand and appreciate the problems and issues that might arise following their rapid

changes and development (Dietrich 2003:16). This intervention mentioned could be accomplished through the facilitation of appropriate life skills (LS) (Ebersöhn & Eloff 2006:50).

As of 2004, learners in secondary schools are exposed to a new learning outcome known as Life Orientation (LO) (National Curriculum Statement 2004:4). According to Prinsloo (2007:156) LO is the “study of the self in relation to others and to society”. Life Orientation in class replaces but encompasses elements of previous subjects such as Physical Education, Vocational Guidance and Religion and it comprises the most vital LS (Grey 2008:Personal Communication). It is evident from the National Curriculum Statement (2004:4) that the most crucial LS in the life of an adolescent are communication skills, assertiveness, conflict/criticism management, value clarification, study methods, stress management, problem-solving and decision-making abilities and these should all be addressed within the LO curriculum. Since adolescents face so many challenges they will utilize more resources/tools in the form of LS (Coleman & Hagell 2007:7).

Life skills, according to Van der Merwe (2009:online), “are the skills that enable us to succeed in the environments in which we live”. They can be behavioural (communicating effectively with parents, adults and peers), cognitive (engaging in effective decision-making), interpersonal (being self-assertive) or intrapersonal (setting goals for your life) (Maree & Ebersöhn 2004:83). Life skills include all aspects of dynamic living necessary for adolescents to be capable of partaking responsibly in adulthood especially in this crucial period of self-understanding and finding their way in fitting into the society.

Life skills are as crucial to the development of adolescents as is resilience. Resilience is a general term describing a person who endures stressful situations without suffering physiological or psychological consequences (Brown & Stoffel 2011:315). Confucius (Lyll 2010:83) describes resilience best by claiming: *"Our greatest glory is not in never failing, but in rising every time we fall"*. This is supported by Grotberg (2003:1) who views resilience as "the human capacity to deal with, overcome, learn from, or even be transformed by the inevitable adversities of life". Resilience may be positively embellished through techniques that transform thought processes such as LS (optimism, impulse control and self-efficacy) (Brown & Stoffel 2011:320). Knowledge and application of LS could enable resilience provided LS are facilitated by parents and educators in an enabling environment (Ebersöhn & Eloff 2006:3). Once an enabling environment is provided, adolescents are supported in this critical developmental stage where the main role of any individual, community or school is to be able to fulfill their directive in the development of LS (The Communication Initiative Network 2009:online).

Throughout the introduction the researcher illustrated that adolescents face many challenges that could lead to risky behaviour. However, risky behaviour such as drugs and alcohol abuse or even engaging in unprotected premature sexual behaviour could be limited granted that the adolescent has a sound support system along with the basic LS in order to face adversities (American Psychological Association 2001:online).

1.2 PROBLEM STATEMENT

The researcher has had personal experience of growing up in a coloured community and could relate to some of the challenges indicated by Legett (2004: 4-8). Adolescents in the coloured community in Kimberley, Northern Cape, not only grow up in a challenging environment but they do not receive sufficient LS training since this is a class period at school mostly used for free-time (Grey 2008:Personal communication), another issue experienced by the researcher herself. High percentages of teen suicide, teen pregnancy, drug and alcohol use is reported due to lack of LS and sufficient support systems.

The previously mentioned challenges highlighted by Legett (2004:4-8) are some of the possible problems occurring within a coloured community; however the adolescent as an individual faces many more challenges. Coleman and Hagell (2007:7) add to these challenges by identifying individual challenges (anxious nature, illness, injury, accidents, low frustration tolerance, attention span and high activity levels), family challenges (conflict of parents, sibling rivalry, loss due to divorce or death and poverty) and community challenges (poverty, poor housing, poor quality of municipal and schooling services, lack of role models in community, crime rate, degree of substance abuse). These challenges from personal experience are also present in the coloured community in Kimberley and from literature it appears as though LS training are lacking in this community. There is also very little research done on this specific culture and adolescents. Since this is the reality, the researcher questions what the knowledge and application of LS are of adolescents in the coloured community in Kimberley?

1.3 AIM AND OBJECTIVES

The overall outcome of this research study is to compile a profile of the coloured adolescent with regards to life skills that enable resilience.

The aim and objectives of this research study are as follows:

1.3.1 Aim

This research will focus on determining the knowledge and application of life skills that lead to resilient behaviour in adolescents from the coloured community in Kimberley.

1.3.2 Objectives

- To determine if environmental factors have an influence on life skills that leads to resilient behaviour.
- To determine the knowledge of life skills that adolescents possess.
- To determine adolescent choices of life skills appropriations in daily situations that lead to resilience.

1.4 SCOPE OF THE STUDY

There appears to be limited literature in occupational therapy relating to life skills. The underlying viewpoint of occupational therapy focuses on empowering individuals by acquiring LS in order to achieve a greater sense of control (Creek & Lougher 2008:28). This study lies within the domain of occupational therapy since occupational therapists aim at improving the performance skills of individuals by equipping them with the skills necessary to cope with life situations (Brown & Stoffel 2011:320). The study population comprised of adolescents from a

coloured community in Kimberley. The decision to focus on adolescents from a coloured community was taken because adolescents undergo an enormous amount of challenges through development and even more so growing up in a community where they need to exercise the basic LS they have, within the environment (home, school, community) in which they find themselves.

1.5 METHODOLOGY

The research design and methods of investigation will be described:

1.5.1 Research design

A quantitative approach was followed. The study was of a descriptive nature and was conducted by means of a convenience sampling method.

The research process started with the pilot study shortly after the researcher obtained approval from the Ethics Committee of the Faculty of Health Sciences at the University of the Free State to conduct the research study (ECUFS NR 109/2011; Appendix A). The pilot study followed shortly after approval was obtained from the Free State Department of Education (FS DoE) in Bloemfontein. A secondary school in Bloemfontein that was similar to the schools in Kimberley was selected for the pilot study. Similarity related to the fact that the school is placed in a predominantly coloured community in Bloemfontein.

There were six learners included in the pilot study; two from grade 10, two from grade 11 and two from grade 12, one female and one male from each grade. Their parents/guardians read and signed permission letters (Appendix E) as the learners were underage. Upon receipt of the signed permission letters, copies of the questionnaire (Appendix G) were

handed to the learners to complete. The researcher was introduced to the learners by the deputy head master who had also led the proceedings by explaining the procedures to the learners. This was done since learners were more familiar with the deputy head master and it would also enhance participation. The learners read the information document attached on the top of the questionnaire and gave their assent to answering the questionnaire. The learners completed the questionnaire in the school's staff room in the presence of the researcher. The purpose of the pilot study was to inform the researcher of any ambiguity in the question formulation of the questionnaire as well as the time it takes to complete the questionnaire.

Once the pilot study was completed the researcher further obtained permission from the Northern Cape Department of Education (NC DoE) to execute the research in Kimberley (Appendix C). Due to the limited time and resources available at schools and on the request of the NC DoE, the researcher left permission letters for parents with the deputy head masters at these four schools to hand out to all pupils from grades 10 to 12. On receipt of the signed permission letters, the deputy head masters then handed out copies of the questionnaire to be completed by the learners. The research study was conducted at four secondary schools in Kimberley. Permission was obtained telephonically from the head masters on the condition that school time was not disrupted during the completion of the questionnaires. The head masters at all four schools instructed their deputy head masters to assist the researcher. Permission letters, information documents, copies of the questionnaire and a list of instructions (Appendices D, E, F, G and H) were handed to the deputy head masters at the four schools within predominantly coloured communities in Kimberley. Three hundred and forty eight (348) signed permission letters and completed questionnaires were received.

1.5.2 Methods of Investigation

Literature was reviewed for the purpose to develop the questionnaire as well as to provide background to and context for the research problem.

1.6 SIGNIFICANCE OF THE RESEARCH

The importance of this study was to establish a profile of coloured adolescents in Kimberley regarding their knowledge and application of LS that lead to resilient behaviour. This profile may assist key role players in the adolescents' environment in order to empower them to face life's challenges.

The study has value for the occupational therapy (OT) profession as it can serve as a guide to identify problem areas when dealing with adolescents and knowledge and application of LS. The primary role of the occupational therapist is to empower individuals to function optimally within their occupations. Life skills treatment can be the basis for treatment of adolescents from an OT point of view. The occupational therapist can identify which LS the adolescent lacks and thus improve their knowledge or application of these LS. By providing adolescents with sufficient LS the occupational therapist makes them more resilient to face life hardships.

The practical value of this research study lies in the identification of positive and negative factors influencing adolescent behaviour. These findings can be communicated to community leaders, the school as well as the NC DoE by means of a report that could emphasize strong points and areas of concern relating to the LO training that adolescents are currently receiving.

1.7 ETHICAL CONSIDERATIONS

The protocol of this study (ECUFS NR 109/2011) was approved by the Ethics Committee of the Faculty of Health Sciences at the University of the Free State (Appendix A). Before the execution of the pilot study, the researcher had obtained written permission from the Free State Department of Education (FS DoE), the head master at the selected school as well as the parents of the six learners. Furthermore permission was received from the Northern Cape Department of Education (NC DoE) (Appendix C).

Permission was granted from the NC DoE to conduct the study at the schools provided it did not intervene with valuable school time. Names of the schools remained confidential by allocating a symbol for each school. Permission was then obtained from the head masters (Appendix D) at the respective schools as well as the parents of the learners (Appendix E) attending these schools in grades 10 to 12. Only learners who returned their signed permission letters were allowed to participate in the research study.

The learners were given the opportunity to read the information document (Appendix F) attached to the questionnaire prior to completing the questionnaire. The learners were informed that by completing the questionnaire they had voluntarily assented to participating in the research study. The information provided in the document included the title of the study, the aim and objectives of the study and the procedures involved. It also informed participants that they would remain anonymous, their data would be treated as confidential and that they assented to participation by completing the

questionnaire. Results will be published and also made available to the Education Department and head masters at the four schools.

1.8 CHAPTER OUTLINE

Chapter 1, *Introduction and Orientation*, is an introductory chapter and serves to orientate the reader regarding the background to the study, the problem statement, the aim, purpose and basic methodology of the research. It also includes the ethical issues related to the study.

The rest of the chapters are as follows:

Literature is described in Chapter 2 (*Literature review*), and key concepts on adolescents, LS, the coloured community and resilience are explained. The literature review aims at exploring local studies and literature.

Chapter 3 (*Research methodology*), explains in detail the research design as well as the method of data collection. The study population, pilot study, measurement instrument, as well as measurement errors are also described here.

In Chapter 4 (*Results*), descriptive statistics are used to give meaning to the results obtained. The results are mainly presented in the form of tables.

Chapter 5 (*Discussion of Results*). The researcher discusses main findings, the implications it might hold for key role players and for Occupational therapy as a profession as well as the limitations of the study and reflection on the questionnaire and data gathering.

Chapter 6 (*Conclusion and Recommendations*). A summary of the findings in terms of the aim, reflection on the findings, suggestions for future research and recommendations made in terms of the aim are discussed.

1.9 SUMMARY

The researcher previously in this chapter quoted Nelson Mandela and the emphasis he had placed on the youth. If the future of South Africa is in its children, then surely adolescents are the bridge to that future. The chapter aimed at introducing the adolescent and his/her challenges as an individual, but more importantly to introduce the adolescent as somebody growing up in coloured community. The researcher also focused on the knowledge and application of LS of the adolescent as these are the skills needed to cope as an adolescent in order to be resilient. The current state of adolescents leaves us worried at their competency to be resilient. However, all of the above would fall in place provided adolescents are supported by parents, educators and even peers who ultimately facilitate these crucial life skills.

The following chapter aims at exploring local as well as international studies and literature through the Literature Review.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

The previous chapter introduced the reader to this research study by explaining the background to the study, the problem statement, the aim, purpose and basic methodology of the research. In this chapter the literature as it was reviewed, is discussed. The purpose of the literature review is to place the study into context as aspects pertaining to the research are explained. Literature was also used to develop the questionnaire. The focus of the study is adolescence, LS and resilience. The literature reviewed, therefore considered amongst others, normal development of adolescents, challenges adolescents experience, LS normal to the development of adolescents, how LS are presented in schools; and finally resilience. The final part of this chapter will serve to summarise everything and explain how literature contributed to the development of this study. The researcher further elaborates on all the above mentioned under the headings 'Adolescence', 'Life skills' and 'Resilience'.

2.2 ADOLESCENCE

In the early 1900's, adolescence was described as a period of "storm and stress" (Manaster 1977:3). This is still a term used for the development of adolescents today. Adolescence starts with puberty. It is a physiological transition that gives girls and boys adult bodies and changes how they are viewed and treated by others as well as how they perceive themselves (Larson, Brown & Mortimer 2002:72). Coleman and

Hagell (2007:3) suggest considering adolescence as one of life's ultimate transformations. The processes involved in these transformations include anticipation for what lies ahead, regret for stages that have been lost, anxiety for the future, psychological readjustment and lastly, hesitation during these transformations. All of these processes are dependent on the normal development of LS.

2.2.1 Normal development of adolescents (16-18 years)

Within this literature review, the researcher will focus mainly on the theories of Erik Erikson. The reason for this is since Erikson has used Freud's theory and adapted it by attributing the crises at each stage of development to the demands of society (Manaster 1977:114). This is true within adolescents as the challenges they are faced with in the environment might be related to them suffering identity crises. Rigby (1990:27) supports the previous statement by claiming that adolescents experience strained and ambivalent relationships with parents and even educators due to the fact that they battle in achieving a sense of identity.

It is important to take note of Piaget's theory as well, as he made readers aware of how adolescents move from a concrete operational stage of thinking to a higher level of formal operational thinking (Rigby 1990:27). The researcher brings the reader's attention to this fact since it is during this stage as discussed by Piaget that abstract critical thinking about social and moral issues are made possible, that could be related to some communication between adolescents and parents.

According to Erik Erikson in Harder (2009:online) adolescence ranges from 12 to 18 years. Development in this stage depends mainly on what

the adolescent does. The developmental tasks that the adolescent has to fulfill are as follows:

- To discover who they are as individuals as a member of a wider society that is separate from their family. Many adolescents withdraw from responsibilities and unfortunately role confusion can also be experienced.
- To create a philosophy of life wherein they tend to think idealistically instead of realistically. They lack experience and substitute standards for experience as this is conflict free. It is here where they develop strong devotions to friends.
- To experience physical maturity as well as emotional development.
- To be a part of peer groups that appears to be the most significant relationship in the life of the adolescent. Erikson viewed peer pressure as the central process of the adolescent.

To better illustrate normal adolescent development, it will be appropriate to briefly study the fifth stage of Erikson's eight psychological developmental stages (Woolfolk 2004:66):

Table 2.1 Erikson's Developmental Stages (Woolfolk 2004:66)

Stages	Approximate Age	Important event	Description
1. Basic trust versus mistrust	Birth to 12-18 months	Feeding	The infant must form a first loving with caregiver or develop a sense of mistrust.

Stages	Approximate Age	Important event	Description
2. Autonomy versus shame/doubt	18 months to 3 years	Toilet training	Development of physical skills- walking, grasping, controlling the sphincter.
3. Initiative versus guilt	3 to 6 years	Independence	The child continues to be more assertive and take more initiative but may be too forceful, which can lead to guilt feelings.
4. Industry versus inferiority	6 to 12 years	School	The child must deal with demands to learn new skills or risk a sense of inferiority, failure and incompetence.
5. Identity versus role confusion	Adolescence (12 to 18 years)	Peer relationships	The teenager must achieve identity in occupation, gender roles, politics and religion.
6. Intimacy versus isolation	Young adult	Love relationship	The young adult must develop intimate relationships or suffer feelings of isolation.

Stages	Approximate Age	Important event	Description
7. Generativity versus stagnation	Middle adulthood	Parenting/ mentoring	Each adult must find some way to satisfy and support the next generation.
8. Ego integrity versus despair	Late adulthood	Reflection on and acceptance of one's life	The culmination is a sense of acceptance of oneself and a sense of fulfillment.

Although adolescence is noted above as a period of rapid change throughout physical, physiological, psychological and social areas; the adolescent also experiences challenges within these changes. Manaster (1977:11) states that the two most crucial demands made on an individual during adolescence is to make the change from child to adult and then to actually "make it" through adolescence.

2.2.2 Challenges of the 16-18 year old adolescents:

For the purpose of this study the focus will be on adolescents between the ages of 16 and 18 years. According to Rowatt (2001:30) middle adolescence occurs between the ages 15 and 17 years. The researcher has chosen this age group (16-18 years) as the 16 year old growing up in South Africa experiences the most significant challenges such as choosing correct class subjects for career possibilities, applying for and receiving identity documents and their learners' license. According to Makgato and Mji (2006:255) grade 11 learners experience considerably poor performance within mathematics and physical science that may serve to be a challenge in career choices. Whereas the 18 year old in

Grade 12 needs to make future plans on whether to study further or not and choosing a career (Grey 2008:Personal communication).

It is important to note here that the most important event in the development of an adolescent, according to Erikson (Molokwane 2008:45) is peer relationships. Blum (1998:2) states the adolescent develops through interaction between the individual and social groups with whom he or she interacts. It is this interaction where Blum (1998:2) observes that culture influences adolescent development by influencing what they are; what they perceive themselves to be or how they portray themselves to be.

Taken from a South African context, the coloured population is a unique one and although the researcher focuses on this specific population, she does not condone the separate status that has been conferred on them by government. This group originated as early as 1652 as a result of sex and marriage between Europeans and other groups (San and Khoikhoi) (Du Pre 1992:12). The researcher has chosen to focus on coloured adolescents based on the influence that culture plays on the development of the adolescent. Growing up as a coloured person implies that you are neither black nor white but somehow less than white and better than black (Erasmus 2001:13). This notion is supported by the fact that during the apartheid era, coloureds were associated with neither an African tribal identity nor a white identity. According to Erasmus (2001:24) coloureds "are not merely different but they are formed in a hierarchical relation to both White and Black African identities". Coloured adolescents are faced with the same challenges that normal adolescents experience. The coloured adolescent is viewed by other cultures as a privileged black person but not quite a white person. An example of this is seen as most coloured people's hair is not exactly sleeky straight

(Erasmus 2001:24). Finally, the greatest challenge the coloured adolescent might have is living with an identity that is notorious for sexual shame, drunkenness and joviality (Erasmus 2001:14).

Legett (2004:1) indicates that coloureds in South Africa are considered to be the minority (9% of the population), but they are the majority in both the Western and the Northern Cape. The researcher has found few scientific studies or literature on coloureds and therefore again summarises challenges of coloured adolescents within South Africa as explained by Legett (2004:4-8) such as unemployment, claustrophobia, gangsterism and substance abuse.

Within Kimberley, coloured suburbs are within close proximity to each other for example Square Hill Park and West End are separated by a main road; and Floors and Square Hill Park are situated directly adjacent to each other. Informal settlements are found within and surrounding coloured suburbs such as Homestead, Roodepan and Homevale. Therefore although Homestead is considered a suburb for “well-off” coloureds, it is surrounded by individuals who have limited resources that live in informal settlements. Primary health care facilities are found within Homestead and Roodepan whereas Floors and Square Hill Park share a clinic. There is a shopping complex in Homestead, however there are two malls in Kimberley situated within upper class suburbs. Public transport is available for all suburbs and individuals greatly make use of minibus taxis.

2.2.3 Protective and Risk factors in Adolescent development

Protective factors can be inherent (temperament, intelligence, personality) or extrinsic (caring families, mentors, good school experiences) (Frydenberg 1999:347) whereas risk factors refer to factors

that increases an individual's vulnerability to risky behaviour (Loots 2008:7). Macgown (2004:364) emphasises how risk factors of non-resilient behaviour and ultimately teen suicide are strongly related to hopelessness and poor self-esteem.

Gouws, Kruger and Burger (2000:5-7), state that adolescents develop within physical, cognitive, social, emotional and moral domains and that most of these developmental tasks should be completed by the age of 18, illustrating that development takes place in all spheres of life.

Coleman and Hagell (2007:11) had identified the following protective factors to be part of the normal development in the adolescent. These positive, flexible factors portrays the various resources adolescents possess in order to be resilient. They can be viewed as they appear within the individual, family and community and include:

- Individual challenges – positive nature, positive self-esteem, established self-identity, problem-solving skills and time management.
- Family challenges – cohesion, reasonable expectations, parental involvement, communication and trust and values and morals.
- Community challenges – good education systems, human and non human resources and sufficient social support.

According to Coleman and Hagell (2007:7) the following risk factors can be seen as those challenges that the average 16-18 year old is most likely to go through:

- Individual challenges – anxious nature, illness, injury, accidents prone, low frustration tolerance, attention span and high activity levels.
- Family challenges – parental conflict, sibling rivalry, unruly

siblings, inconsistent or over strict disciplining, overprotective parents, parents involved in crime, loss due to divorce or death and poverty.

- Community challenges – poverty, poor housing, poor quality of municipal and schooling services, lack of role models in community, crime rate, degree of substance abuse, being bullied at school, racism, social exclusion, loss of friends due to moving or death and poor educational systems.

The researcher has summarised and tabulated the above risk and protective factors as follows:

Table 2.2: Common Protective and Risk factors in adolescence (Coleman & Hagell 2007:7-11)

Environmental Factor	Protective factor	Risk factor
Individual factors	Easy temperament Self-esteem Competence High intelligence	Illness Concentration Anxiety Laziness
Family factors	Positive relationships with parents and siblings Effective parenting	Abuse Harsh parenting Inter-parental conflict
Community factors	Opportunities for growth, education, employment	Few opportunities for employment and education Poverty

It is important to understand that life challenges do not only have a negative connotation but can be related to positive opportunities such as

acquiring skills in coping and resilience. This statement implies that although challenges could have a negative impact on the adolescent, positive aspects such as being able to cope with life and show resilience are seen as challenges but in a positive light. This can be true as it offers the adolescent an opportunity to become empowered.

According to Heaven (2001:100), the school is the place where many friendships are formed, but the adolescent also has to go through a potentially stressful transition from primary to high school. This transition also takes place within high school as previously mentioned. The reason why these transitions have a negative effect on the adolescent is because it occurs at the same time as the other challenges previously mentioned (Gouws *et al.* 2000:121). These challenges along with making new friends or leaving behind old friends, following a new curriculum and having to plan ahead for their future may have an impact on the adolescent's self-esteem and cause them to experience stress that leads to engaging in risky behaviour (Heaven 2001:101).

2.2.4 Adolescents and Risky behaviour

Since adolescent development brings with it perks of great social recognition, it also brings along with it additional challenges related to making decisions about engaging in risky behaviours. According to George (2005:7), not having adequate supportive systems and resources predisposes adolescents to engage in negative behaviours as a means to coping with adversity. Educators and even other health professional are daily being confronted with the effects of poverty, poor housing, crowded homes and schools and dangerous neighbourhoods (Fraser 2004:3). Large numbers of learners are getting involved in gangs, using illicit drugs, getting into trouble with authorities, failing at school, engaging in unprotected sex and even committing suicide.

Adolescent experimentation with tobacco appears quite prevalent with boys starting to drink earlier than girls (McWhirter, McWhirter, McWhirter & McWhirter 1993:119). Campbell-Heider, Tuttle and Knapp (2009:6) claim that using social skills positively, constructive use of leisure time, having connections to caring and concerned adults, and development of decision-making skills will help adolescents to resist high risk behaviour. This is supported by Jenson (2004:191) as he mentions that certain LS such as problem-solving skills and stress management could also serve as protective factors from risky behaviour within alcohol use of adolescents.

2.3 LIFE SKILLS

Life skills can be considered a general term used for those skills and capacities an individual needs in order to live a meaningful life (Ebersöhn & Eloff 2011:57). It is in essence self-explanatory as the possession of LS facilitates an individual to effectively deal with the realities of life. According to Maree and Ebersöhn (2004:83), an individual therefore assumes responsibility for their life when applying LS. They do this by going through three dimensions of LS. These three dimensions involve wanting to do something (attitude), knowing how to do it (knowledge) and actually doing it (application/skill). This implies that when LS are inadequate the person may cope poorly by behaving irresponsibly and engaging in risky behaviour (Kruger 2010:24).

To better explain LS in the light of this study, the researcher has decided to list the “Commandments of Life skills” that are applicable to this study as illustrated by Vihar (2011:16).

- Life skills are the abilities that fundamentally help promote the overall wellbeing and competence in young people to face the realities of life.
- Life skills are the beginning of wisdom as it focuses on behaviour change and it addresses a balance between knowledge, attitude and skills.
- Life skills enable individuals to interpret knowledge, attitude and values into actual abilities.
- Life skills along with social support, culture and the environment affect motivation and ability to behave in positive ways.
- Provided LS are acquired and applied effectively it can influence adolescents' feelings about others, themselves and influence the way they are perceived by others and in this way contributes to perception of self confidence and self-esteem.
- Various LS work best in conjunction. Many LS are required to manage a particular situation effectively.
- Children learn their LS from parents, teachers and significant others who act as their role model. They gradually learn to use a particular skill effectively in diverse situation to portray resilience.

2.3.1 Life skills and the adolescent

It is during adolescence that young people start developing what will soon become their adult identity, they move toward physical and psychological maturity, and they become economically independent (Loots 2008:57). Although adolescence is generally a healthy period of life, many adolescents are often less informed, less experienced, and less comfortable to face life's challenges compared to adults. Life skills include all aspects of dynamic living necessary for adolescents to be capable of partaking responsibly in adulthood especially in this crucial period of self-understanding and finding one's way in fitting into the

society. According to Van der Merwe (2009:online), the development of LS, in this critical stage of an adolescent is the responsibility of any individual, organisation, or agency. Equipping them with a set of essential skills will help prepare them for a healthy life-style that reduces the likelihood of risky behaviour (Cai Cai 2005:12). Adolescents may rely on certain survival skills as they continue to experiment throughout their lives. This experiential learning usually takes place in an unstructured manner and involves little adult guidance (Jenkinson 2002:4).

In order to reduce adolescents engaging in risky behaviour, it is crucial to enable them to take control of their lives (Maree & Ebersöhn 2004:224). This can be ensured by introducing LS in the schools in order to prepare young people for the challenges they are presented with. The researcher supports this statement by emphasizing that the adolescent spends the majority of his/her time at school. Educators and peer influences play a big role in the preparation for the future of the adolescent (Downey 2008:57).

2.3.2 Life skills in schools

The researcher has decided to focus on the school as there is a strong link between LS and Life Orientation. Life Orientation is a stipulated learning area for Curriculum 2005 and considered to be one of the most important learning areas as it is a representation of LS within the school curriculum (Maree & Ebersöhn 2004:224). According to the National Curriculum Statement (2009:4) LO is one of four essential subjects in grade 12 and it necessary to qualify for a National Senior Certificate. It is also one of the only subjects that is not externally assessed in grade 12. Life Orientation has been created by fusing four areas i.e Physical Education, Guidance, Religious Education and Health Education. It guides and prepares learners for life and the responsibilities that come

along with life. The purpose of LO is to allow learners to interact on a “personal, psychological, neuro-cognitive, motor, physical, moral, spiritual, cultural and socio-economic level” (Our Lady of Fatima Dominican Convent School 2011:online).

According to Molokwane (2008:21) LO was implemented in schools in order to “empower learners to live meaningful lives in a society that demands rapid transformation”. The purpose of LO in schools is to prepare learners to respond positively to the demands of the world, to take responsibilities and ultimately to make the most of life’s opportunities. It should thus be viewed as a ‘survival kit’ for learners since it provides the capacity to adapt to a number of conditions and ultimately act in these conditions by knowing what to do, how to do it and when to do it. This ‘survival kit’ will assist them to respond to their present and prepare for their future by improving skills necessary to explore crucial areas of their life (Maree & Ebersöhn 2004: 225). In essence it develops learners’ insights into life knowledge as well as the skills to utilize the knowledge (Maree & Ebersöhn 2004:229).

Farhangpour and Weber (2006:vii) have found the following characteristics of senior learners to be receptive for the implementation of LO in schools:

- Learners are capable of abstract thought
- Learners are able to critically engage in ideas beyond their immediate environments
- Learners are able to evaluate their own ideas and therefore becoming more independent
- Learners are able to work within a team.

The LO curriculum in the National Curriculum Statement (2004:4) for Grades 10-12 comprises certain LS such as communication skills, assertiveness, conflict/criticism management, value clarification, study methods, stress management, problem-solving and decision-making abilities. The four learning outcomes as depicted in the National Curriculum Statement (2004:4) links with Maree and Ebersöhn's view of the LO curriculum as a 'survival kit' as all four learning outcomes below together assist learners to respond positively to the demands of the world. The four learning outcomes as well as descriptions thereof are as follows:

- Learning Outcome 1 [Personal Well-being]: The learner should achieve and maintain personal well-being through applying life skills to planning and achieving life goals. Learners learn about life roles, relationships and how to prevent and manage stress.
- Learning Outcome 2 [Citizenship Education]: The learners are able to demonstrate an understanding and appreciation of the values and rights that underpin the Constitution in order to practise becoming responsible citizens. Religions, ethical traditions and indigenous belief systems are also taught and discussed.
- Learning Outcome 3 [Recreational and Physical Ability]: The learner is able to explore and engage responsibly in recreation and physical activities, to promote well-being. Learners are educated in nutrition and how sport and one's current fitness levels, and physical well-being are all interlinked.
- Learning Outcomes 4 [Careers and Career Choices]: The learner is able to demonstrate self-knowledge and the ability to make informed decisions regarding further study, career fields and career pathing, along with learning the skills of time management, organisation of self and study methods.

The researcher will now tabulate an overview of the topics presented in LO from grades 10 to 12 (Hendricks, Litshani, Madike, Mashinini, Ngetu and Slater 2011:10-11):

Table 2.3: Overview of topics (Hendricks *et al.* 2011:10-11)

Topic	Grade 10	Grade 11	Grade 12
Development of the self in the community	Self-awareness, self-image and self-development. Power, power relationships and gender roles. Life roles: Nature and responsibility. Changes on the road to maturity. Decision-making about sexuality. Relaxation and emotion well-being.	Planning and achievement of life goals: Problem-solving skills. Relationships and the effect on our well being. Healthy life choices: Decision-making skills. Role of nutrition in health and physical activities. Gender roles and the effect on health and well-being.	Life skills necessary for adaptation to change and prescribed lifestyle choices. Stress management. Conflict management. Human factors that can lead to poor health. Action plan for lifelong participation in fitness activities.
	Daily social issues that have a negative impact on local and international communities. Social skills and responsibilities for participation in citizenship.	Environmental issues that can lead to poor health. Climate change. Participation in a community project that focuses on environmental issues.	Environments and services that lead to healthy lifestyles. Responsibility on different political levels. A personal life mission.

Topic	Grade 10	Grade 11	Grade 12
Democracy and human rights.	<p>Diversity, discrimination, human rights and violations.</p> <p>National and international instruments of conventions.</p> <p>Ethical traditions and/or values and religious beliefs of various religions.</p> <p>Prejudice and unfair practices within sport.</p>	<p>Democratic participation within a democratic structure.</p> <p>Role of sport in nation building.</p> <p>Contributions of various religions and belief systems in SA to a community where people live in harmony.</p>	<p>Responsible citizenship.</p> <p>The role of the media in a democratic community.</p> <p>Ideology and world views about the creation of recreational activities regarding cultures and gender.</p>
Career and Career choices	<p>Subjects, subject choices and study choices: Decision-making skills.</p> <p>Socio-economic factors.</p> <p>Work availability.</p> <p>Opportunities and various occupations.</p> <p>Tendencies and risks in the job market.</p> <p>The importance of being a lifelong learner.</p>	<p>Requirements for higher education admissions.</p> <p>Options for financial support for further studies.</p> <p>Abilities, skills and ethics necessary for a career.</p> <p>Personal expectations regarding employment and career choices.</p> <p>Self-knowledge regarding work requirements and socio-economic circumstances.</p>	<p>Commitment to a choice: Find employment or study further.</p> <p>Reasons for unemployment and possible solutions to combat it.</p> <p>Cardinal elements of a job contract.</p> <p>Fine tuning your CV with plans for when you leave school.</p>

Topic	Grade 10	Grade 11	Grade 12
Study skills	Study skills and methods. Internal and external assessment processes. Annual study plan.	Study styles and strategies. Skills for exam writing. Time management and a yearly study plan. Goal setting skills.	Awareness of own skills to study and write exams. Strategies to follow to pass grade.
Body Education	Body fitness: programs to improve well-being. Skills on playground or community Environmentally responsible extra-mural activities individually or group based. Skills in traditional or non-traditional sport types. Safety issues.	Improvement of current level of personal fitness and health. Referees and leadership skills in self developed or adapted games. Various leadership roles in a self developed recreation activity for a group. Safety issues.	Achieve personal fitness and health goals. Long term commitment to traditional and non-traditional sport types and recreation activities. Safety issues.

From the above table it is evident that decision-making skills are one of the first LS to be addressed whereas stress management and conflict management are only dealt with in grade 12. Ebersöhn and Eloff (2006:59-60), has identified the following LS (amongst others) that educators might have to address:

- Listening and verbal skills – communication capacity
- Adaptability – problem-solving, decision-making, time management
- Self regulation (intrapersonal) – values

- Self regulation (interpersonal) – insight into coping with conflict
- Influential skills - assertiveness

Life Orientation addresses knowledge, attitudes and values about the self, and the environment and most importantly it focuses on teaching learners the LS needed to solve problems, make informed decisions and take responsible actions for a successful future (Prinsloo 2007:156). Judging from what LO is set out to achieve the curriculum addresses crucial LS (Ebersöhn and Eloff 2006:59-60), and in the researcher's opinion, may prove to be successful provided it is applied effectively. Life Orientation focuses on the development of the adolescent and prepares them for life's responsibilities and possibilities. Adolescent development depicts that they are prepared for LO implementation, however, there is a general concern among parents that although it is expected of adolescents to receive LO training at school it might not always realise. (Grey 2008:Personal communication). According to Grey (2008:Personal communication), educators at secondary schools in the coloured community are not always skilled or motivated to teach LO to learners and they usually use this time as a "free period" to do other work. Educators in general view LO as a dumping ground and are resistant to its implementation (Maree & Ebersöhn 2004:233). The implication is that adolescents do not receive the LS training they require - the skills that will be most successful to achieve optimal functioning as an adult (Brown, Larson & Saraswathi 2001:9).

The school plays an important role in adolescent development. The need for LS training is crucial considering that schooling separates parents from their adolescent children and thus opens doors for peer influence (Brown *et al.* 2001:89). Hereby Brown and colleagues (2001:9) imply

that adolescents who lack LS will eventually not be able to show resilience.

2.3.3 Life skills in occupational therapy

Although there are a number of LS, the ones most applicable to this study and occupational therapy (OT) include those outlined in the University of Free State Model of ontogenesis and dynamics of occupational function and dysfunction as developed by Jeanne Pretorius (Pretorius 1997:47). These are as follows:

- Value clarification
- Communication skills
- Assertiveness
- Conflict and Criticism management
- Time management
- Stress management
- Crisis management
- Lifestyle management
- Problem-solving skills
- Decision-making skills
- Ergonomics
- Study methods
- Management of strong emotions

The above mentioned correlates with performance skills discussed in The American Occupational therapy Association (2008:639). Performance skills are the abilities that a person demonstrates in the activities they partake in. It is divided into among others:

- Emotional recognition skills: involves anger management, conflict and criticism management as well as stress management,

- Cognitive skills: judgement, time management and problem-solving
- Communication skills: turn taking, interaction, etc.

Jeanne Pretorius (1997:47) identified 13 LS in her model and of these 13 only eight LS, according to the researcher, is more applicable to the adolescent and coincides with the performance skills, the LS addressed by Ebersöhn and Eloff as well as those addressed in the LO curriculum mentioned previously. The researcher therefore reviewed various literatures with similarities in what is important LS for adolescents and identified eight LS. These eight LS identified by the researcher are value clarification, communication skills, assertiveness, conflict and criticism management, time management, stress management, problem-solving skills and finally decision-making skills. The main aim of LS is to teach people everyday coping skills that promote independence – the very thing that depicts the existence of OT as a profession – since, the three dimensions of Maree and Ebersöhn (2004:83) comes to mind as adolescents exercise LS through wanting to do something (attitude), knowing how to do it (knowledge) and finally actually doing it (application/skill). According to Creek & Lougher (2008: 365; 369) the focus of OT is on the skills that individuals need to improve wellness and the LS training would lead to the accomplishment of goals irrespective of the influences of environmental factors.

During adolescence instigators to problem behaviour start to be displayed. It is the role of the occupational therapist, educators and parents to encourage adolescents to develop a positive orientation to their future. In this way the incidence of risky behaviour will be decreased, especially before these behavioural patterns become firmly established (American Psychological Association 2001:online).

2.3.4 The occupational therapists role regarding life skills in adolescents

Life skills contribute to a systemic development of attitudes, knowledge and skills. (Maree & Ebersöhn 2004:83). According to Pownall (2001:34), the occupational therapist plays a vital role in the intervention with adolescence. The occupational therapist can assist in participation in daily routines; they help the adolescent develop and sustain positive work habits and skills and they teach adolescents strategies for successful community living. It is based on these facts that the occupational therapist is ideal for presenting LS training programmes for adolescents. Occupational therapy (OT) contributes to the application of “core values, knowledge, and skills” that enable clients to participate in daily activities that they want and need to do (The American Occupational therapy Association 2008:626-629). Occupational therapy has been established on the basis that when an individual engages in occupations this will add structure to that person’s daily life and it will contribute to the well-being of that individual (The American Occupational therapy Association 2008:629). The researcher having experience in LS training found that this definition rings true especially where an occupational therapist presents the adolescent with scenarios to take accountability for their life by exercising their LS.

There is little emphasis placed on adolescent psychiatry within the curriculum of OT (Fouché 2005:394). The areas that the occupational therapist focuses on will be similar to the functional areas, which she assesses before treating the adolescent. These are, according to Fouché (2005:395-399), as follows:

- Leisure time – adolescents’ are generally not motivated for activity participation and should not be an indicator of pathology. The occupational therapist should determine why the adolescent

has poor leisure time. In Kimberley the main reasons for this would be inadequate resources, lack of motivation and poor role models to motivate adolescents for constructive participation in leisure activities (Grey 2008:Personal communication).

- Work – LS such as constructive time management, stress management and management of conflict and criticism are prerequisite skills in order for the adolescent to be competent in work.
- School – violence and in the researcher's opinion, even bullying in schools, is presenting itself more frequently and although the focus should be on study methods, the occupational therapist should also focus therapy on management of strong emotions.
- Social skills – these skills are an important area for the occupational therapist to work on as the adolescent must realise his/her ability to be assertive but still maintain communication channels at home and with peers.

According to Prinsloo (2007:155) the implementation of a LO syllabus, which will deal with the aspects of LS, possibly lays the foundation for preparing learners to react positively to the demands of society and take responsibilities for their future. This "preparedness" ultimately facilitates resilience in the adolescent that assists in facing hardships. There is in the researcher's opinion a close relationship between LS and resilience. There are many facets to resilience such as personality, temperament and emotional intelligence other than just LS. It is important to note here that emotional intelligence can also be closely related to resilience. This is supported by the fact that resilience is the ability to overcome negative life experiences and emotional intelligence incorporates those skills needed to cope with environmental adversities (Prins 2009:1). It appears to be a key predictor of an adolescent's ability to make suitable peer

relationships, develop a well-balanced outlook on life and to reach their academic potential at school. The focus of this study is not on emotional intelligence and it will only concern the LS of the adolescent and their ability to show resilience.

The researcher has previously mentioned the host of factors that promote high risk behaviour such as alcoholism, drug abuse, rebellion and peer pressure and curiosity. According to Vihar (2011:8), LS training is an effective tool for empowering the youth to act responsibly, take initiative and take control. Vihar (2011:8) further states that when young people are able to rise above daily conflicts, destructive relationships and peer pressure, they are less likely to resort to high risk behaviours and therefore exercise their resilience.

2.4 RESILIENCE

“What makes some young people resolute and sturdy enough to chip away at the ore, locate the diamond, and polish it... while others weakly and feebly patter in the soil, haphazardly searching for a gem, finding only dirt?”

J.J McWhirter

In order to better illustrate the theory of resilience, the researcher has decided to define resilience as it has evolved over the years.

1974:

In 1974 Garmezy (1974:65), states that resilient children are those children who continue to adapt and perform competently, despite genetic, psychological and environmental disadvantage.

1989:

Resilience, according to Werner and Smith (1989:4), is the capacity to cope effectively with the internal and external stresses of life.

2006

Resilience is a broad concept relating to positive patterns of adaptation in the context of adversity (Masten & Obradovic 2006:14).

2006

Luthar (2006:741) recognises that positive adaptation is not permanent despite adversity; however there is a developmental progression with new vulnerabilities and strengths occurring with life circumstances changing.

2007

According to (Cohen 2007:272) resilience is not static, it is not a trait and it is not a construct that can be directly measured to risk and adaptation.

2010

".....the attainment of positive adaptation in the face of significant adversity ..." (Cicchetti 2010:146).

According to the researcher, all of the above definitions have two common themes: **adversity and adaptation**. The researcher feels that resilience is described ideally in the light of this study by Grotberg (2003:1), that resilience is "the human capacity to deal with, overcome, learn from, or even be transformed by the inevitable adversities of life". Neill (2009:online) supports this by stating that in humanistic psychology, resilience refers to an individual's capacity to thrive and

fulfill potential despite or perhaps even because of such stressors. The researcher therefore interprets this as being the basic coping mechanisms in other words the result when basic LS kick into play once a human experiences hardship. This statement supports Coleman and Hagell (2007:13) that before determining whether someone is resilient or not, one must know whether this person has the ability to cope or survive sufficiently and that there was actually something noteworthy of overcoming or surviving. Coleman and Hagell's previous statement is supported by stating that within adolescents, a learner is resilient if they are able to 'survive and thrive" (Tummers 2011:49).

2.4.1 Development of resilience

In order to continue with determining why some adolescents are resilient and others are not, Coleman and Hagell (2007:14) suggest considering a few facts:

- An adolescent is able to cope with a short-term adversity as long as the life challenges are limited and the positive, protective factors are already in place.
- Where life challenges are more serious only a small number of adolescents will portray resilience provided they have strong positive factors already in play and they can thus hold on to these positive factors.
- Adolescents show more resilience when confronted with more acute adversities such as short-term illness and less resilience when the life challenge is more chronic such as long-term poverty.
- Resilience develops as the adolescent is gradually exposed to adversities at a controllable intensity and at a place in their lives where positive factors can perform.

Within the coloured community, as in other communities and cultures, parents are usually of the opinion that the problems of their adolescent children are merely opportunities for growth (Neill 2009:online). It may indicate that adolescents are expected to cope with stressors as well as view it as learning opportunities. The implication of this statement is that if an adolescent is less resilient, then they will become weary and negatively impacted by life challenges (Neill 2009:online). There are adolescents who may prove to be more resilient than others. Resilience then should be viewed as a dynamic quality, not a permanent state. In other words, resilient individuals demonstrate a dynamic self-renewal.

Ultimately it appears that resilience is some kind of forceful quality. According to Neill (2009:online) it is that quiet, inner voice that is most “prevalent in the human psyche”, and when life events become unbearable and when things no longer run smoothly, resilience surfaces as the capacity to still find the means and determination to cope with life’s hardships. Often adolescents in Kimberley appear as though they do not portray sufficient resilience to continue with these hardships and the problem lies within their coping strategies (Grey 2008:Personal communication). It is here where the appropriate development and integration of LS plays a role – as these will assist the adolescent to steer away from risky behaviour. The researcher’s notion is supported by Fraser (2004:23) who states that resilience appears to be the product of a connection between adversity and both personal and environmental factors that reduce risk.

2.4.2 Attributes of a Resilient Individual

The researcher clarifies resilience as branching from a particular combination of risk, protection and outcome (Crosnoe 2011:174). Since a risk factor characterises a population with an increased chance of a

problematic result, a resilient individual from an at-risk population will thus avoid the negative result and eventually achieve a positive result. Avoiding the negative result and achieving the positive outcome therefore is achieved through LS and protective factors that help the individual to be resilient (Crosnoe 2011:174). McWhirter and colleagues (1993:85) have identified five common characteristics of resilient youth. These five characteristics are portrayed through adolescents having an active approach to life, a tendency to perceive pain or frustration constructively, the ability to gain positive attention from others, vision of a positive, meaningful life and finally competence in school and social areas. According to Allen, Murray and Simmons (2008:16), within the school context, a learner is more susceptible to learn, the more resilient the learner is. An individual can be assessed as an interpersonal and intrapersonal learner. Allen and colleagues (2008:16) identified the following learners as being resilient:

Intrapersonal learner:

- Persistent with tasks completion
- Achieves personal best
- Embraces difference in self
- Manages a range of emotions
- Plans and uses organisational skills
- Likes oneself
- Takes risk
- Communicates satisfaction
- Seeks help
- Works independently
- Thinks clearly and optimistically

Interpersonal learner

- Embraces differences in others
- Seeks support from others
- Sustains relationships in work and play
- Positively manages conflict
- Communicates effectively

Tummers (2011:49) identifies two essential protective factors for building resiliency in learners. These protective factors are firstly internal resiliency including social competence, problem-solving and independence and secondly external resilience including caring adults, sense of belonging and an environment that encourages meaningful participation and positive peer interaction. According to Fraser (2004:23) a resilient adolescent is associated with resourcefulness, achievement, motivation, high intelligence and humour.

The researcher analyses the above literature from Allen *et al.* (2008) as well as Tummers (2011) both to indicate crucial factors in the contribution of resilient learners, i.e individual, family and community protective factors and also LS.

2.4.3 Risk and Protective factors in the environment predicting resilience

The environment is of fundamental importance to the promotion in the adolescent development (Kruger 2010:18). According to Van der Merwe (2009:online) the environments in which we live include families, schools, and communities. It is important that individuals must succeed in more than one environment and, as one becomes older, the number of environments in which one shows resilience, increases. Taylor, Repetti, and Seeman (1997:online) define unhealthy environments as

jeopardizing safety, challenging established social ties, and are inconsistent or violent. A healthy environment, on the contrary, offers safety, opportunities for social participation, and the ability to predict and/or control potential harmful aspects of that environment and ultimately the opportunity to portray resilience. In other words, the magnitude of an adolescents' resilience is greatly dependant on that person's beliefs, skills and support systems (Allen *et al.* 2008:1).

Environments that the adolescent are exposed to, varies from individual to individual, thus the ability to show resilience will differ across individuals, as well as across environments. However, even among different individuals there are some basic skills that are needed to become resilient (Van der Merwe 2009:online).

Grotberg (2003:3) states that each person is able to show resilience and it is something that should be promoted by families and communities when dealing with adolescents. This means that certain adolescents are not just born lucky. It is not something that only a third of the population just have. Instead, factors that promoted resilience were present in adolescents. These factors include external supports, inner strengths and LS problem-solving skills (Grotberg 2003:3). This statement thus suggests that environmental factors may affect adolescents and their ability to be resilient.

Plant and Plant (1992:8) identifies a number of factors that are linked to risky behaviour including poverty, peer pressure, religion, troubled families, educational disturbances and crime. The researcher has combined these factors with those discussed in Coleman and Hagell (2007:7-11) and divided them into individual factors, family factors and community factors. These will be discussed as follows:

2.4.3.1 Individual factors:

As the adolescent develops they have to progress through a few very important developmental tasks, that is, awareness and acceptance of self and also identity development (Heaven 2001:26). Therefore in the researcher's opinion, an adolescent will battle to cope with life challenges if s/he has poor self-esteem. The other factor that contributes to an adolescents' ability to show resilience, is temperament as it has been considered a risk, protective factor and resilience indicator in many different studies. The temperament of the adolescent affects the adolescent's behaviour and it influences the behaviour of the parents towards the adolescent (Frydenberg 1999:35-38). However each adolescent is able to be resilient since it is an ongoing and developmental process and is dependent on other factors such as beliefs, skills, supports and behaviours (Allen *et al.* 2008:38). The topic of temperament does not fall within the scope of this study and will therefore not be discussed in this research study.

Independence is a central theme in adolescent development. By attaining independence, learners form new relationships and take responsibility for education, work, beliefs, career choices (Molokwane 2008:42). According to Kruger (2010:17) independent adolescents with a realistic and optimistic view of themselves managed to be more resilient. He also states that a high self-esteem is viewed as a positive factor that promotes resilience. The researcher again is brought back to Erikson's developmental stage where an individual must successfully solve the stage of **Identity versus Role confusion**. Adolescents are faced with many crises (such as family violence, destablished families) as they explore their environment and unsuccessful completion of this stage may translate into unhealthy development as negativity,

hopelessness and confusion could lead to depression and isolation in adolescents (George 2005:7).

2.4.3.2 Family factors:

One of the most influential and perhaps the most significant variables in the adolescent's life and environment is the impact of the family (Kruger 2010:18). According to Heaven (2001:37), poor communication amongst family members, weak parental bonding, conflict of parents and parents involved in crime often causes insecure feelings and insufficient identity formation in the adolescent. Heaven (2001:53) further states that the first experience and understanding that an individual has of other human beings take place within the family circumstance. The family is an influential socialising factor and is considered a crucial support system for the adolescent.

The experience that an adolescent has of growing up can be shaped by many different reactions from adults. Some parents will feel obligated to find fault; others will seem over-tolerant and find themselves reliving their youth through their children's adventures. Some mothers become sceptical of her daughter's beauty and charisma and ultimately "nags" and over-moralises in every attempt to maintain her innocence, while fathers refuse to talk about sex and therefore ignore their children's sexuality in the vain belief that if you don't talk about it, it doesn't exist (Wattenberg 1973:27). The researcher interprets this statement as being a wakeup call to, especially coloured, parents. Larson, Brown and Mortimer (2002:73) consider adolescence as a period of increased engagement in risky behaviour but it is also an opportunity for the development of health promoting behaviours. Therefore, parents, older siblings, peers and educators as well as community leaders should all

take responsibility for the healthy rearing and socialisation of adolescents.

Parents have an influence on their adolescent children since they act as role models - adolescents observe and later imitate. Parents also convey their morals and beliefs to their children, which may or may not constitute acceptable behaviour, they are also an important source of information and this makes communication in the family crucial (Heaven 2001:57). According to Grey (2008:Personal communication), adolescents are receiving less advice and support from parents within the coloured community in Kimberley since both parents are working, mothers who are nurses are leaving the country to earn a better salary overseas and therefore their adolescent children are left with fending for themselves. Adolescents are being deprived of resources such as stability, security and support from members in their family as well as in the community that could serve as a protective factor (Brown *et al.* 2001:7; Clarke-Stewart & Dunn 2006:7).

2.4.3.3 Community factors:

Human and non human resources are vital concepts within this factor. Firstly, peer as well as authority influences are considered as important as the role that the family plays (Heaven 2001:53). According to Heaven (2001:78), peer and authority interaction play essential roles in daily social contact and are critical in the social and emotional development of the adolescent. Peers and authority figures can be seen as major factors in formation of the adolescents' identity (Rowatt 2001:111). Peers offer companionship, opportunity to experiment with and learn valuable social skills as well as emotional support. They do however; also promote negative attitudes towards school as well as possible involvement in drug use, violent and other delinquent behaviour (Brown *et al.* 2001:9).

Adolescents learn social responsibility from their peers and formation of friendships is therefore vital for adolescents, however it is also here where they experience peer pressure which may lead to experimenting with drugs and/or alcohol (Molokwane 2008:42). According to Kruger (2010:19), peer pressure is directly related to adolescent well being and self-esteem. Community leaders as well as authority figures such as educators also play a vital role in being positive role models where parental influences might be lacking (Grey 2008:Personal communication). Educators can “make or break an adolescents’ spirit” (Rowatt 2001:115). Relationships with educators enhance a sense of belonging and security (Kruger 2010:20). Secondly, the condition of roads, schools and houses offer the physical security that adolescents require (Rowatt 2001:129). There is not much literature indicating that social class is related to deviant behaviour. However, according to Frydenberg (1999:285) in official statistics, adolescents from less advantaged households had much higher rates of deviant behaviour than those from more advantaged families. The reality of this fact is that there are advantaged families are less likely to report deviant behaviour. According to Larson, Wilson and Mortimer (2002: 159-166), poverty and increasing economic strains serve to further disadvantage youth in securing equal access to opportunities and resources necessary to prepare themselves for adulthood.

In the light of the above challenges, it is crucial for the developing adolescent to apply effective coping strategies to deal with life’s adversities. The interaction of developmental transitions, LS and environmental factors will determine whether the adolescent will be resilient (Kruger 2010:28).

2.5 SUMMARY

Adolescence marks the period of transition from childhood to adulthood and it is a vital stage of growth and development. The adolescent experiences rapid physiological changes and psychosocial maturation. According to Vihar (2011:1), adolescence is also the stage when the relationships of young people are extended beyond their parents and family and are intensely influenced by their peers and even the outside world. As adolescents mature cognitively, their mental process becomes more analytical (Vihar 2011:2). In other words, in the researcher's opinion, they are now capable of abstract thinking and of developing independent beliefs. As much as the adolescents themselves see this as a period of adventure, adults view it as the years of experimentation and risk-taking, of giving in to negative peer pressure and of taking uninformed decisions on crucial issues (Vihar 2011:1). The researcher therefore views adolescence as both a period of increased potential but also one of greater vulnerability.

Adolescents are generally aware of the effects of engaging in unprotected sex, or drinking alcohol and taking drugs, yet they still do it. Cai Cai (2005:7) claims that although adolescents have the knowledge and at times even the right attitude their behaviour does not always follow their mind. It is as though they go through an "I know....but I can't help it!" experience (Vihar 2011:7). At times the right information and good attitude do not necessarily lead to responsible behaviour. The only thing missing are the skills that enable us to translate knowledge, attitude and values into actual abilities – ie. "what to do and how to do it." (Cai Cai 2005:7). Life skills are these set of core abilities.

Adolescents growing up are at risk of a number of negative outcomes, including poor academic achievement or violent behaviour (Dornbusch, Erickson, Laird and Wong 2001:397). In understanding what results in negative outcomes one must focus on aspects such as limited community resources, peer influences or a lack of parental monitoring (Fergus & Zimmerman 2005:400). However adolescent development also exhibits positive outcomes. Adolescents may possess any number of protective factors, such as high levels of self-esteem or the presence of an adult mentor (Zimmerman, Bingenheimer and Notaro 2002:221). Fergus and Zimmerman (2005:400) claim that the use of life skills and resources to overcome risks demonstrates resilience.

Resilience, according to The Resilience Alliance (2011:online), is the “capacity of a system to absorb disturbance, undergo change and still retain essentially the same function, structure, identity and feedbacks.” A diverse process, resilience, involves individual (self-regulation, self worth, self determination), family (close relationships with family members, sibling attachment), community (school career and peer influences) as well as risk and protective factors (Cicchetti 2010: 145-154). The researcher views LS as an important factor in resilience.

Throughout the literature, the researcher has made reference to aspects surrounding adolescents coping with adversity. Integral theories were used to gain a better understanding of the knowledge and application of LS, adolescent development as well as environmental factors that may contribute to resilient behaviour. The researcher will now discuss the methodology that was undertaken in this research study.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

In the previous chapter, the researcher reviewed the literature and explored key concepts within Adolescents, Life skills, Life Orientation and Resilience. In this chapter the research design, the methodology and the selection process are addressed and explained.

The methodology of a research study is viewed as the strategy or plan for a study from the problem identification to the final blueprint for data collection (Burns & Grove 2009:718). These elements include steps and procedures for gathering and analyzing data involved in this research investigation (Polit & Beck 2006:504). The methods of investigation were conducted by means of a convenience sampling method and data was collected by means of a questionnaire. Other aspects that will be described include questionnaire development, measurement errors and the pilot study.

3.2 RESEARCH DESIGN

The research design of this study was of a descriptive nature with a quantitative approach since it "identifies the characteristics of an observed phenomenon" (Leedy & Ormrod 2010:182). Descriptive research examines a situation as it is and therefore this design was used in order to establish a profile of coloured adolescents in terms of their knowledge and appropriations of LS that enabled resilience. This design was deemed applicable since it was used to acquire information about a

group of people (coloured adolescents and their knowledge and application of LS) by asking them questions, tabulating their answers and clearly describing the organisation within the study (Burns & Grove 2009:218; Leedy & Ormrod 2010:187).

3.3 STUDY POPULATION

The study population can be described as the total sum of individuals with which the research problem is concerned and from which the sample will be drawn (Strydom 2005:195). In this research, the researcher wanted to describe the profile regarding the LS of adolescents that enabled resilience. The decision to focus on adolescents stemmed from the fact that relevant literature indicates adolescents to be perceived as individuals most likely to engage in risk-taking behaviour who are resistant to guidance. (Dietrich 2003:1).

The research was conducted in Kimberley in the Northern Cape Province where the researcher was born, raised and also completed her primary and secondary education. There are 26 suburbs in Kimberley and although the Groups Area Act was abolished in 1994 and most residents live where they feel fit, most coloureds still live in predominantly coloured areas (Maylam 1995:27). These areas in Kimberley are Colville, Floors, Gemdene, Homelight/Homevale, Homestead, Roodepan, Square Hill Park and West End. Of the 13 secondary schools in Kimberley four of these are mostly attended by coloured learners and are situated in the coloured areas mentioned above. The researcher had thus conducted her study at these four secondary schools in Kimberley. For the purpose of deidentification, the names of the schools were replaced by letters of the alphabet. The following table (Table 3.1) indicates these “coloured”

schools in Kimberley including the number of learners in each of the grades 10-12 as in 2011.

Table 3.1: Respondents in predominantly coloured schools admitted in 2011

School	Participants in grade 10	Participants in grade 11	Participants in grade 12	Total participants
A	199	250	178	627
B	199	202	185	586
C	501	296	187	984
D	242	192	131	565
				2 762

The study population included participants in each of the grades (10-12) from all four of the predominantly coloured secondary schools in Kimberley in the Northern Cape Province where the language of tuition was English and/or Afrikaans.

3.4 SAMPLING

Convenience sampling was used to attain the sample group for this study. This is a nonprobability sampling technique and participants were included in the study simply because “they were in the right place at the time” (Burns & Grove 2009: 353). The other reason was based on the conditions set out by the Northern Cape Department of Education (NC DoE). The NC DoE requested that the researcher avoid disrupting class time. The deputy head master therefore handed out letters of permission to learners for their parents/guardians to sign (Appendix E). Only learners who returned their signed permission letters received a

questionnaire to complete. The inclusion criteria were as follows where the learner turned that age in that specific grade:

Inclusion Criteria:

Participants included were in Grades 10, 11 and 12 between the ages of 16 and 18.

The participants selected were both males and females between the ages of 16-18 years. The researcher has chosen this age group (16-18) as the 16 year old growing up in South Africa experiences the significant challenges such as choosing correct class subjects for career possibilities, applying for and receiving identity documents and their learners' license. The grade 11 learner has to focus and manage time, stress and study methods since grade 11 results play an important role in applying for further studies. Whereas the 18 year old in Grade 12 need to make future plans on whether or not to study further as well as choosing a career (Grey 2008:Personal communication). Eighteen year olds in South Africa are also legally permitted to consume alcoholic beverages and strong support systems along with values and morals play an important role in this regard.

3.5 PILOT STUDY

A pilot study is the best means of determining clarity of the questions; the effectiveness of the instructions of the questionnaire; and finally establishing time allocation (Leedy & Ormrod 2010: 111). The pilot study also assisted the researcher in determining the clarity of the information document (Appendix F) and questionnaire (Appendix G) that participants had to read and also permission letter that parents/guardians (Appendix

E) had to sign as well as determining the time participants would take to complete the questionnaire.

The pilot study was conducted by selecting a predominantly coloured school in Bloemfontein that was similar to those in Kimberley. Similarity related to language of tuition as well as the fact that it was a school within a predominantly coloured community. The researcher obtained permission from the Director of Quality Assurance at the Free State Department of Education (FS DoE) to conduct the pilot study. Once permission was obtained, the researcher contacted the head master and briefly discussed the purpose and value of the study. The matter was referred to the deputy head master. An appointment was made so that the researcher could explain to the deputy head master the aim of the study, the pilot study and the processes involved in more detail. On the day of the appointment, the researcher thoroughly explained the study as well as the purpose and value of the pilot study to the deputy head master. The researcher led the meeting by going through the questionnaire part by part. After this discussion the deputy head master randomly selected two learners, one male and one female, aged 16-18 from each grade 10-12 respectively. The deputy head master had also ensured that he had selected one English speaking and one Afrikaans speaking learner from each grade. Each of the participants then received permission letters that they were instructed to return (signed by parents/guardians) the following day. Permission letters were handed to parents/guardians since participants were under the age 18. The following day when the participants had returned their signed permission letter, the deputy head master allocated the staff room for the participants to complete the questionnaire. Participants read and signed the information document attached to the front of the questionnaire. The matter of assent was stated in the information document and the deputy

head master also explained it to participants so that they understood that they had voluntarily assented to answering the questionnaire by completing it. The deputy head master was present during the completion of the questionnaire as a known authority figure allowed for increased co-operation as well as minimising questions being discussed by participants. Participants were allowed to read through questions by themselves and were awarded the opportunity to ask the deputy head master when uncertainty arose. On completion of the questionnaire, the researcher had another meeting with the deputy head master to discuss questions that were asked while participants completed the questionnaire. The pilot study was conducted in a manner similar to the actual study since the deputy head master had been given the responsibility of handing out permission letters, collecting it and then handing out the questionnaire along with giving the instructions to the participants.

There were very few comments obtained from the pilot study and these were incorporated into the questionnaire based on appropriateness such as the understanding of question 38.4. Instead of prioritising their values, few participants listed values from 1-12 as they appeared on the questionnaire. Two participants also did not know the meaning of *verleë* (embarrassed), the deputy head master was thus required to give a description. The results from the pilot study were excluded from analysis of the actual research study.

3.6 DATA COLLECTION AND MEASUREMENT

Data was collected by means of a questionnaire. Prior to data collection permission had to be obtained from relevant parties. Permission to conduct the study was obtained by handing letters of permission to the

MEC of Education, the head masters at the four schools in Kimberley as well as parents/guardians (Appendixes B, D and E). The head masters at the four schools all appointed the deputy head masters to assist the researcher. Participants were awarded the opportunity to give assent before completing the questionnaire.

3.6.1 Data Collection Method

Data was collected by means of a self-administered questionnaire (Appendix G).

3.6.1.1 Measurement

The questionnaire was designed to determine the environmental factors that have an influence on LS that leads to resilient behaviour, the knowledge of LS that adolescents possess and to determine adolescent choices of LS appropriations in daily situations that lead to resilience.

For the purpose of this research, the researcher had developed a 47 question questionnaire. Some questions had sub-questions and there were therefore in total 84 questions to be answered. The questions asked in the questionnaire pertained to areas that may indicate environmental factors that influences resilience as well as to the knowledge and application of LS. These specific LS are those that are applicable to the education of the adolescent as set out by the National Curriculum Statement 2004:4) as well as those developed by Jeanne Pretorius (Pretorius 1997:47) in the University of Free State Model of ontogenesis and dynamics of occupational function and dysfunction. They include communication skills, assertiveness, conflict/criticism management, value clarification, stress management, time management, problem-solving and decision-making abilities.

3.6.1.2 Measurement Tools

The questionnaire was constructed in English and translated to Afrikaans by a credible source that holds a Master's degree in languages and also has over 20 years teaching experience. The questionnaire was divided into two parts and each part had two sections. These two parts will be discussed as follows:

(a) Part A, Section 1: This section included relevant background (demographical information) concerning the suburb where participants live, gender, age, grade, how many rooms in their home, and whether there is electricity and running water in the house. This will give an indication of socio-economic status and participants engaging in risky behaviour. Since crowding factors could be indicative of lower socio-economic status, the researcher has included questions pertaining to the number of people under and over the age of 10 sleeping in houses per night. Room density was calculated by the number of rooms divided by the number of people living in the house (Coetzee, Yach & Joubert 1988:354). Section 1 will also be considered as a means of easing the adolescents into the questionnaire by answering familiar questions (Leedy & Ormrod 2010:185).

Part A, Section 2: this entailed the environmental factors that may or may not have an impact on resilience of the adolescent. There were 22 environmental factors questions divided into individual factors, family factors and community factors. At the end of each factor there were also questions that pertained to resilience. Questions 18, 19, 20 and 21 of the individual factors; questions 27 and 28 of the family factors and 32 and 33 of the community factors were all resilience related questions. These eight questions relating to resilience were all adapted from literature indicating attributes of a resilient individual (Allen *et al.* 2008:16).

Participants were only required to answer yes or no to each of these questions or give a short description where required.

(b) Part B, Section 3: these questions included scenario questions where the participants viewed a cartoon strip and answered questions relating to the cartoon strip. Permission to use the comic strips in this research study was not obtained as they were not used for a comedic purpose as the authors had originally intended, but merely to provide participants with a visual scenario of LS. However, the researcher has given credit to each author below each comic strip in the questionnaire. The aim of this section was to determine mostly whether participants have the knowledge of LS. All questions at the end of the scenario section illustrated a resilient indicator and so it can also be determined whether LS enable resilience. The researcher aims to explain this as follows in the light of how Allen and colleagues (2008:16), described a resilient individual:

- Communication skills – knowledge pertained to whether learners could identify aspects of good communication skills within the questionnaire such as paying attention, speaking loud and clearly, making eye contact and making use of body language (Du Plooy-Cullier & Olivier 2000:4). A resilient person therefore communicates effectively using the above and can express self without blaming others, they answer questions about themselves and they are approachable. When asked: “are you able to express your feelings directly and honestly without blaming other”. The resilient indicating answer is yes.
- Time management – learners indicated their knowledge by answering questions correctly pertaining to aspects of effective time management. These aspects include prioritising tasks, setting up a schedule and sticking to it, setting up a daily routine

and sticking to it and engaging in constructive use of free time. A resilient individual manages their time, plans and uses organisational skills. The resilient indicating question was: "are you able to manage more than one thing at a time?" to which the correct answer is yes.

- Problem-solving – knowledge of how to problem solve effectively include knowledge on aspects such as identifying the problem, identifying the cause of the problem and then finding possible solutions and choosing the best one (Monteith *et al.* 2007:49). All these were addressed within this particular comic strip. A resilient individual thinks clearly and optimistically. Learners who indicated no to the whether they dwell on things they have no control over indicates resilience.
- Conflict management/self-assertiveness - these two LS were presented together as they had interlocked within the comic strip. According to Vihar (2011:16) LS work best in conjunction. Knowledge pertained to aspects of exercising self-assertiveness while managing conflict. The aspects included remaining calm, state your side and listen to the other person's side of the story, able to say no, stand up for yourself and finding a win-win situation (Monteith *et al.* 2007:49; Du Plooy-Cullier & Olivier 2000:228). A resilient individual can manage strong emotions, take risks in standing up for their rights and positively manage conflict. When asked: "is it ok when your self-assertiveness causes others not to like you? The resilient indicating answer would be yes.
- Value clarification – learners were required to answer questions relating to values. Such as respecting others and themselves and distinguishing between what is important and what is not (Monteith *et al.* 2007:49). A resilient individual is someone who

embraces differences in themselves and others, can work independently and have an active approach to life. Learners who answered yes to: "I am self-disciplined" indicated resilience.

- Decision-making – according to Monteith *et al.* (2007:49) aspects pertaining to good decision-making abilities include list options, weigh the outcome, choose the best option, implement it and then evaluate the decision. Learners who struggle will be impulsive and continuously change their mind, however a resilient individual seeks help and support from reliable sources. If learners answered yes to: "when I'm in a difficult situation, I can always find my way out." Were considered resilient.
- Stress management – knowledge again related to identifying when they felt stressed and how they responded to stress (Monteith *et al.* 2007:49). A resilient individual persists with tasks, achieves their best, plans and organises and seeks help and support. Most importantly they think clearly and optimistically about the situations in their lives. Resilience was indicated when they answered yes to: "I am able to get through most difficult times with ease."

From literature, the researcher therefore can identify an individual that possesses the above mentioned characteristic traits as being resilient.

The researcher had decided on including cartoon strips to the questionnaire because adolescents respond better when presented with a visual impression instead of having to read it (Burgess Chamberlain 2011:online).

Part B, Section 4: the questions asked here were not directly related to the comic strip and were therefore added to this section. These

questions illustrated application of life skills in the everyday life of the adolescent.

3.6.1.3 Data Collection Procedure

The procedures involved in the actual study were the same as the pilot study. The deputy head masters (as appointed by the head masters) were involved in both the pilot study and actual execution, the same instructions were given, learners were given the opportunity to read the information document by themselves. At two schools, the deputy head masters had at the time of collecting the questionnaires admitted to the researcher that they had made class educators responsible for handing out the questionnaire to learners and giving them the instructions. The researcher had left a list of instructions (Appendix H) in foresight as a means of controlling such situations were they to occur.

- Permission was obtained from the Northern Cape Department of Education (NC DoE) (Appendix C). The condition stipulated by the Head of Education was that no school time should be disrupted. The researcher agreed to adhere to the condition.
- The researcher contacted the head masters at the four schools and explained that she had obtained permission from the NC DoE. Furthermore the researcher explained briefly the aim of her study and verbal permission was granted to the researcher by the head masters at all four schools to visit the schools. The head masters at all four schools had allocated the task of assisting the researcher to the deputy head masters.
- An appointment was therefore made with the deputy head masters at all four schools where the researcher would personally explain the aim and objectives of the study and procedures involved as well as have the permission letters signed by the

deputy head masters.

- On the day of the appointment, the researcher met with the deputy head masters at the previously mentioned schools and discussed the aim and objectives of the study. The researcher furthermore explained the procedures involved regarding permission letters to be signed by parents prior to questionnaire completion. Once all information was conveyed to the deputy head masters, they had all signed the permission letters for the researcher to conduct her study in their schools (Appendix D). Each question of the questionnaire was explained to each deputy head master at each school and a list of instructions (Appendix I) was left with each deputy head master so that they could in turn answer any question that participants might have had in the absence of the researcher.
- The deputy head master was requested to hand out the letters of permission (Appendix E) to all participants for parents/guardians to sign. The researcher requested that all signed letters be returned the following day. Participants who failed to return his/her signed permission letter was excluded and therefore did not receive a questionnaire to complete.
- Since responsibility of handing out the questionnaire and explaining the procedures rested with the deputy head master, the researcher had left her cell phone number that was available at all times along with a list of instructions provided any questions arose. The researcher explained that the deputy head masters should contact the researcher provided there was any unclarity or any questions they may have had.
- An Information Document (Appendix F) was attached to the questionnaire that provided sufficient information for the participants to read through before completing the questionnaire.

The procedures involved here were the same as the pilot study. The only difference was that the researcher was physically present during the pilot study and not during the actual study. Participants were also awarded the opportunity to give their assent for answering the questionnaire.

- The completion of the questionnaire took place either during a free period, registration period or LO period. In instances where the deputy head master made use of a class educator, the same instructions were given to the responsible educator along with the list of generic instructions including the researchers' cellphone number. The researcher was unaware that deputy head masters made use of teachers and would have controlled the situation better had she known prior to execution by having an information session with the educators as well. Completed questionnaires were placed in a sealed box that was stored in the deputy head master's office. Although a fixed date was made to collect answered questionnaires, when the researcher called to inform schools that she would collect on the date as arranged, they all requested her to return within a month. The deputy head masters therefore contacted the researcher once all questionnaires were received.

3.7 MEASUREMENT ERRORS

According to Burns and Grove (2009:369), measurement errors in this study would be the difference between what exists in reality and what is measured by the questionnaire.

3.7.1 Since time was important in the school context, participants would have felt the need to rush and therefore may not have realised the

importance of the study. By allowing them to have completed the questionnaires at a convenient time such as the registration period or LO period, contributed to a relaxed and comfortable environment when answering the questions.

3.7.2 The researcher was not present during the handing out of the questionnaire or the answering thereof and so she explained the procedures involved as well as the questions to the deputy head masters. Instructions were printed on a page and handed to each deputy head master at each school to ensure that all participants received the same information.

3.7.3 The participants were able to ask the deputy head masters if they had any questions. This was controlled by the researcher going through the entire questionnaire part by part with the deputy head master at each school.

3.7.4. In order to enhance reliability of the study, the researcher set up the questionnaires in both English and Afrikaans and the cartoon strips were also done in both English and Afrikaans. Translation was done, checked and edited by a reliable source that holds a Masters degree in Languages with over 20 years of teaching experience. The researcher had also conducted a thorough pilot study to determine the clarity of questions asked.

3.7.5. Coding errors were limited by ensuring that coding blocks corresponded with relevant option.

3.7.6. The deputy head master was requested to hand out permission letters and questionnaires to all learners from grades 10 to 12. In order

to ensure that class time was not disrupted for this process, it was done during a free period, LO period or registration period at school. In instances where an educator was responsible for supervising a group of learners completing the questionnaire, the deputy head master was responsible for explaining the process and procedures to that particular educator. The same list of instructions was handed over to the educator and it was explained that learners were not allowed to talk to each other.

A measuring tool is considered *valid* if it measures what it is intended to measure and reliable if it consistently measures the entity to be measured (Leedy & Ormrod 2010:28-29).

Validity was ensured by conducting a thorough pilot study and by allowing learners to complete the questionnaire and give feedback. The most satisfactory way to have ensured **reliability** of the questionnaire would have been to test and then retest it over a period of time. This would not have been possible for this research study as the learners in grade 12 were leaving school after their final examinations. Reliability is also strengthened by the fact that the researcher has experience in enabling better LS in adolescents.

The following strategies/aspects that were implemented by the researcher to increase the reliability and minimise research bias were:

- Performing a thorough pilot study that ensured the questionnaire was understandable and easy to execute.
- Explaining the questionnaire to the deputy head master
- Providing the deputy head masters with a list of instructions that ensured all participants received the same information prior to completion of the questionnaire.

- Having the questionnaire translated to Afrikaans.

Despite the above mentioned efforts to increase reliability of the questionnaire, it was nevertheless still difficult to determine whether the questionnaire was in fact reliable. Since a retest is not a viable option in these circumstances, a suggestion was made to phrase questions in such a manner that they would have the exact meaning so that answers could be statistically used to determine the reliability of the questions.

3.8 DATA ANALYSIS

Descriptive statistics namely means and standard deviations or medians and percentiles for continuous data, and frequencies and percentages for categorical data, were calculated. The analysis was done by Department of Biostatistics. The data analysis for this dissertation was generated using SAS software. Copyright, SAS Institute Inc. SAS and all other SAS Institute Inc. product or service names are registered trademarks or trademarks of SAS Institute Inc., Cary, NC, USA. Comparisons between the suburbs were calculated and described by means of Chi-square tests or Fishers exact test when appropriate.

3.9 ETHICAL CONSIDERATIONS

Ethical considerations will be discussed as follows:

3.9.1 Permission to conduct research

Permission was obtained from the Ethics Committee of the Faculty of Health Sciences at the University of the Free State (ECUFS 109/11), the Free State Department of Education as well as the Northern Cape, Department of Education (Appendix B).

3.9.2 Informed consent

The head masters at the selected schools were informed about the aim of the research study by reading through permission letters given to them by the researcher (Appendix C). Permission letters were then distributed to parents/guardians (Appendix D) of participants at the four schools whereby they were also informed about the aim of the study. Participants were then informed about the aim by reading the information document (Appendix E) attached at the front of the questionnaire before completing the questionnaire. The participants were also informed that their participation was voluntarily and that by answering the questionnaire they automatically assented to participation in the study (Leedy & Ormrod 2010:101).

3.9.3 Confidentiality

Confidentiality was guaranteed in that a code number was awarded to each participant instead of making use of his or her name. It is important to stress deidentification since the study focused on participants' opinions on certain topics, as they may have felt reluctant to give details about factors at home or at school. Deidentification pertained to the names of the participants as well as the names of the schools. Schools were identified by means of an alphabetic letter. Confidentiality was also ensured by providing each deputy head master with a sealed box for them to post each questionnaire after completion. This box was later collected by the researcher (Burns & Grove 2009:197; Leedy & Ormrod 2010:102).

3.9.4 Publishing

The researcher anticipates publishing this research in an accredited journal and will not aim to manipulate findings to fit her beliefs. The researcher will report the findings in detail and honestly. Written credit

and acknowledgement has been awarded to those who have contributed towards the study. Recognition of authors of the comic strips was awarded at the bottom of each comic strip in the questionnaire. Formal permission to use the comic strips was not received from the authors since the clips are freely available from the internet and used out of context from that as was intended originally from the author (Strydom 2005:65).

3.9.5 Remuneration

The Northern Cape Department of Education, the schools in Kimberley as well as the participants who participated in this research study has not received financial benefit from this study.

3.9.6 Protection from harm

During this research participants were not exposed to unnecessary physical or psychological harm. The researcher had informed the deputy head masters at each school to contact her as soon as there was the slightest indication of psychological discomfort following the completion of the questionnaire in order to make arrangements for a possible debriefing session (Leedy & Ormrod 2010:101).

3.10 SUMMARY

Throughout this chapter the researcher explained the methodology utilized in this research. The reasoning behind the choice of study design and how the sample was chosen were also explored. The pilot study and the questionnaire were discussed. The results chapter follows.

CHAPTER 4

RESULTS

4.1 INTRODUCTION

In the previous chapter, the researcher explained the methodology, the reasoning behind the choice of study design, how the sample was chosen, the pilot study as well as the questionnaire used to obtain quantitative data were all discussed.

In this chapter the gathered data is ordered, analysed and presented. The overall purpose of this study is to establish a profile of adolescents from the coloured community in Kimberley regarding their knowledge and application of life skills that lead to resilient behaviour. While the objectives are to 1) determine the environmental factors that have an influence on life skills that leads to resilient behaviour, 2) to determine the knowledge of life skills that adolescents possess and finally 3) to determine adolescent choices of life skills appropriations in daily situations that lead to resilience.

The objectives of this study were addressed within the questionnaire (Appendix G) in the following way:

- Objective 1: questions 12 – 33
- Objective 2: questions 34 – 40
- Objective 3: questions 41 -47

Reporting of the findings are as follows:

- Demographic information by means of tables 4.1 – 4.7 and figures 4.1 – 4.2.
- Environmental factors that have an influence on LS that lead to resilient behaviour (objective 1) by means of tables 4.8 – 4.24
- Knowledge of LS (objective 2) by means of tables 4.25
- Application of LS in everyday life (objective 3) by means of tables 4.26 – 4.28.

Open-ended questions were also coded and therefore will also be presented in the form of tables.

4.2 DEMOGRAPHIC INFORMATION

Demographic information about the respondents is set out in the following figures and tables below. The first section of the questionnaire, Section A: Part 1 was aimed at gathering information regarding participants' age, gender, suburb and living conditions. There were four schools in the sample with learners from grades 10 to 12. The response number of participants who completed the questionnaire is indicated as follows:

Table 4.1 below illustrates the number of participants at each of the four schools as well the number of participants that brought back their signed permission letters.

Table 4.1: Response number of respondents in all four schools

School	Total number of participants at each school in 2011	Number of signed permission letters and questionnaires received.
A	627	93 (14.8%)
B	586	81 (13.8%)
D	565	76 (13.5%)
C	984	98 (10.0%)

Only 348 participants had returned their signed permission forms to be able to complete the questionnaire. School A had the biggest response rate of all four schools where 14.8% of participants at this school answered the questionnaire. School C had the most participants altogether of all four schools yet presented with only 10.0% of participants completing the questionnaire at that school. The response rates amongst the four schools were between 10% and 15%.

The figure below (Fig. 4.1), shows how many males and females participated in the study.

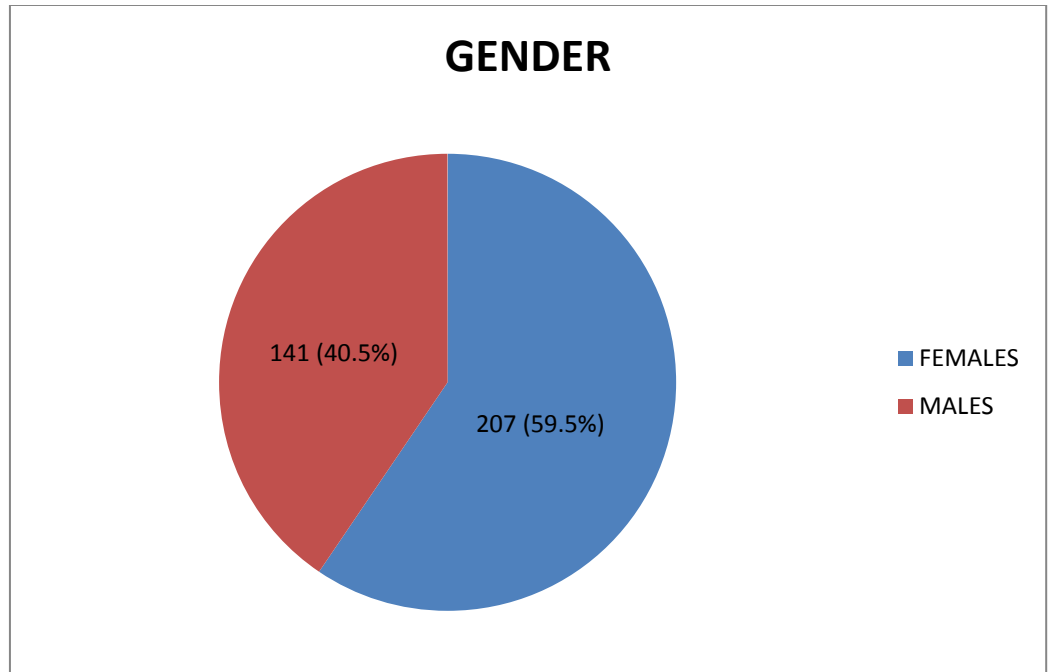


Figure 4.1: Gender distribution of participants (n=348)

The gender division shows that more females (59.5%) participated than male participants. This is as expected considering the male/female ratio in South Africa.

Table 4.2: Age range of respondents (n=348)

Grade	Age	Frequency	Percentage
10	16	117	33.6%
11	17	158	45.4%
12	18	73	21.0%

The grade 11 participants therefore made up nearly half of the population at 45.4%. The grade 10 participants presented a third of the population while the grade 12 participants (21.0%) however presented the minority of the population.

Table 4.3: Suburbs of respondents (n= 348)

Suburb	Frequency	Percentage
Roodepan	157	45.1%
Homevale	32	9.1%
Colville	25	7.2%
Floors	13	3.7%
Homestead	4	1.2%
Square Hill Park	1	0.3%
Other:	116	33.4%

The majority of participants (66.6%) resided in predominantly coloured suburbs while 33.4% lived elsewhere in Kimberley. Roodepan is considered a coloured area and one of the schools where third most data was collected is situated near Roodepan. However, two schools were within close proximity to Square Hill Park, but this area had the lowest data (0.3%) of participants residing in this area. "Other" suburbs were indicated on the questionnaire as those areas situated in Kimberley that are not predominantly coloured areas. They are presented in the table below.

Table 4.4: Other suburbs (n=116)

Suburb	Frequency	Percentage
Galeshewe	92	26.4%
West End	5	1.4%
Beaconsfield	4	1.2%
Chris Hani Park	2	0.6%
De Beers	2	0.6%
Ritchie	2	0.6%
Barkly West	1	0.3%
Belgravia	1	0.3%
Dionsfield Nature Reserve	1	0.3%
Greenpoint	1	0.3%
Kimberley North	1	0.3%
Klisserville	1	0.3%
Southridge	1	0.3%
Utility	1	0.3%
Verwoerd Park	1	0.3%

Participants who resided in Galeshewe made up nearly a third of the population at 26.4%. Included in the table above are suburbs that were considered to be originally white areas. As from 1994 these areas have been occupied by a variety of races and are no longer considered typically white suburbs. The same could be considered of Galeshewe that was previously a typically black suburb. However Galeshewe is now representative of participants considered to come from a low socio-economic background. Since Galeshewe is represented by nearly a third of the sample the researcher will, where applicable, present data that reflects a significant statistical difference between Galeshewe and all other suburbs. Where comparisons are made to Galeshewe, the

researcher will refer to other suburbs as being all the suburbs identified in tables 4.3 and 4.4 excluding Galeshewe.

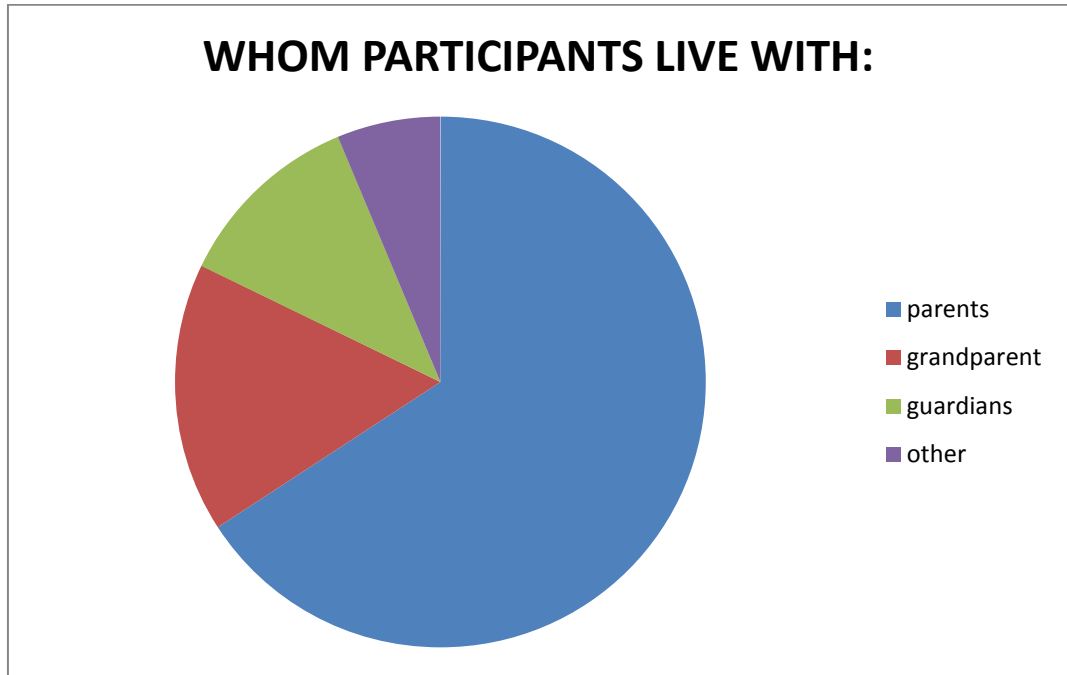


Figure 4.2: With whom participants live (n=348)

It is observed that the greater number (65.8%) of participants still resided with their parents, while 34.2% lived elsewhere. Participants who indicated "other", stated that they either lived alone, in a hostel, with family members or with friends of family.

Table 4.5: Room density in respondents' homes (n=348)

Room density	Frequency	Percentage
<2.5	278	80.6%
>2.5	70	19.4%

Overcrowding was not as prominent within this coloured community since only 19.4% of participants stated there were more than 2.5 or members living with them.

Table 4.6: Indication of available water and electricity facilities (n=348)

Facilities Available	Yes	No
Electricity	328 (94.2%)	20 (5.8%)
Running water	297 (85.3%)	51 (14.7%)

Electricity and water were available in the majority of homes. It was found that participants had electricity more than running water, where it is considered legislative for South Africans to actually have water facilities above electricity available.

Table 4.7: Statistical significant difference of available water and electricity facilities between other suburbs (n=256) and Galeshewe (n=92)

Facilities Available		Other suburbs	Galeshewe
Electricity	Yes	249 (97.3%)	79 (85.9%)
	No	7 (2.7%)	13 (14.1%)
Running water	Yes	232 (90.6%)	65 (70.6%)
	No	24 (9.4%)	27 (29.4%)

The Chi-square test was used to determine the difference between Galeshewe and other suburbs. There was a significant difference of

water and electricity facilities availability between other suburbs and Galeshewe (p -value $< .0001$). There were 14.1% of Galeshewe residents who did not have electricity as opposed to a small amount of residents from other suburbs. An amount of 29.4% of participants from Galeshewe also did not have running water compared to 9.4% of their fellow participants living in other suburbs. Galeshewe participants appear to be more disadvantaged regarding water and electricity facilities.

4.3 ENVIRONMENTAL FACTORS ENABLING RESILIENCE

Environmental factors were divided into individual factors, family factors and community factors. Through these questions it was determined which environmental factors had an influence on LS that lead to resilient behaviour.

4.3.1 Individual factors

Individual factors were addressed within the questionnaire to highlight positive as well as risk factors within the individual. These factors include competence, hope, optimism, self-acceptance, self-esteem, self-worth, and independence regarding work, beliefs and education and finally engaging in risky behaviour. Table 4.8 below indicates the **individual factors** that depicted participants engaging in risky behaviour.

Table 4.8: Risky behaviour of respondents

Variable	N	Frequency	Percentage
Alcohol	346	94	27.2%
Sexual activity	347	77	22.2%
Smoke	348	50	14.4%
Non-Protection from pregnancy	322	6	1.9%
Non-Protection from STI's	347	3	0.9%
Non-Protection from HIV/AIDS	348	2	0.6%

When engaging in risky behaviour participants drank alcohol (27.2%) more than smoking (22.2%). Larger percentages of participants were aware of the effects of unprotected sex and therefore were responsible in protecting themselves from STI's, HIV/AIDS and pregnancy.

The researcher had decided to compare the above results to Galeshewe. The reason for this is to determine whether risky behaviour is more evident in lower socio-economic suburbs. Where comparisons are made to Galeshewe, the researcher will refer to other suburbs as being all the suburbs identified in tables 4.3 and 4.4 excluding Galeshewe.

Table 4.9: Comparison of risky behaviour between other suburbs and Galeshewe

Behaviour	n	Frequency	Other suburbs	Galeshewe
Alcohol	346	94	72 (28.4%)	22 (23.9%)
Sexual activity	347	77	53 (20.8%)	24 (26.1%)
Smoke	348	50	43 (16.8%)	7 (7.6%)
Non-Protection from pregnancy	322	6	6(2.5%)	0 (0%)
Non-Protection from STI's	347	3	2 (0.8%)	1 (1.1%)
Non-Protection from HIV/AIDS	348	2	2(0.8%)	0 (0%)

Close similarities existed between participants from Galeshewe and other suburbs indicating that there was no significant difference here. However, the only significant difference was that participants from other suburbs smoked more than participants living in Galeshewe (p-value less than 0.05). In this case the Chi-square test was used. The researcher also identified that from Galeshewe, more participants (26.1%) had sex than they drank alcohol (23.9%). Financial limitations have an impact on these two results.

Table 4.10: Individual factors

	Variable	N	Yes	No
A	Believe that there is a reason they are alive	347	334 (96.2%)	13 (3.8%)
B	Proud of what they had accomplished	346	279 (80.6%)	67 (19.4%)
C	Like being alone at home	346	144 (41.6%)	202 (58.4%)
D	Like being alone at school	348	23 (6.6%)	325 (93.4%)

The majority of participants presented with hope (variable A), pride and competence (variable B) and positive social interaction (variables C and D). Participants who liked being alone; preferred being alone at home more than they preferred being alone at school. Circumstances at home as well as peer relationships could be reasons for this vast difference.

Table 4.11: Significant difference of individual factors of Galeshewe respondents compared to respondents from other suburbs

	Variable	Other suburbs		Galeshewe	
		Yes	No	Yes	No
A	Believe that there is a reason they are alive	246 (96.5%)	9 (3.5%)	88 (95.6%)	4 (4.4%)
B	Proud of what they had accomplished	214 (84.2%)	40 (15.8%)	65 (70.7%)	27 (29.3%)
C	Like being alone at home	112 (43.9%)	143 (56.1%)	32 (35.2%)	59 (64.8%)
D	Like being alone at school	16 (6.2%)	240 (93.8%)	7 (7.6%)	85 (92.4%)

The only variable where a significant difference can be observed is at Variable "B" where participants responded no (p-value less than 0.5). Fifteen point eight percent (15.8%) of participants from all other suburbs were not proud of what they had accomplished while 29.3% from Galeshewe indicated they were not proud. Galeshewe presented nearly double the response rate within this variable of not being proud of what they had accomplished. Both groups of participants liked being alone at home above being alone at school. There were no other significant differences indicated within the other variables.

4.3.2 Open-ended questions relating to individual factors

The following tables relate to responses when learners were asked to provide motivations in the form of open-ended questions. Tables are presented here as they occur within the questionnaire. Table 4.12 presents learners' responding 'yes' and table 4.13 present 'no' responses

to the question “Do you feel proud of what you have accomplished in your life?” (Variable B as in table 4.10).

Table 4.12: Motivations of Variable B of respondents who answered ‘yes’ (n=279)

Motivation	Frequency	Percentage
Pride related to accomplishments	97	34.9%
Pride related to school work/education	70	25.2%
Pride related to good behaviour	30	10.7%
Pride related to respect for parents/ making parents proud	20	7.2%
Pride related to purity/abstinence	17	6.0%
Pride related to sport accomplishments	14	5.0%
Pride related to learning from life experiences	11	4.0%
Pride for not failing anything	5	1.8%
Pride for overcoming adversity	3	1.1%
Nobody is perfect	3	1.1%
Pride related to religious beliefs	3	1.1%

Participants related their pride to accomplishments (34.9%); claiming “I am proud of what I have achieved”, doing well at school (25.2%) e.g “I am passing all my subjects”, good behaviour (10.7%) and abstinence (6.0%) e.g “I have not had sex”. Answers within the above table and the next can count up to more than 100% since participants could have given more than one answer.

Table 4.13: Motivations of Variable B of respondents who answered 'no' (n=67)

Motivation	Frequency	Percentage
I still have a lot to accomplish, I have not fulfilled my goals	27	40.2%
I made bad choices, my decisions never work out	11	16.3%
I have disappointed myself/people in my life	6	8.9%
I am doing poorly at school, I am not focused at school	5	7.4%
I have done nothing wonderful, I am not proud of myself	4	5.9%
I have an illegitimate baby, I am disappointed that I had sex before marriage	3	4.4%
I know my status and protect myself from HIV/AIDS	2	2.9%
Poverty	2	2.9%
I do not want to talk about it	2	2.9%
People make you mean (when they are rude to you)	1	1.5%
I want to make my parents/family proud	1	1.5%
I have come so far and have so much to accomplish	1	1.5%

Of the remainder participants (16.5%;n=67) who stated that they are not proud of what they had accomplished, 40.2% motivated that this is because they still have a lot to accomplish. Sixteen point three percent (16.3%) said they were not proud because of the choices they have made; with 4.4% claiming they have had sex before marriage. There

was a small number (2.9%) who did not want to talk about it and another 2.9% who stated that they were not proud of their lives because of poverty.

In the below tables, Table 4.14 presents participants' responding 'yes' and table 4.15 present 'no' responses to the question "Do you like being alone at home?" (Variable C as in table 4.10).

Table 4.14: Motivations of Variable C of respondents who answered 'yes' (n= 135)

Motivation	Frequency	Percentage
I can do everything I want (read, listen to music, homework, sleep, read my bible, etc.)	81	59.9%
I like the calm and quiet, need alone time	45	33.3%
I can avoid arguments with my parents, chores and sibling fights	6	4.4%
I like spending time with my family, like having my loved ones around me	4	2.9%
I feel I have more control	3	2.2%
I feel afraid/lonely	3	2.2%
I do not get up to mischief	3	2.2%
Home is safer than any other place	2	1.5%
It will prepare me for when I am on my own.	1	0.7%

It is evident that participants who liked being alone at home had some or other difficulty in relationships with family members. The majority of participants (59.9%) motivated that it was due to being free to do whatever they liked, while others enjoyed the calm and quiet, or to

avoid parent/sibling arguments. Majority of participants enjoyed being alone at home simply for the freedom it allowed them.

Table 4.15: Motivations of Variable C of respondents who answered 'no' (n=202)

Motivation	Frequency	Percentage
Anything bad can happen when you alone (rape/kidnapping)	70	34.6%
I feel afraid, unsafe, uncomfortable	63	31.2%
I like my family around me, like company	41	20.2%
It is boring, not nice, too quiet	29	14.3%
I think negative thoughts, think of my mistakes	8	4.0%
There is nobody to ask for assistance	4	1.9%
I do not get up to mischief	3	1.4%
I like being in the streets	2	1.0%
I am never alone. I don't know what it feels like	1	0.5%
I can do everything I want	1	0.5%

Participants were afraid that something bad could happen to them or feeling unsafe and motivated this as being the reasons for not liking being alone at home. Only 20.2% enjoyed having company or family members around them. A small percentage of participants engaged in idle loitering in streets or even belonging to gangs as they liked being in the street.

Tables 4.16 and 4.17 below present learners' responding 'yes' and 'no' respectively to the question "Do you like being alone at school during intervals?" (Variable C as in table 4.10).

Table 4.16: Motivations of Variable D of respondents who answered 'yes' (n=23)

Motivation	Frequency	Percentage
I can study and finish my homework during interval	13	56.4%
Friends are only problems, I don't trust them	5	21.7%
I feel lost/ lonesome	3	13%
I like being alone	3	13%
It is important to socialize	1	4.3%

More than half of participants (56.4%) liked being alone because they were able to finish their homework and focus on their school work. While others felt that friends had influenced them badly. The same number of participants felt lonely and did not like being alone at school. With a small number of participants that felt it was important to socialize.

Table 4.17: Motivations of Variable D of respondents who answered 'no' (n=325)

Motivation	Frequency	Percentage
Motivations related to friends being the reasons for not being alone	85	26.1%
Motivations relating to what they like about not being alone at school	84	25.8%
Motivation related to how they feel when they are alone during intervals	75	23.1%
Motivations related to why they do not like being alone at school	45	13.9%
Motivations relating to the negative reasons of being alone	39	11.9%
My friends influence me badly	1	0.3%
I can sit with my school books	1	0.3%

Socializing was an important factor among participants who did not like being alone at school. This is considered normal taking the development of an adolescent into account. Participants also made a link to being happy with being among friends, as well as being cool and even entertained. Only 0.3% felt their friends influence them badly with another 0.3% that stated they sit with their school books. It appears from the above table that peer relationships played a greater role during interval time. Although a resilient person is considered to independent, the above learners depend in fact greatly on their friends for interaction, communication and support. A resilient individual also engages and enjoys socially acceptable interaction.

In the below tables, Table 4.18 presents learners' responding 'yes' and table 4.19 present 'no' responses to the question "Do you believe that there is a reason why you are alive?" (Variable D as in table 4.10).

Table 4.18: Motivations of Variable A of respondents who answered 'yes' (n=334)

Motivation	Frequency	Percentage
Related to their life and their future	113	33.8%
Related to religious reasons	90	26.9%
Related to fulfilling a purpose or achieving a goal	57	17.1%
Related to everything/everyone having a reason	29	8,7%
Related to parents/family	29	8.7%
I look after myself (do not engage in bad habits)	1	0.3%
My friends motivate me to believe I have a reason	1	0.3%
I tried to kill myself but it didn't work	1	0.3%
Every day we realise it	1	0.3%

Participants portrayed resilience since they illustrated hope and optimism in motivating the reasons for being alive. Motivations included belief that they were alive relating to their life and future e.g to make a success of their life, to be somebody great, to enjoy their life, or to live and have fun. Others indicated that the reason they were alive was because God made them for a purpose or their purpose was to serve God. Only 17.1% of learners believed their reason was to fulfill a purpose and achieve a goal. This could indicate that participants placed a greater emphasis on their future and religious reasoning than on

actually being alive to fulfill a goal/purpose. Small numbers of participants (8.9%) indicated that their reason for living was related to fulfilling a parents need or dream.

Table 4.19: Motivations of Variable A of respondents who answered 'no' (n=13)

Motivation	Frequency	Percentage
I don't believe it/ I have no value, there is no reason, it does not feel so	6	46.2%
God has a purpose/ many plans for me	1	7.7%
To live and have fun	1	7.7%

Although 13 participants answered no only 8 gave a motivation. Participants who answered 'no' to whether they believed there is a reason why they are alive, presented with 46.2% motivating that I don't believe it/ I have no value, there is no reason, or it does not feel so. These are quite negative responses possibly indicating poor self worth or hopelessness with participants. Another motivation at 7.7% related to participants who believed the reason they are alive was to live and have fun.

The following tables indicate family factors that were considered protective or risk factors within adolescents.

4.3.3 Family factors

The **family factors** in the questionnaire related to family relationships, circumstances within the home, communication among family members and the adolescents' view of their family members. The variables in the table below are listed in the table as they appear in the questionnaire.

Table 4.20: Family factors

	Variable	N	Yes	No
E	Do you feels embarrassed by family?	340	116 (34.1%)	224 (65.9%)
F	Do you avoid going home after school due to the tension at home?	346	71 (20.9%)	269 (79.1%)
G	Do you find it easy to communicate with caregivers?	348	242 (70.6%)	101 (29.4%)
H	Are you often left alone to fend for yourself?	344	63 (18.3%)	281 (81.7%)
I	Do you do things you regret because of the situation at home?	341	64 (18.8%)	277 (81.2%)
J	Do you think you are independent from your family?	343	59 (17.2%)	284 (82.8%)

Family factors above all appeared to be protective factors within the participants. Only 65.9% of participants were not embarrassed by their family members. There were 20.9% of Participants who avoided going home after school due to the tension at home while 18.8% did things they regret because of the situation at home, with 70.6% of participants who found it easy to communicate with their caregivers. Few participants are left to fend for themselves and further few do things they later regret because of the tension at home.

4.3.4 Open-ended questions relating to family factors

The following tables relate to responses when participants were asked to provide motivations in the form of open-ended questions. Table 4.21 presents participants' responding 'yes' and table 4.22 present 'no'

responses to the question “Do you feel embarrassed when you think of your family?” (Variable E in table 4.20).

Table 4.21: Motivations of Variable E of respondents who answered ‘yes’ (n=116)

Motivation	Frequency	Percentage
Related to how they feel about their family	55	47.5%
Related to their family’s actions	38	31.0%
Related to what they think about their family	7	6.1%
I am not ashamed of who they are	1	0.9%
I have no reason to feel embarrassed	1	0.9%
I want to know where they are	1	0.9%

The majority of motivations (47.5%) of participants being embarrassed related it to how participants felt about their families. Participants for instance stated they “disliked” or “hated” their family members. While only a third of motivations were related to the actual doings of the family members such as drinking, abandoning their children or having extra marital affairs. A small percentage (6.1%) of participants motivated their embarrassment was due to what they thought of their family members such as “I think my father is a bad person”.

Table 4.22: Motivation of Variable E of respondents who answered 'no' (n=224)

Motivation	Frequency	Percentage
Related to their family's actions	105	42.7%
Related to how they feel about their family	64	28.4%
Related to what they think about their family	9	11.5%
I do not need them	4	1.8%
I do not think of them	3	1.3%
I am ashamed of them	1	0.4%
We do not have a good understanding	1	0.4%

Once again motivations were connected to the actions of family members. Of the respondents who stated that they are not embarrassed by their family, 42.7% motivated that it is because of their family's actions such as they help them, they raised them or they support them. While 28.4% related their motivations to how they felt about their family connection and bond only 11.5 % related it to what they thought of their family members. One point eight percent (1.8%) stated they did not need them with another 1,3% that stated they did not think of them.

In the above two tables, those participants who stated they were embarrassed by their family members presented with the majority indicating that it was due to the way they felt about family members. However those participants who stated they were not embarrassed motivated reasons related to their family members' actions and what they do for them (participants).

The table below presents the motivations stated by participants who answered 'yes' to the question "Do you think you are independent from your parents" (Variable J as in Table 4.15). Participants were only required to state a motivation if they answered 'yes'.

Table 4.23: Motivations of Variable J of respondents who answered 'yes' (n=59)

Motivation	Frequency	Percentage
Dependent on their family for support etc.	20	33.9%
Self sufficient (independent)	19	32.3%
I did something wrong and they were upset	2	3.4%
I do right things in front of them	1	1.7%
Poor disciplining of others	1	1.7%

Of participants who answered that they were independent from their parents, 33.9% motivated that they were dependent on their family for emotional support or when they needed them. While 32.3% stated that they did their own cooking or worked part time jobs as motivations to why they were independent from their family.

Considering all of the above mentioned, it appeared that family factors were protective factors within the participants that could ultimately influence LS positively and lead to resilient behaviour.

4.3.5 Community factors

The **community factors** include peer relationships, peer pressure and the effect it has on the adolescent developing.

Table 4.24: Community factors

Variable	N	Yes	No
Is it important for your friends to accept you as you are?	348	332 (95.4%)	16 (4.6%)
Do you learn social skills from friends?	342	245 (71.6%)	97 (28.4%)
Do your friends influence your decisions you make?	342	55 (16.1%)	287 (83.9%)
Do you do things because friends want you to do it?	347	24 (6.9%)	323 (93.1%)
Is it okay with you when other people do not like you?	345	164 (47.7%)	181 (52.3%)

The above variables are presented in the order as they appear within the questionnaire. It was important for 95.4% of participants to be accepted just as they are. Peers only influence 16.1% of participants' decision-making. Furthermore only 6.9% of participants do things their friends want them to do irrespective of them wanting to do it or not. Peer relationships and acceptance plays a big role in adolescent behaviour and it is especially evident where more than half (52.3%) felt it was not okay when others did not like them.

SUMMARY OF ALL THREE ENVIRONMENTAL FACTORS

Environmental factors were divided into individual, family and community factors within the questionnaire. Within each factor, the researcher presented the results and it was found that risky behaviour was more prominent in participants who drank alcohol or smoked. However adolescents protected themselves from STI's, HIV/AIDS and teenage pregnancy. Self-worth and self-esteem played a big part as a

possible risk factor for adolescents. Family factors were found to be definite protective factors where within community factors, peer acceptance was very important to participants and could be viewed as a possible risk factor where participants may do things to fit in. All of which influence, whether positively or negatively, the LS of adolescents that lead to resilience.

4.4 KNOWLEDGE OF LIFE SKILLS

Section B: Part 3 of the questionnaire includes the knowledge of Life skills that participants possess, presented in the form of cartoon strips. The LS addressed were communication skills, time management, problem-solving, conflict handling/self-assertiveness, values, decision-making abilities, stress management.

Participants' knowledge on LS were determined by asking questions relating to the comic strips they viewed in the questionnaire.

Table 4.25: Respondents' knowledge of Life skills

Life Skill	Number of participants that presented with knowledge of specific LS	Number of participants that presented with sufficient knowledge on aspects of LS
Communication skill	306 (88.7%); n=345	308 (90.3%); n=341
Time management	265 (77.3%); n=343	250 (72.5%); n=345
Problem-solving	192 (55.8%); n=344	198 (56.8%); n=317
Conflict handling/ self-assertiveness	191 (56.5%); n=338	82 (24.4%); n= 336
Values	283 (81.8%); n=346	30 (89.9%); n=116
Decision-making	158 (45.7%); n=346	157 (56.1%); n=341
Stress management	122 (35.6%); n=343	163 (47.8%); n=341

The results indicate that where participants were required to make the correct assumption regarding the life skill (column 2) the highest percentages were found within communication skills (88.7%), time management (77.3%), and values (81.8%) with decision-making abilities and stress management both below 50%, possibly indicating that participants battled more with these two LS.

Participants' background knowledge surrounding theoretical aspects of each LS is presented in column three. Strong associations existed between columns two and three. Once again communication skills, time management and values were the highest percentages at 90.3%, 72.8% and 89.9% respectively. The LS that presented with participants having the least knowledge of theoretical aspects was in conflict management/self-assertiveness at 24.4%, where it was evident from

participants' responses that they were not self assertive and handled conflict poorly.

4.5 LIFE SKILLS APPROPRIATIONS

Questions related to the same LS as addressed in Part 3 of the questionnaire. The questions were asked in a manner to determine whether participants applied LS in everyday activities. The following tables will indicate the percentages of participants applying LS in their everyday lives. Life skills are presented in the table as they appear within the questionnaire.

Table 4.26: Correct application of theoretical knowledge of life skills

Life Skill	N	Frequency	Percentage
Communication skills	343	250	72.9%
Time management	342	120	35.1%
Problem-solving	341	310	90.9%
Conflict management/ Self-assertiveness	341	267	78.2%
Values	341	277	81.1%
Decision-making	340	162	47.6%
Stress management	341	276	80.9%

Problem-solving skills (90.9%) and Values (81.1%) were applied best. Participants applied time management and decision-making poorly of all LS.

The researcher has decided to compare the above table with table 4.25 to determine whether there were connections between knowledge of LS of adolescents and the application of the LS in everyday life.

Table 4.27: Knowledge of life skills versus application of life skills

Life Skill	Knowledge of LS	Application of LS
Communication skills	308 (90.3%); n=341	250 (72.9%); n=343
Time management	250 (72.5%); n=345	120 (35.1%); n=342
Problem-solving	198 (56.8%); n=317	310 (90.9%); n=341
Conflict management/ self-assertiveness	82 (24.4%); n= 336	267 (78.2%); n=341
Values	30 (89.9%); n=116	277 (81.1%); n=341
Decision-making	157 (56.1%); n=341	162 (47.6%); n=340
Stress management	163 (47.8%); n=341	276 (80.9%); n=341

Within communication skills (90.3% vs 72.9%), time management (72.5% vs 35.1%) as well as decision-making (56.1% vs 47.6%) there was an indication that participants possessed the knowledge of LS more than what they had applied it. Whereas within problem-solving (56.8% vs 90.9%) conflict management/self-assertiveness (24.4% vs 78.2%) and stress management (47.8% vs 80.9%) participants applied the LS more in everyday life than what they had knowledge. It was only within

values that the knowledge and appropriation had a close link. It is common within adolescent development that adolescents possess the knowledge on certain topics yet due to peer influences and identity crises they do not choose to apply what they know. This statement is supported in the above results found within communication skills, time management and decision-making.

Table 4.28: Knowledge and application of life skills leading to resilience

Life Skill	% possessing knowledge of LS	% applying LS	% showing Resilience in the LS
Communication skills	308 (90.3%); n=341	250 (72.9%) n=343	264 (80.5%) n=328
Time management	250 (72.5%); n=345	120 (35.1%) n=342	195 (56.9%) n=343
Problem-solving	198 (56.8%); n=317	310 (90.9%) n=341	193 (58.8%) n=330
Conflict management/ self-assertiveness	82 (24.4%); n= 336	267 (78.2%) n=341	107 (31.8%) n=337
Values	30 (89.9%); n=116	277 (81.1%) n=341	311 (91.7%) n=339
Decision-making	157 (56.1%) n=341	162 (47.6%) n=340	282 (82.7%) n=341
Stress management	163 (47.8%); n=341	276 (80.9%) n=341	204 (60.0%) n=340

Application of LS and resilience were closely related only within Communication skills (72.9% and 80.5%) and time management (35.1% and 56.9%). Since communication is natural to participants, where they applied it well they presented with resilience. However learners applied time management poorly and therefore presented with low results in resilience. Knowledge of all other LS was more closely related to resilience. It was only within values that knowledge and application of LS were both closely linked to resilience.

SUMMARY OF KNOWLEDGE AND APPLICATION OF LIFE SKILLS

The above table makes a link between the application of LS and how it leads to their ability to show resilience. The researcher added the columns indicating knowledge and application of LS as this is the overall aim of the study and especially since participants presented with better application of LS than knowledge within the LS in some areas. It was interesting to note the influence that knowledge had on resilience especially within problem-solving (56.8% vs 58.8%), conflict management/self-assertiveness (24.4% vs 31.8%) and stress management (47.8% vs 60.0%). It was in table 4.27 where there was a significant difference between the knowledge of the three previously mentioned LS and the application thereof. Whether knowledge was high or low it was directly related to resilience. Also, application, whether high or low, related to resilience; indicating that knowledge and application of LS lead to resilience.

4.6 SUMMARY

The results were reported and tabulated for demographics and characteristics of the sample group. The environmental factors influencing LS that lead to resilient behaviour was reported.

Furthermore, knowledge and application of LS that lead to resilience were also reported. Where applicable, relationships between variables were also described.

The results showed that the sample group, although small, engaged in some form of risky behaviour such as alcohol use; smoking and sexual activity. Environmental factors influenced LS both positively and negatively but essentially lead to resilient behaviour. Finally, the knowledge and application of LS in fact lead to resilience.

The results will be discussed in detail in the next chapter.

CHAPTER 5

DISCUSSION OF RESULTS

5.1 INTRODUCTION

In the previous chapter the researcher presented the results in the form of tables and graphs. This research explored a profile of adolescents' knowledge and application of LS that lead to resilient behaviour. Within this chapter, the results that were obtained are discussed and interpreted. The discussion will take place according to the three objectives of this study and it is then followed by the limitations and reflecting on the study.

The researcher will list primary findings of this study and the discussion will follow:

- The researcher found that environmental factors influenced LS that lead to resilient behaviour.
- Increased knowledge and application of LS lead to resilient behaviour and resilience was less present in cases where there was a decrease in either knowledge or application of LS.

5.2 ENVIRONMENTAL FACTORS

Within the questionnaire the researcher concentrated on the environmental factors as they were highlighted within the literature. In individual factors risky behaviour, self-esteem, self-identity, self-awareness, competency and hope/optimism were included. In family factors the researcher included family bond, support, stability and

security and within community factors peer acceptance and peer pressure was included in the questionnaire. The researcher found that environmental factors influenced LS and LS also in turn influenced environmental factors.

Culture tends to influence adolescent development and within a coloured culture adolescents find themselves being influenced by an identity that is synonymous with jovialness and drunkenness (Blum 1998:2; Erasmus 2001:14). According to McWhirter *et al.* (1995:119) findings suggests that the tendency to use both alcohol and cigarettes among high school learners remains high. However, from the study sample few participants admitted to drinking and/or smoking, thus illustrating their non-engagement in risky behaviour. Participants who admitted to engaging in risky behaviour drank alcohol (27.2%) more than they smoked (14.4%) or engaged in premarital sex (22.2%). The majority of participants were responsible when it came to protection from STI's, HIV/AIDS and pregnancy. This differs from McWhirter and colleagues (1995:19) claiming that large numbers of adolescents engage in unprotected sex. When further compared to participants from lower socio-economic backgrounds, the researcher found that there was not a significant difference between the two. However the only significant difference was that participants from other suburbs (16.8%) smoked more than participants coming from lower economic backgrounds (7.6%). More interesting, lower income participants, had sex more at 26.1% than they drank alcohol (23.9%). Possibly implying that lack of finances to buy alcohol and cigarettes made it harder to drink and smoke than have sex. According to Coleman and Hagell (2007:11) good time management is an individual protective factor as constructive use of free time (time management) would possibly limit the engagement in these risky behaviours. Jenson (2004:191) mentions that problem-

solving skills and stress management could serve as protective factors within alcohol use of adolescents. The researcher further adds self-assertiveness to be weary of peer pressure and decision-making abilities to the list.

Questions within the questionnaire pointed out other individual factors such as competency, positive social interaction, self-esteem, self-awareness and self-identity. Pride could be directly related to self-awareness, self-esteem or even self-identity and it is evident that most learners (80.6%) were proud of what they had accomplished (Allen *et al.* 2008:1). It is important to note that low self-esteem among adolescents is considered a strong risk factor of teen suicide and non resilient behaviour (Macgown 2004:364).

Within the motivations that participants provided, many answers related to participants' own competency, beliefs or self-esteem. Competency within the adolescent arose where the majority of participants (34.9%) indicated that they are proud of their lives because of what they had accomplished. Strong belief systems (values) as well as decision-making abilities were illustrated as participants based their pride on good behaviour (10.7%) such as not associating with bad people, not doing wrong things and only doing good things. Competence is related to resilience (McWhirter 1993:85) and results show that participants were competent and ultimately resilient since those who were not proud of what they had accomplished motivated that this was because they still had a lot to accomplish (40.2%). Vihar (2011:16) claims that LS assist in being competent and therein illustrating the influence that LS had on the environment with these learners. A good example of how LS influenced individual factors that lead to resilience was illustrated where participants portrayed values and decision-making (LS) as they (4.4%)

attributed accomplishment (individual factor) to abstinence (non-risky behaviour). Participants motivated they were not proud because of the choices they have made as some claimed they had sex before marriage.

Furthermore the researcher addressed the aspect of social interaction by asking learners whether they liked being alone at home or at school. The question was asked to determine whether participants portrayed social competence by socialising (exercising communication skills) or whether they had isolated themselves from family or peer interaction (Tummers 2011:49). Although independence is related to resilience, the question was asked specifically to determine whether participants preferred being alone as opposed to whether they could cope when they are alone. Functional communication and interaction is also a resilience indicator (McWhirter *et al.* 1995:119; Heaven 2001:57). The motivations provided would illustrate what the reasons were for them answering yes or no to the questions "do you like being alone at home" and "do you like being alone at school". The results portrayed that participants who stated that they liked being alone; preferred being alone at home (41.6%) more than they preferred being alone at school (6.6%). Circumstances at home, relationships with family members as well as peer relationships could be reasons for this vast difference (Molokwane 2000:15). Participants isolated themselves easier at home than at school for the risk of being called names like being a loner. The sense of belonging also played an important role, as participants long for the need to be accepted by their peers (Tummers 2011:49).

The final question in the questionnaire pertaining to individual factors asked participants whether they believed there was a reason that they are alive. The question was asked to determine whether participants had hope and optimism that is a direct characteristic trait of a resilient

individual (Allen *et al.* 2008:16; McWhirter *et al.* 1993:85). Hope and ultimately resilience, is prominent in the participants answering this question (n=255) since the majority of participants (96.2%) believed there is a reason why they are alive. Reasons indicated by participants related to their life and future e.g. to make a success of their life, to be somebody great, to enjoy their life, or to live and have fun. Participants also indicated that the reason they were alive was because God made them for a purpose or their purpose was to serve God. All of the previously mentioned indicate hopefulness and optimism amongst participants. The fact that there were fewer matric learners answering the questionnaire is once again evident here as only 17.1% of participants believed their reason was to fulfill a purpose and achieve a goal. Most grade 10 or 11 participants were possibly not even aware of what their future goals were. Literature shows that resilient individuals are optimistic (Allen *et al.* 2008:16). The researcher could also view this small percentage as participants placing a greater emphasis on their 'unknown' future and religious reasoning than on actually being alive in order to fulfill a specific goal/purpose or not knowing how to formulate life goals.

Participants (3.8%) who answered 'no' to whether they believed there is a reason why they are alive, stated that they did not believe there was a reason or they had no value indicating possible negativity and hopelessness that further indicates poor self-worth and self-esteem. The researcher again emphasizes that strong risk factors of non resilient behaviour are hopelessness and poor self-esteem (Macgown 2004:364).

The family is the first contact that individuals have regarding what is right and wrong (Heaven 2001:53). The LS of participants would be affected within participants who felt insecure in the family bonds, or who

came from unstable homes or even felt little or no support from family members. Coleman and Hagell (2007:11) claim that support, security and stability influence values. This was found within the results and is one example of how family factors influence LS since communication skills and values were prominent within family factors. The researcher will explain this statement in light of the results. Where family factors presented positive results they could be seen as protective factors for the adolescent in the influence of LS that leads to resilient behaviour (Clarke-Stewart & Dunn 2006:7). Participants would not communicate effectively if they felt embarrassed by family members. The bond between participants and their family members would be indicated by their responses to whether they felt embarrassed about their family members or not (Frydenburg 1999:35-38). The majority of participants (65.9%) were not embarrassed by their family members, but those who were embarrassed motivated that it was due to the fact that their family made them feel unhappy and they were ashamed of their family due to their family's actions such as drinking, abandoning their children or having extra marital affairs, illustrating instability and insecurity.

Respondents, who stated that they were not embarrassed by their family, motivated that it was because of their family's actions such as they help them, they raised them or they support them, while others related their motivations to their family connection and bond.

The question pertaining to whether participants avoided going home due to the tension at home was asked in order to determine the stability the participant felt within the family. A small number of participants answered yes, indicating that the rest (79.1%; n=346) felt a sense of stability at home that did not result in avoidance of the home. Stress

management, communication skills, values would all be in place in homes where participants felt stability (Heaven 2001:37).

The researcher could argue that communication skills are crucial for the above family factors to be instilled (Heaven 2001:57). Communication between participants and family members appeared good since most participants (70.6%) found it easy to communicate with their primary caregivers.

Stability, support and security again had an influence on values and communication skills of participants when they were asked whether they did things they regretted later because of the situation at home (Tummers 2011:49). Few participants (18.3%) are left home alone to fend for themselves indicating lack of stability and security within the minority. Participants (33.9%) indicated that they depended on their family for emotional support.

The most important aspects within community factors are peer acceptance, peer pressure and communication with peers (Molokwane 2000:15). Nearly all participants (95.4%) found it important to be accepted just as they are. Peer influences did not affect participant decision-making abilities and therefore peer pressure was not as prominent in adolescents, indicating that participants might portray resilience in this aspect. However, literature states that peers often direct adolescent decision-making (Clarke-Stewart & Dunn 2006:80). Once again peer pressure was not an issue with participants since small percentages of participants (6.9%) did things their friends wanted them to do irrespective of them wanting to do it or not, indicating possible self-assertiveness. Peer pressure played a small role with the participants as they might have good value systems, however peer relationships and acceptance played a big role in adolescent behaviour.

In theory, it would appear that adolescents would cave in to peer pressure in order to be accepted especially when Plant and Plant (1992:8) identifies peer pressure as a factor leading up to risky behaviour. Peer acceptance was only evident where more than half of the participants (52.3%) felt it was not okay when others did not like them. The researcher further relates this to possible low self-esteem of the other 47.7% of participants.

From the above factors, risky behaviour was more prominent in participants who drank alcohol or smoked. However participants protected themselves from STI's, HIV/AIDS and teenage pregnancy. Self-worth and self-esteem played a big part as a possible risk or protective factor for participants. Family factors were found to be definite protective factors (Coleman & Hagell:2007:11) where within community factors peer acceptance was very important to respondents and could be viewed as a risk factor where participants did things in order to be accepted (Plant and Plant 1992:8). All of which influence, whether positively or negatively, the LS of adolescents that lead to resilience.

5.3 KNOWLEDGE AND APPLICATION OF LIFE SKILLS THAT LEAD TO RESILIENCE

The researcher incorporated comic strips into the questionnaire to determine participants' knowledge on LS by asking questions relating to the comic strips they viewed in the questionnaire. Participants were expected to make the correct assumptions on the scenarios they viewed in the comic strip. Communication skills and values were very prominent LS with adolescents as participants presented with high percentages of knowledge within communication skills (88.7%) and time management

(77.3%). Life skills are incorporated within the curriculum but not all LS are addressed in every grade (Hendricks *et al.* 2011:10-11). Time management is only addressed in grade 11 (Hendricks *et al.* 2011:10-11). The school plays an important role in the implementation of LS. The purpose of Life Orientation (LO) is to teach participants what to do, when to do it and how to do it (Maree & Ebersöhn 2004:25). Therefore where the LS were evident within the environmental factors it is as prominent in the knowledge the adolescent possesses of that specific LS. It appears that participants' knowledge of decision-making and stress management skills were the lowest. Interestingly decision-making skills are taught in both grades 10 and 11, however it is understandable that stress management would be low since this LS is only taught in grade 12 (Hendricks *et al.* 2011:10-11). The researcher again revisits community factors where as previously mentioned, very high percentages of participants relied on their own decision-making abilities and very few participants indicated that their peers influenced their decisions. The implication is that when participants made their own decisions their knowledge regarding correct decision-making abilities could have been poor. Participants also presented with low stress management abilities that link back to possible risky behaviour especially regarding alcohol use and smoking when they felt stressed.

Participants' background knowledge surrounding theoretical aspects of each LS was addressed by asking more questions (Du Plooy-Cullier & Olivier 2000:4; Monteith 2007:49). Consistency existed within communication skills (90.3%), time management (72.5%) and values (89.9%) with high percentages respectively. The LS that presented with participants having the least knowledge of theoretical aspects was in conflict management/self-assertiveness (24.4%) where it was evident from participants' responses that they were not self assertive and

handled conflict poorly. Responses indicated that participants opted for a cop-out or cowardly attitude. Few participants presented with an over aggressive attitude when answering this question. The other possible reason that stress management above and conflict management/self-assertiveness is so low could be due to the fact that these two LS are only addressed in the Grade 12 curriculum and only a few matriculants answered the questionnaire (Hendricks *et al.* 2011:10-11).

Respondents were asked scenario type questions where they were expected to answer questions as they would apply LS. The results once again portray values within the top highest percentages. When knowledge was compared to application, there appeared to be a significant difference between the knowledge and application of certain LS. Communication skills, time management and decision-making abilities indicated that participants possessed the knowledge of these LS more than what they had applied it. This is considered normal within adolescents that although they possess the knowledge on a certain aspect, they would still follow their own instinct, peer influence, and try to experiment or even act out of rebellion (Cai Cai 2005:7; Vihar 2011:7). Although knowledge of decision-making was among the lower percentages, it was still higher than the application of decision-making abilities. However, within problem-solving, conflict management/self-assertiveness and stress management participants applied the LS more in everyday life than what they had portrayed knowledge. Adolescents tend to act on street smarts or their life experiences could be the reason for these results. It is especially evident within problem-solving and conflict management/self-assertiveness where participants behave on instinct and do not realize that they are doing something according to the book. It would appear that these LS (problem-solving, conflict management/self-assertiveness and stress management) were learned

through experiential learning, especially since this type of learning takes place in an unstructured manner and involves little adult guidance (Jenkinson 2002:4). It was only within values that the knowledge and appropriation had a close link since this is the only LS consistent within the environmental factors. Further illustrating how environmental factors influence LS.

The researcher had reviewed literature on what typical resilient characteristics are within individuals and then incorporated the characteristics traits into the questions asked (Allen *et al.* 2008:16; Tummers 2011:49). It was previously noted that participants presented with better application of LS than knowledge within some areas. Within problem-solving, conflict management/self-assertiveness and stress management the influence that knowledge of LS had on resilience was identified. According to Kruger (2010:24) where knowledge of LS is poor then the participant would present with poor resilience. The opposite was also true from the results. Where participants possessed the knowledge of LS more than they applied it, it related to resilience, however where participants applied LS better than their knowledge it also related to resilience. Therefore illustrating, that both knowledge and application of LS influenced resilience. The researcher again highlights the significance between the application of communication skills and values in relation to resilience.

5.4 DESCRIPTION OF SAMPLE

In 2011 there were 2 762 participants identified in total from schools A-D. A great number like this could have contributed to sufficient data relating to knowledge and application of LS of adolescents. However, from table 4.1 it is reflected that only a small sample (348 participants)

had completed the questionnaire. Therefore only 12.6% of the entire population participated. School A had the biggest response rate of all four schools, whereas school C that had the most participants altogether of all four schools, presented with the least number of participants completing the questionnaire.

The researcher was received better by schools A and B that presented with the highest response rates. The deputy head masters at these two schools were more approachable and accommodating than the other two schools. The researcher therefore found that in cases where the response rates were the highest was directly related to the positive attitude of the deputy head masters towards the researcher. Other reasons relating to the poor response rate could be due to poor motivation of participants, participants not handing permission letters to parents, participants not returning signed permission letters to deputy head masters or even poor motivation of parents to allow their adolescent children to participate in the study. A more hands on approach from the researcher or instructing a fellow occupational therapist in Kimberley to assist the researcher could have alleviated the problem of few respondents.

5.5 DEMOGRAPHIC INFORMATION

This research took place in Kimberley in the Northern Cape. Eight of the 26 suburbs in Kimberley are considered predominantly coloured suburbs and were included in the questionnaire. The majority of participants resided in the predominantly coloured suburbs while the rest indicated that they lived elsewhere in Kimberley. Participants who did not reside in the coloured areas indicated so by ticking the "other" block and then stated the suburb they lived in, in the space provided. The suburbs

indicated by this one third of participants included suburbs that were previously considered to be white areas and also a “typically black” lower socio-economic area.

The results indicated that most participants (65.8%) resided with their parents, while 34.2% lived elsewhere. Participants, who had indicated that they lived elsewhere, either lived with grandparents, in the care of a guardian, alone, in a hostel, with family members or with friends of family. The respondents that no longer lived with their parents could indicate that they possibly have not legally been placed in these circumstances and it could be related to a number of reasons including death related to HIV/AIDS of parents, parents working and living in other cities and countries or even conflict between participants and parents. In some cases poverty could also play a role where participants live with family members who can provide better for them.

Where poverty was concerned the researcher included the questions of having water and electricity resources available. Lacking either facility could be indicative of poverty or living in a disadvantaged suburb that serves as a challenge for an adolescent. The majority of participants lived in homes where both electricity and running water was available (94.2% and 85.3% respectively). According to STATS SA (2011) this is within normal range and the participants in comparison to the rest of South Africa were quite advantaged in this regard, since the percentages for electricity and water are 82.7% and 89.5% respectively. Most of the participants who did not have these facilities available lived in the lower socio-economic area that was previously mentioned. More participants had electricity than running water, in both groups of participants, where it is considered legislative for South Africans to actually have water facilities above electricity available.

The researcher had included questions seven to nine since overcrowding is identified as a challenge experienced by coloured adolescents. Crowding factors could also be indicative of lower socio-economic status. The researcher has included questions pertaining to the number of people under and over the age of 10 sleeping in houses per night. Room density was calculated by the number of rooms divided by the number of people living in the house. According to the Department of National Health and Population Development everybody who is 10 years old or older counts as an equivalent person (EP) and those aged younger than 10 years counts as half an EP. It is further illustrated that a household should have 1 sleeping room if there is no more than 2.5 EP's living there, 2 sleeping rooms if there are up to 3.5 EP's and 3 sleeping rooms if there are up to 5 EP's living in the home (Coetzee, Yach & Joubert 1988:354).

According to Legett (2004:4-8), overcrowding is a challenge commonly experienced by coloured adolescents. The results indicated that the majority of participants (80.6%) lived in homes with less than 2.5 members living with them, while only a fifth of participants lived in homes with 2.5 or more members living with them. Overcrowding was therefore not as prominent within this coloured community and could therefore not be identified as a challenge that was typical of these adolescents. The researcher also addressed substance use (a common challenge experienced by coloured participants) in the questionnaire that will be discussed later.

Data was collected in September 2011 shortly before school holidays and during preliminary examinations of grade 12 participants. The researcher could only conduct the study after approval was obtained

from the Ethics committee of the University of the Free State and NC Education Department. The researcher felt that a later stage for data collection would mean even less matriculant attendance at schools. Provided the researcher continued the following year with the implementation, there would have been a change in the number of participants at each school. The implication is that during September 2011, matric participants only attended school when they were writing preliminary exams and the other grades were busy with revision which could have contributed to a poor attendance rate.

Within the sample group, more female participants participated than male participants. According to STATS SA (2011), there are more females than males in South Africa. Therefore the sample might have been small, but the gender of participants is as expected considering the male to female ratio within the general population in South Africa of 0.99 males/females (STATS SA: 2011).

Since matric participants were so scarce, they were in the minority of participants who had completed the questionnaire; however grade 11 participants made up nearly half of the population at 45.4%. The response rate is low and the implication is that although grade 11 is difficult scholastically, especially regarding math's and physical science, (Makgato & Mji 2006:255), grade 12 participants face different and other challenges that might have been presented in the results but by only a small number of participants. The researcher also noted that although the matric participants were so few, a comparison of their knowledge of LS among the four schools could not have been made since in matric LO is the only subject that is 100% internally assessed (National Curriculum Statement 2009:4). Indicating that the LS

participants learn in matric LO, depends on the educator teaching the subject.

5.6 LIMITATIONS OF THE STUDY

Several weaknesses and limitations were identified:

- Poor response rate - As stated previously there were 2 762 participants identified within the study population but only 348 completed the questionnaire. This is an indication of merely 12.6% from the entire population. The implication within the results is therefore that the majority of participants (87.4%) could have stated the opposite, implicating that different results could have been produced from other adolescents, especially matriculants that were in the minority.
- Stipulations of DoE - Due to the fact that the researcher was not able to take up participant time, the deputy head masters had the responsibility of handing out permission letters and questionnaires to participants. They were also responsible for explaining the procedures to the participants.
- Time and financial constraints – the researcher was unable to spend more time at the schools to ensure that all participants received permission letters to take home for parents to sign. The researcher lives and works in Bloemfontein and was unable to return to Kimberley another day that would have been convenient for both the participants and deputy head masters in order to give the instructions for answering the questionnaire to the participants. The implication is therefore that the responsibility was left with the deputy head master. If a double period was available at each school along with a school hall as initially planned, then the researcher could have handed out the

permission letters to participants for parents to sign, instructed that they were returned the following day, receive the signed permission letters, hand out the questionnaire, explain the procedures and been nearby to collect the questionnaire herself.

- Availability of participants – there were very few matric participants available for the completion of the questionnaire. Only those participants who were willing and available had participated in the study. The implication is that the perspective of the 18 year old adolescent is not as sufficient as the other two age groups.

5.7 REFLECTION ON QUESTIONNAIRE AND DATA GATHERING

The researcher had spent a considerable amount of time planning and developing the questionnaire. The cartoon strips were chosen within the light of illustrating LS and this was a lengthy process as well. The questionnaire including cartoon strips were translated by a credible source. Although many hours were spent on the development of the questionnaire and the pilot study was well-planned and executed, there were still shortcomings. The researcher identified the following shortcomings and made suggestions to refine the questionnaire as well as data gathering for possible future research:

- More open ended questions: Part 4 of the questionnaire had no open questions. More specifically, motivations would have provided the researcher with more insight regarding the adolescents' application of LS especially within questions 41.1, 41.2, 41.3, 47.2 and 47.3. The qualitative approach that would have been provided by the open ended questions would have added depth to the answers provided by participants

- Within questions 22 and 27 the researcher found that a few adolescents in the actual study found confusion with the terms embarrassed and independent/dependent. This was discovered within the motivations participants gave. There was however no problems observed with understanding of the terms during the pilot study. Afrikaans speaking participants especially confused the term embarrassed (verlëe) by describing it as missing their family members. The researcher could have provided short descriptions or definitions for more difficult terms.
- Many participants battled with question 38.4. This issue was already identified with the pilot study. The researcher had explained all questions to the deputy head masters and placed emphasis on how she had wanted participants to answer this specific question. Participants, however still misunderstood what they were expected to do. Many participants, instead of numbering their values from 1-12 where 1 is most important and 12 least important, merely made an indication which values were important to them.
- Although adolescent development is a challenge in its own, it is not known whether any of the participants faced an actual adversity or specific challenge. A question could have been included to ask participants whether they have recently been in a challenging situation and then provided with the opportunity to motivate the situation.

5.8 SUMMARY

This research focused on determining a profile of coloured adolescents in Kimberley and their knowledge and application of LS that lead to

resilience. The primary findings of this study illustrated that environmental factors influenced LS whether negatively or positively and vice versa. Furthermore the researcher found that participants who had possessed knowledge on LS did not necessarily apply it in their everyday life. The opposite was also true; where participants' presented with poor results of knowledge of LS, they had applied it better. Values were consistent and this was seen within environmental factors, knowledge and application of LS. Both knowledge and application of LS lead to resilient behaviour.

Within this study, more female participants participated than male participants. The ratio of female to male is considered normal. Grade 11 participants made up the majority of the population with the grade 12 participants in the minimum. The majority of participants came from predominantly coloured areas, however nearly a third of the population lived in a disadvantaged suburb. Most participants still resided with their parents with the majority coming out of homes where water and electricity was available. Those who mostly lacked these facilities resided in the disadvantaged suburb.

Secondary findings found that participants drank more than they had engaged in sex with small percentages not protecting themselves from HIV/AIDS, STI's or pregnancy. However within the disadvantaged suburb, participants had more sex than what they drank alcohol that could be related to financial limitations to buy alcohol. Individual factors were dependant on self-esteem, self-worth and self-identity. Family factors were considered protective factors within the participants especially regarding bonding, stability, security and support. Communication skills were also important for good functioning within

the family. Peer relationships and acceptance was found to be an important factor for adolescent development.

The knowledge of communication skills, values and time management presented with high percentages. Since stress management and self-assertiveness/conflict management are only taught in grade 12 participants knowledge regarding these two LS were low.

High percentages of participants apply problem-solving, values and stress management however time management is not applied well at all.

In the following chapter the researcher concludes this research study and makes further recommendations.

CHAPTER 6

CONCLUSION AND RECOMMENDATIONS

6.1 INTRODUCTION

The researcher had undertaken this research study to specifically focus on establishing a profile of coloured adolescents and what makes them cope regardless of adversity. Coping is most successful through the application of life skills (LS) since LS are in fact coping skills. Adversity is usually considered an event that requires the exercising of LS in order to survive, in other words, to be resilient. The researcher had previously attended a coloured public school in Kimberley and from personal experience has noted that LS were best instilled within the home and not necessarily the school due to the fact that Life Orientation (LO) (then Vocational Guidance) was used as a free period to catch up on work that was behind or to do homework.

The researcher therefore wanted to determine whether adolescents had the knowledge of LS and if they applied it in everyday life. Furthermore it was aimed to discover the environmental factors that influenced LS that would lead to resilience. All of this was conducted to ultimately compile a profile of the coloured adolescent in light of their knowledge and application of LS.

6.2 CONCLUSIONS

The profile of the coloured adolescents in terms of the objectives and results from this study is as follows:

6.2.1 Positive factors that influenced LS

- Individual factors – self-esteem, competence, hope, optimism and non-risky behaviour influenced and were influenced by values time management, problem-solving and decision-making abilities.
- Family factors – stability, security and support influenced communication skills, values and stress management
- Community factors – influences from peers influenced and was influenced by participants own decision-making abilities

6.2.2 Risk factors that influenced LS

- Individual factors – risky behaviour and poor self-esteem influenced and were influenced by problem-solving skills and stress management.
- Instability and insecurity was influenced by and in turn influenced communication skills, values and stress management.
- Community factors – peer acceptance influenced and was also influenced by conflict management/self-assertiveness

6.2.3 Knowledge of LS were high within communication skills, values, time management, decision-making abilities

6.2.4 Application of LS was higher within problem-solving skills, conflict management/self-assertiveness and stress management.

6.3 RESEARCH BOUNDARIES

The researcher had experienced the following boundaries during the study. Brief descriptions of the rationale for the boundaries are also given:

- Firstly, the researcher was not allowed to disrupt class time as stipulated by the Education Department. For this reason the permission letters as well as copies of the questionnaire was left with the deputy head masters at each school to hand out to the participants. Another reason why the researcher had left the documents with the deputy head masters was since she does not physically reside in Kimberley. In retrospect, a possible way to have overcome this stumbling block would be to acquire the assistance of a fellow occupational therapist working and residing in Kimberley to have assisted in this regard.
- At certain schools in Kimberley, deputy head masters had not been very approachable or accommodating towards the researcher. The researcher set a date to collect the answered questionnaire but had to postpone it because of non-compliance and even later requested that she be contacted when they had received the questionnaires back to hand over to the researcher. The poor co-operation of deputy head masters could also have resulted in the small response rate. The researcher could have directly contacted the head masters again and explained to them that she was not receiving the best co-operation and could even have suggested that that head masters assist to motivate deputy head masters and participants.
- Very few participants participated in the study and therefore results are representative of the minority in the population. Lack of motivation from participants, deputy head masters as well as

parents could be possible reasons for the small response rate. Physical presence of the researcher at the school could have better motivated participants and the deputy head masters.

6.4 SUGGESTIONS FOR FURTHER RESEARCH

This study has investigated the knowledge and application of Life skills that lead to resilience of coloured adolescents in Kimberley. As in other research studies, more questions were raised from the results.

Research that could result from this study:

- To investigate environmental factors in detail and how they influence LS.
- To determine the knowledge and application of Life skills in all adolescents and not only with coloured adolescents.
- To determine which grades presents with the higher percentages of LS knowledge and application.
- To investigate the difference among LS between knowledge and application.
- To investigate the knowledge and application of LS specifically in adolescents who had faced an actual adversity.
- To determine the rationale behind the order in which LS are addressed within the curriculum.

6.5 RECOMMENDATIONS

The researcher makes the following recommendations to the schools, Education Department and Occupational therapy as a profession:

6.5.1 The schools

- According to Grey (2008: Personal communication), the LO period is usually used as a free period. Therefore head masters should closely monitor the effective use of the LO period.
- Adolescents haphazardly absorb information from family, friends, the television or more recently the social networks. It is in the researcher's opinion that the school should provide accurate information according to the appropriate age and developmental stage of the adolescent regarding sexual education, career counseling, substance abuse etc.

6.5.2 The Education Department

- It should be determined what LS are most crucial and then implemented relating to the development of the adolescent and prioritized as such within the curriculum. Since participants presented with low knowledge on stress management and decision making and also based on the fact that time management is only addressed in grade 11; stress management, problem-solving, decision-making and time management should be addressed early but also repeated in each grade.
- Outcomes should be developed in a manner that facilitates adolescents taking accountability. Since participants have knowledge on certain LS but fall short when it comes to

application, the curriculum should be set out in a manner that promotes application in daily situations.

6.5.3 Occupational therapy

- Occupational therapists should place greater emphasis on researching adolescents as very little literature was found on adolescents from an OT point of view.
- Life skills training can be an important platform for adolescent intervention in OT.

6.6 TO CONCLUDE

The results obtained from this study indicated that profile of coloured adolescents from Kimberley presented in most cases increased knowledge of LS and in other cases increased application of LS. However both knowledge and application of LS had an influence on resilience

In conclusion, the researcher reflects on the great need for age and developmental appropriate implementation of LS within the adolescent. The lack of which could hamper learners' functional abilities in society. It is the researcher's belief that the results from this study will emphasise the important role that the occupational therapist could play in supporting adolescents to face adversity.

REFERENCES

ALLEN, J., MURRAY, M. & SIMMONS, K. 2008. *Helping your learners to be resilient*. UK: Routledge.

AMERICAN PSYCHOLOGICAL ASSOCIATION. 2001. *Staying connected. A guide for Parents on Raising an Adolescent Daughter*. [online].

Available from <[http:// www.apa.org/publications/girls](http://www.apa.org/publications/girls)> [Accessed 12 July 2009].

BORGEN, W.A. & AMUNDSEN, N.E. 2009. *Models of Adolescent Development*. [online]

Available from

<<http://www.childdevelopmentinfo.com/development/erickson.html>
[Accessed 2 December 2009].

BLUM, R.W. 1998. *Risk and Resilience: a Model for Public Health Interventions for Adolescents*. Division of General Pediatrics & Adolescent Health. University of Minnesota, Minneapolis, USA.

BROWN, B.B., LARSON, R.W. & SARASWATHI, T.S. 2001. *The World's Youth. Adolescents in Eight Regions of the Globe*. UK: Cambridge University Press.

BROWN, C. & STOFFEL, V.C. 2011. *Occupational therapy in Mental Health. A Vision for Participation*. Philadelphia: F.A. Davis Company.

BURGESS CHAMBERLAIN, L. 2011. *The Amazing Adolescent Brain: What Every Educator, Youth Serving Professional and Healthcare Provider*

Needs to Know. [online]. Available from <http://www.instituteforsafefamilies.org/pdf/theamazingbrain> [Accessed 16 May 2011].

BURNS, N & GROVE, S.K. 2009. *The Practice of Nursing Research. Conduct, Critique and, Utilization.* 6th ed. USA: Elsevier.

CAI CAI, 2005. *Life skills: A Facilitator's Guide for Teenagers.* Nepal: Multi Graphic Press.

CAMPBELL-HEIDER, N., TUTTLE, J. & KNAPP, T.R. 2009. *The Effect of Positive Adolescent Life skills Training on Long Term Outcomes for High-Risk Teens.* **Journal of Addictions Nursing**, 20: 6-15.

CICCHETTI, D. 2010. *Resilience under conditions of extreme stress: A multilevel perspective.* **World Psychiatry Journal**, 9(3): 145-154.

CLARKE-STEWART, A. & DUNN, J. 2006. *Families Count. Effects on Child and Adolescent Development.* USA: Cambridge University Press.

COETZEE, N., YACH, D & JOUBERT, G. 1988. *Crowding and alcohol abuse as risk factors for tuberculosis in the Mamre Population.* **SAMT**, 74: 352-354.

COHEN, J. 2007. *Resilience and developmental psychopathology.* **Child and Adolescent Psychiatric Clinics of North America**, 16: 271-283.

COLEMAN, J. & HAGELL, A. 2007. *Adolescence, Risk and Resilience: Against the odds.* USA: John Wiley & Sons, Ltd.

CREEK, J. & LOUGHER, L. 2008. *Occupational therapy and mental health*. Edinburgh, New York: Churchill Livingstone Elsevier.

CROSNOE, R. 2011. *Fitting in, Standing out. Navigating the Social Challenges of High School to get an Education*. USA: Cambridge University Press.

DIETRICH, V. 2003. *An Exploration of adolescent risk-taking behaviour*. Port Elizabeth.

DORNBUSCH, S.M., ERICKSON, K.G., LAIRD, J. & WONG, C.A. 2001. *The Relation of Family and School Attachment to Adolescent Deviance in Diverse Groups and Communities*. **Journal Adolescent Resilience**, 16:396-422.

DOWNEY, J. 2008. *Recommendations for Fostering Educational Resilience in the Classroom*. Montana: Heldref Publications.

DU PLOOY-CULLIER, F. & OLIVIER, M. 2000. *Interpersonal Communication*. Heinemann Education Publishers.

DU PRE, R.H. 1992. *Strangers in their own country: a political history of the coloured people of South Africa*. East London: Southern History Associations.

EBERSÖHN, L. & ELOFF, I. 2006. *Lifeskills & Assets. Second Edition*. Pretoria: van Schaik.

ERASMUS, Z. 2001. *Coloured by History, Shaped by Place: New Perspectives on Coloured Identities in Cape Town*. Cape Town, South Africa: Kwela Books and South African History Online.

ERIKSON, E. H. 1968. *Identity Youth and Crisis*. New York: W. W. Norton.

FARHANGPOUR, P. & WEBER, L. 2006. *My Clever Life Orientation through Issues. Teacher's book*. Pretoria: Clever Books (Pty) Ltd.

FERGUS, S. & M.A. ZIMMERMAN. 2005. *Adolescent Resilience: A Framework for Understanding Healthy Development in the face of Risk*. **Annual Review for Public Health**, 26:399–419.

FOUCHÉ, L. 2005. Specific Occupational therapy Intervention with Adolescents. In: Crouch, R. & Alers, V. eds. *Occupational therapy in Psychiatry and Mental Health, Fourth Edition*. London, England: Whurr publishers.

FRANCIS, M. 2007. World Health Organization. *Life skills education: planning for research*. Geneva, WHO, 1996. 72 p. [online]

Available from

< http://changingminds.org/articles/articles/life_skills_education.htm >

[Accessed 13 April 2011]

FRASER, M.W. 2004. *Risk and Resilience in Childhood. An Ecological Perspective*. Washington DC: NASW Press.

FRYDENBERG, E. 1999. *Learning to Cope. Developing as a Person in Complex Societies*. New York: Oxford University Press, Inc.

GARMEZY, N. 1974. *Children at risk: The search for the antecedents of schizophrenia. Part II: Ongoing research programs, issues, and intervention. Schizophrenia Bulletin*, 9, 55-118.

GEORGE, A. 2005. *The Influences of Psychosocial Factors and Resources on Suicidal Ideation of Adolescents*. Masters dissertation. University of the Free State.

GOUWS, E., KRUGER, N. & BURGER, S. 2000. *The Adolescent, Second edition*. Sandown: Heineman Publishers (Pty) Ltd.

GREEFF, A. 2005. *Resilience. Volume 1. Personal Skills for Effective Learning*. USA: Crown House Publishing Limited.

GREY, J. 2008. Director of Monitoring, Department of Education in the Northern Cape. Personal communication. 22 October 2008. Kimberley.

GROTBERG, E.H. 2003. *Resilience for Today: Gaining Strength from Adversity*. USA: Praeger Publishers.

HARDER, A. 2009. *The Developmental Stages of Erik Erikson*. [online] Available from <<http://www.learningplaceonline.com/stages/organize/Erikson.htm>> [Accessed 30 June 2011]

HEAVEN, P.C.L. 2001. *The Social Psychology of Adolescence*. New York, NY: Palgrave.

HENDRICKS, F., LITSHANI, N.F., MADIKE, P.J., MASHININI, J.A., NGETU, C.C. & SLATER, S.H. 2011. *Via Afrika Lewensoriëntering. Onderwysersgids*. Pietermaritzburg: Interpak books.

HUGHES, G. 2009. *Political Correctness: A History of Semantics and Culture*. [online].

Available from <<http://www.books.google.co.za/books> > [Accessed 24 January 2011].

JENKINSON, S. 2002. *The Genius of Play*. Hawthorn Press.

JENSON J.M. 2004. Risk and Protective Factors for Alcohol and Other Drug Use in Childhood and Adolescence. In: Fraser, M.W. *Risk and Resilience in Childhood. An Ecological Perspective*. Washington DC: NASW Press. 183-208.

KRUGER, A.H. 2010. *Risk Factors and the availability of Social Resources as Variables Influencing Suicidal Ideation among South African and British Adolescents*. PhD Thesis. University of the Free State.

LARSON, R.W, BROWN, B. & MORTIMER, J.T. 2002. *Adolescents' Preparation for the Future: Perils and Promise*. New York: Oxford University Press, Inc.

LARSON, R.W., WILSON, S. & MORTIMER J.T. 2002. *Adolescents' Preparation for the future*. **Journal of Research on Adolescence**, **12** (1): 159-166.

LEEDY, P.D. & ORMROD, J.E. 2010. *Practical Research. Planning and Design*, ninth edition. New Jersey: Pearson Education, Inc.

LEGETT, T. 2004. *Still Marginal. Crime in the Coloured Community*. Western Cape: Crime Quarterly No7.

LOOTS, S. 2008. *The Role of Exposure to Suicide and Coping Strategies in the Suicidal Ideation of Adolescents*. Masters dissertation. University of the Free State, Bloemfontein.

LUTHAR, S. S. 2006. Resilience in development: A synthesis of research across five decades. In Chicchetti, D. & Cohen, D. (Eds.) *Developmental psychopathology: Risk, disorder and adaptation*. New York: John Wiley & Sons. 739-795.

LYALL, L.A. 2010. *The Sayings of Confucius*. USA: Timeless Classic Books.

MANDELA, N. "*Opening Speech*". Parliament. 24 May 1994. First Democratic Parliament.

MACGOWN, M.J. 2004. Risk and Protective Factors for Alcohol and Other Drug Use in Childhood and Adolescence. In: Fraser, M.W. *Risk and Resilience in Childhood. An Ecological Perspective*. Washington DC: NASW Press. 347-383.

MAKGATO, M. & MJI, A. 2006. *Factors associated with high school learners' poor performance: a spotlight on maths and physical science*. **South African Journal of Education**, 26(2): 253-266.

MANASTER, G.J, 1977. *Adolescent Development and the Life Tasks*. USA.

MAREE, K. & EBERSÖHN, L. 2004. *Lifeskills and Career Counselling*. Sandown: Heineman Publishers (Pty) Ltd.

MASTEN, A. S., & OBRADOVIC, J. 2006. *Competence and resilience in development*. **Annals New York Academy of Sciences**, 1094: 13-27.

MAYLAM, P. 1995. *Explaining the Apartheid City: 20 Years of South African Urban Historiography*. **Journal of South African Studies**. 21: 19-38.

MCWHIRTER, J.J., MCWHIRTER, B.T., MCWHIRTER, A.M. & MCWHIRTER, E.H. 1993. *At-Risk Youth. A Comprehensive Response*. California: Brooks/Cole Publishing Company.

MOLOKWANE, R.M.S. 2008. *Implementation of Life Orientation in the Senior Phase in the Boiphirima Region of the North West Province*. Masters dissertation. University of the Free State, Bloemfontein.

MONTEITH, M., DILLEY, L. & CLITHEROE, F. 2007. *Oxford Successful Lewensorientering onderwysersgids*. Oxford University Press Southern Africa.

NATIONAL CURRICULUM STATEMENT, SOUTH AFRICA. Department of Education. 2004. *National Curriculum Statement. Grades 10-12. Subject Information*. Western Cape: Government Printer.

NATIONAL CURRICULUM STATEMENT, SOUTH AFRICA. Department of Education. January 2009. *Grade 12 Life Orientation Teacher Guide*. Western Cape: Government Printer.

NEILL, J. 2009. *What is resilience?* [online].

Available from <<http://wilderdom.com/psychology/resilience>> [Accessed 8 February 2009].

OUR LADY OF FATIMA CONVENT SCHOOL. 2011. *Life Orientation*. [online]. Durban North. Kwazulu Natal.

Available from <http://www.fatima.co.za/ac_life_orientation.html> [Accessed 28 February 2011]

PLANT, M & PLANT, M. 1992. *Risk-takers. Alcohol, drugs, sex and youth*. London: Routledge

POLIT, D.F. & BECK, C.T. 2006. *Essentials of Nursing Research: Methods, Appraisal, and Utilization*. Philadelphia: Lippencott Williams & Wilkins.

POWNALL, S. 2001. Aspects of Child Development. In: Lougher, L. *Occupational therapy for Child and Mental Health*. London: Churchill Livingstone. 33-47.

PRETORIUS, J. 1997. A model of ontogenesis and the dynamics of occupation function and dysfunction. In: Crouch, R. & Alers, V. eds. *Occupational therapy in Psychiatry and Mental Health, Third Edition*. Cape Town, South Africa: Maskew Miller Longman (Pty) Ltd. 46-75.

PRINS, A. 2009. Head of Wellness Programme. UFS. Presentation at Academic afternoon. May 2009.

PRINSLOO, E. 2007. *Implementation of life orientation programmes in the new curriculum in South Africa schools: perceptions of principals and life orientation teachers*. **South African Journal of Education**, 27(6): 155-170.

RIGBY, K. 1990. *Youth and their attitudes towards institutional authorities*. In: Heaven, P.C.L, & Callan, V.J. *Adolescence an Australian Perspective*. Australia: HBJ Pty. Limited.

ROWATT, G.W, 2001. *Adolescents in Crisis: A guidebook for Parents, Teachers, Ministers and Counselors*. Louisville, Kentucky: Westminster John Knox Press.

STATS SA (Statistics South Africa). 2011. *General Household Survey, July 2011. Statistical release*. Information obtained from A. Tsoeng at Stats SA office, Bloemfontein on 22 October 2012.

STRYDOM, H. 2005. Sampling and sampling methods. In: De Vos, A.S., Strydom, H., Fouché, C.B. & Delpont, C.S.L. *Research at Grass roots. For the Social Sciences and Human Service Professions. Third Edition*. Pretoria: van Schaik.

STRYDOM, H. 2005. Ethical Aspects of Research in the Social Sciences and Human Service Professions. In: De Vos, A.S., Strydom, H., Fouché, C.B. & Delpont, C.S.L. *Research at Grass roots. For the Social Sciences and Human Service Professions. Third Edition*. Pretoria: van Schaik.

TAIT, E. 2010. Senior Phase Educator at Calculus High School, Bloemfontein. Personal communication. 13 September 2010. Bloemfontein.

TAYLOR, S.E., REPETTI, R.L. & SEEMAN, T. 1997. *Annual Reviews in Psychology*. [online]
Available from <<http://www.tamu.edu>> [Accessed 09 February 2009].

THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION. 2008. *Occupational therapy Practice Framework: Domain & Process. Second Edition. American Journal of Occupational therapy, 62,625-683*

THE COMMUNICATION INITIATIVE NETWORK. 2009. *Strategies in Life skills Development for Adolescents*. [online] Bangkok, Thailand
Available from <<http://www.comminit.com/en/node/265430>> [Accessed 20/April 2009].

THE RESILIENCE ALLIANCE, 2011. *About RA*.
Available from <http://www.resalliance.org/index.php/about_ra> [Accessed 7 November 2012].

TUMMERS, N.E. 2011. *Teaching Stress Management. Activities for Children and Young Adults*. USA: Human Kinetics.

VAN DER MERWE, A. 2009. *Adolescent Life Skill Development*. [online]
Available from <<http://www.potential-unlimited.co.za/adolescent.htm>> [Accessed 20 April 2009].

VIHAR, P. 2011. *Life skills Education and CCE. Class IX and X*. Delhi, India: Central Board of Secondary Education.

VILJOEN, L. 2012. *Ingrid Jonker: Poet under Apartheid*. Auckland Park, South Africa: Jacana Media (Pty) Ltd.

WATTENBERG, W. 1973. *The Adolescent Years, second edition*. USA: Harcourt, Brace Jovanovich, Inc.

WERNER, E.E., & SMITH, R.S. (1989). *Vulnerable but invincible: A longitudinal study of resilient children and youth*. New York: Adams Bannister Cox.

WOOLFOLK, A. 2004. *Educational Psychology*. 9th Edition. New York: The Ohio State University.

ZIMMERMAN M.A., BINGENHEIMER J.B. & NOTARO P.C. 2002. *Natural mentors and adolescent resiliency: a study with urban youth*. **American Journal Community Psychology** 30:221–43.

UNIVERSITEIT VAN DIE VRYSTAAT
UNIVERSITY OF THE FREE STATE
YUNIVESITHI YA FREISTATA



Direkteur: Fakulteitsadministrasie / Director: Faculty Administration
Fakulteit Gesondheidswetenskappe / Faculty of Health Sciences

Research Division
Internal Post Box G40
☎ (051) 4052812
☎ Fax (051) 4444359

E-mail address: StraussHS@ufs.ac.za

Ms H Strauss

2011-08-18

REC Reference nr.230408-011
IRB nr 00006352

MS ANB JANSEN
DEPT OF OCCUPATIONAL THERAPY
CR DE WET BUILDING
UFS

Dear Ms Jansen

ECUFS NR 109/2011


PROJECT TITLE: LIFE SKILLS THAT ENABLE RESILIENCE: A PROFILE OF ADOLESCENTS FROM A COLOURED COMMUNITY IN KIMBERLEY.

- You are hereby kindly informed that the Ethics Committee approved the above project at the meeting held on 16 August 2011 on condition that the permission letters from the schools have to be obtained.
- Committee guidance documents: Declaration of Helsinki, ICH, GCP and MRC Guidelines on Bio Medical Research. Clinical Trial Guidelines 2000 Department of Health RSA; Ethics in Health Research: Principles Structure and Processes Department of Health RSA 2004; Guidelines for Good Practice in the Conduct of Clinical Trials with Human Participants in South Africa, Second Edition (2006); the Constitution of the Ethics Committee of the Faculty of Health Sciences and the Guidelines of the SA Medicines Control Council as well as Laws and Regulations with regard to the Control of Medicines.
- Kindly note that permission letters from the schools/authorities have to be submitted to the Ethics Committee prior to collecting data/conducting the study.
- Any amendment, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.
- The Committee must be informed of any serious adverse event and/or termination of the study.
- A progress report should be submitted within one year of approval of long term studies and a final report at completion of both short term and long term studies.



- Kindly refer to the ECUFS reference number in correspondence to the Ethics Committee secretariat.

Yours faithfully



.....
CHAIR: ETHICS COMMITTEE

Cc Dr S van Vuuren

APPENDIX B: LETTER TO DEPARTMENT OF EDUCATION

MEC: Education
Department of Education
Kimberley
8301

Dear Sir/Madam

**RE: REQUEST FOR PERMISSION TO CONDUCT A RESEARCH STUDY:
LIFE SKILLS THAT ENABLE RESILIENCE: A PROFILE OF
ADOLESCENTS FROM A COLOURED COMMUNITY IN KIMBERLEY**

I am an Occupational Therapist working at Martie du Plessis School in Bloemfontein. I am currently completing my Master's Degree in Occupational Therapy at the University of the Free State. For the purpose of attaining my degree, I am keen to undertake a research study.

The objectives of this study are: to determine which environmental factors have an influence on life skills that leads to resilient behaviour, to determine the knowledge of life skills that adolescents possess and finally to determine adolescent choices of life skills appropriations in daily situations that lead to resilience.

The main intended outcome for this research is therefore to determine the knowledge and application of life skills that lead to resilient behaviour in adolescents from the Coloured community. Other relevant issues include identifying factors in the environments (at school and at home) of adolescents that could contribute to their ability or inability to exercise their life skills and show resilience.

I intend to focus my study mainly on adolescents between the ages of 16 and 18, in Grades 10-12, in other words the learners are required to be 16 in grade 10, 17 in grade 9 and 18 in grade 12. The study will focus on predominantly Coloured public schools, namely Homevale Secondary, Florianville Secondary, Pescodia Secondary and lastly William Pescod Senior Secondary schools. I will also be requesting permission from the headmasters at these four schools to continue my study.

Once I receive permission from you and the headmasters to continue with my research then I will provide the schools with information letters to hand out to all learners in grades 10 to 12 from all four schools for their parents, grandparents or legal guardians to give consent for them to participate in the study. Only learners who return their signed permission letters will ultimately be selected to participate. The learners will receive information regarding the purpose of the study before answering the questionnaire. They will also be informed that by answering the questionnaire they automatically give assent to participate. Learners will be requested to participate in the study at a time allocated by the headmaster so that valuable school time is not disrupted. The names of the four schools previously mentioned as well as the names of those learners participating in the study will be deidentified and strict codes of confidentiality will be adhered to. The researcher intends on giving a written report on the findings of the study. The results of this study may be published. Adolescents' participation is voluntary and they may withdraw their participation at any time during the study.

It is along these lines that I make a sincere and very humble request that you allow me to do my research in the above - mentioned schools, and that you and the headmasters at these schools accommodate me with the time and space that will be required for the successful

completion of the questionnaires. It is important that I stress that ethical approval will be attained for the continuation of the study.

A written response will be greatly appreciated.

My very sincere thanks in anticipation for your assistance and co-operation.

Yours proudly South African

Anthea Jansen (née Tait)

RESEARCH TEAM AND SPONSORS

Lead Researcher:

Ms. A.N.B Jansen

Dept. Occupational Therapy

Martie du Plessis School

24 Hour Telephone number: 082 444 1955

Study Leader:

Dr. S van Vuuren

Head: School for Allied Health Professions

University of the Free State

Telephone Number: 051 – 401 3319

Co-study Leader:

Dr. S.M van Heerden

Senior Lecturer: Department of Occupational Therapy

University of Free State

Telephone Number: 051 – 401 2829

DECLARATION OF UNDERSTANDING

I have read the above and acknowledge that I have full comprehension of the proposed study.

Signature: MEC

Date

Printed Name

I have explained this study to the MEC of Department of Education, Northern Cape above and have sought her/his understanding for informed consent.

Researcher Signature

Date

Printed Name of Researcher

PERMISSION TO CONDUCT THE STUDY AT FOUR KIMBERLEY SCHOOLS

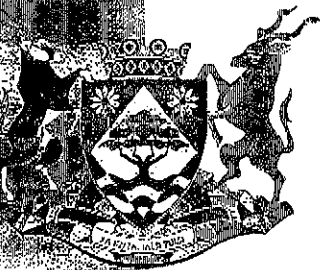
Indicate with an x

Approval to conduct the proposed research study at Occupational Therapy is GRANTED	Approval to conduct the proposed research study at Occupational Therapy is NOT GRANTED
---	---

Signature: MEC	Date
Printed Name	

Researcher Signature	Date
Printed Name of Researcher	
_____	_____
Signature of Witness	Date
Printed name of Witness	

APPENDIX C: PERMISSION LETTER FROM DEPARTMENT OF EDUCATION



DEPARTMENT OF EDUCATION
DEPARTEMENT VAN ONDERWYS
LEFAPHA LA THUTO
ISEBE LEZEMFUNDO

Education Building
156 Barkly Road
Homestead
KIMBERLEY 8301

Private Bag X5029
KIMBERLEY 8300
Republic of South Africa
www.ncedu.gov.za

Tel. (053) 839 6500
Fax (053) 839 6580/1

Date : 12 September 2011
Tshupelo :
Umhla :
Datum :

Enquiries : MS K J SESENYAMOTSE
Dipatlisiso :
Imibuzo :
Navrac :

Reference :
Tshupelo :
Isalathiso :
Verwysings :

Ms ANB Jansen
Dept Occupational Therapy
Martie du Plessis School

REQUEST FOR PERMISSION TO CONDUCT A RESEARCH STUDY : LIFE SKILLS THAT ENABLE RESILIENCE

Receipt of your correspondence on the above matter is acknowledged.

Permission is herewith granted for you to engage school principals and learners of the schools you identified.

Your request for 2 periods during teaching time cannot be granted. You are advised to engage each principal so that a suitable time can be arranged for **outside** of teaching time. The District Director will also be informed of this decision and be requested to monitor the strict adherence to this ruling. This is because we have a duty to ensure that learning and teaching time is respected and not impacted negatively by this kind of activity.

This letter will be sent to the District Office to inform them of your study. You must, however, make your own arrangements with the schools so targeted.

We will be interested to know the outcome of your study.

Sincerely,

GT PHARASI
HEAD OF DEPARTMENT: EDUCATION

cc.: Ms LPJ Thulo – Frances Baard District Director



HIV/AIDS is everyone's concern.

APPENDIX D: LETTER TO HEADMASTERS

The Headmaster

School: _____

RE: REQUEST FOR PERMISSION TO CONDUCT A RESEARCH STUDY:
LIFE SKILLS THAT ENABLE RESILIENCE: A PROFILE OF
ADOLESCENTS FROM THE COLOURED COMMUNITY,
KIMBERLEY

I am an Occupational Therapist working at Martie du Plessis School in Bloemfontein. I am currently completing my Master's degree in Occupational Therapy at the University of the Free State. For the purpose of attaining my degree, I will conduct a research study.

The objectives of this study are: To determine which environmental factors have an influence on life skills that leads to resilient behaviour, to determine the knowledge of life skills that adolescents possess and finally to determine adolescent choices of life skills appropriations in daily situations that lead to resilience.

The main intended outcome for this research is therefore to determine the knowledge and application of life skills that lead to resilient behaviour in adolescents from the Coloured community. Other relevant issues include identifying factors in the environments (at school and at home) of adolescents that could contribute to their ability or inability to exercise their life skills and show resilience.

This is a research study because learners will be asked to complete a confidential questionnaire in the language of their preference. The information provided will be analysed and interpreted to determine

the knowledge and possession that adolescents have regarding life skills.

The findings of this study may be published and a written report will be presented to the MEC of Education as well as the headmasters of the schools. The study and its procedures have been approved by the Ethics committee of the Faculty of Health Sciences of the University of the Free State and all other relevant committees and/or persons.

Learners are eligible to participate in this study if they are in Grades 10 to 12 and between the ages of 16 and 18. Males and females will be used in the study. Participants are not eligible to participate in this study if they comply with any of the following:

- ❖ Younger than 16 and older than 18
- ❖ Not in grade 10, 11 or 12
- ❖ Not a learner at your school

This study will include all learners in each of the grades 10 to 12. It will take approximately two class periods for each questionnaire to be completed. The completion of the questionnaires will take place during September 2011. The researcher intends to deliver the permission letters and questionnaires and requests assistance in the handing out of these documents. When the learner is done s/he will deposit her/his questionnaire in a box that will be kept safe in your office.

The following procedures will occur:

All learners in grade 10 to 12 will receive permission letters to take home for parents/ guardians to give consent and sign. All learners

receive letters to take home but only those who return their signed permission letters will receive a questionnaire to complete. The questionnaire can be completed at a time that is convenient to you and that will not disrupt class time.

Once learners receive the questionnaire, I request that you will instruct them how to answer the questionnaire. A list of instructions will be made available to you. I also request that you inform learners about the purpose of the study. And that once they answer the questionnaire they are giving assent to participate in the study. Please be clear to emphasize that there is no right or wrong answer but that the adolescents should answer as honestly as possible in order for the correct data to be collected. Learners can place their answered questionnaire in the box that the researcher will provide to you.

The questionnaire consists of two parts. The first part, Part A, will pertain to biographical information as well as environmental factors that influence their application of life skills and ability to show resilience. Part B follows directly thereafter. The learners will view a comic strip that has relevance to a specific life skill. They will then be asked a series of questions pertaining to their knowledge and application of life skills. The comic strips as well as the questions will be in the language preference of the learner (English or Afrikaans).

There are 33 questions to answer in Part A and 50 questions to answer in Part B. No name or personal details are required. Participants should be given sufficient time (preferably the length of two class periods) to answer questions and they will hand back these questionnaires to the researcher.

Although participants will not directly benefit from this study, it will provide information that will assist the researcher to make

recommendations in the form of a report to the schools in the Coloured community as well as to the MEC of Education. The recommendations made will highlight strong points as well as areas of concern regarding the life skills training that adolescents receive at schools as well as the implementation of appropriate resources in the Coloured community.

Neither the participants nor their parents nor the Department of Education will receive any financial remuneration for participation in this study. There is no cost to the participant for participation in this study. The researcher covers all costs. There are no direct financial implications for your school in this study. Indirect financial obligations may occur as a result of the recommendations following this study. Implementation of these recommendations and its consequent financial implications are however subject to the judgement and consideration of the management of the school.

Learners are free to withdraw from this study at any time. As the headmaster of the school you have the right to terminate the study at your school at any time should any relevant problems arise.

The information learners provide will be coded. This ensures that no information can be linked to them personally. Their identity will not be revealed during the study, as no name is required on the questionnaire. Potentially identifying information such as the life skills training they receive at the school will not be revealed during the study or when the study is reported or published. The name of your school will also not be mentioned and your school will be identified by a letter of the alphabet for example "A".

I, the biostatistician and the study leaders at the University of the Free State will be the only persons to have access to the data. These

persons are all subject to strict codes of confidentiality and professional ethics and will as such handle all information in a highly confidential manner. All study data will be collected by me, stored in a secured place and not shared with anyone without your permission. The researcher intends to keep the research data until the research is published and/or presented. Ethical approval will be obtained before commencement of the study.

If, during the course of this study, significant new information becomes available that may relate to your willingness to continue to approve participation in the study, this information will be provided to you by the researcher listed at the bottom of the form.

If you have any comments, concerns, or questions regarding the conduct of this research please contact the research team listed below.

RESEARCH TEAM AND SPONSORS

Lead Researcher:

Ms. A.N.B Jansen

Dept. Occupational Therapy

Martie du Plessis School

24 Hour Telephone number: 082 444 1955

Study Leader:

Dr. S van Vuuren

Head: School for Allied Health Professions

University of the Free State

Telephone Number: 051 – 401 3319

Co-study Leader:

Dr. S.M van Heerden

Senior Lecturer: Department of Occupational Therapy

University of Free State

Telephone Number: 051 – 401 3078

Statement of Permission

I have read and understand the consent form. I have been given the opportunity to ask questions and discuss any concerns that I may have regarding this study. I _____ grant _____ permission _____ for _____ my _____ school _____ to participate in this study.

X _____

X _____

Print Name of headmaster Signature of Headmaster Date

Print Name of researcher Signature of researcher Date

APPENDIX E: LETTER TO PARENTS

Dear Parent/Guardian

REQUEST FOR PERMISSION OF YOUR ADOLESCENT DAUGHTER/SON TO PARTICIPATE IN A RESEARCH STUDY: LIFE SKILLS THAT ENABLE RESILIENCE: A PROFILE OF ADOLESCENTS FROM A COLOURED COMMUNITY IN KIMBERLEY

Your daughter or son is being asked to participate in a research study. Please read the information below before deciding whether or not you would like her/him to participate in the study. Feel free to contact the researcher if you have any questions regarding the research (telephone numbers are provided at the end of this letter). An independent researcher at the University of Free State in Bloemfontein is conducting the study.

The objectives of this study are: To determine which environmental factors have an influence on life skills (those skills necessary to engage in positive behaviour and deal with challenges in life) that leads to resilient behaviour, to determine the knowledge of life skills that adolescents possess and finally to determine adolescent choices of life skills appropriations in daily situations that lead to resilience (the ability to overcome hardship in life).

The main intended outcome for this research is therefore to determine the knowledge and application of life skills that lead to resilient behaviour in adolescents from a Coloured community. Other relevant issues include identifying factors in the environments (at school and at

home) of adolescents that could contribute to their ability or inability to exercise their life skills and show resilience.

Provided you permit your daughter/son to take part in this study the following procedures will occur:

- The researcher plans on leaving permission letters and copies of the questionnaire to be distributed to all learners from grade 10 to grade 12 at your daughter/ son's school. The permission letters are to be signed by you the primary caregiver. Your daughter/son may not be selected to participate in the study if you have not given consent.
- S/he will receive a similar information document to read prior to answering the questionnaire where s/he is asked to participate and also give their voluntary assent to participate in the study.
- S/he will be asked to answer questions relating to her/his demographical but non identifiable details, such as gender and age.
- S/he will be asked detailed questions regarding life skills and their application of life skills within daily situations. These answers will assist the researcher to determine which life skills the adolescent does and does not possess.
- The execution of the research study will take place at a time that is convenient for educators and that will not disrupt valuable school time. Permission has already been granted by the Department of Education as well as the headmaster at your daughter/son's school.

This study will include a sample of the learners in your daughter/son's grade. This process will take place in September 2011 at your

daughter/son's school and it will last approximately two class periods of their school time.

Although your daughter/son will not directly benefit from this study, the information collected will assist the researcher to make recommendations in the form of a report to the schools in the Coloured community as well as to the MEC of Education. The recommendations made will highlight strong points as well as areas of concern regarding the life skills training that adolescents receive at schools as well as the implementation of appropriate resources in the Coloured community.

To ensure confidentiality all information collected is coded. This means no information can be linked to your daughter/son personally. Her/his identity will not be revealed during the study, as no name is required on the questionnaire.

The lead researcher, the biostatistician and the study leaders at the University of the Free State will be the only persons to have access to the data. These persons are all subject to strict codes of confidentiality and professional ethics and will as such handle all information in a highly confidential manner. All study data will be collected by the researcher, stored in a secure place and not shared with anyone without your permission. Ethical approval will be achieved before commencing of the study.

You have the right to revoke or take back your authorisation at any time by contacting any member of the research team. If you revoke your decision, you cannot participate in this study.

There will be no cost to you for your daughter/son's participating. You will receive no payment for her/his participation in this study.

You may contact the Secretariat of the Ethics Committee of the Faculty of Health Sciences, UFS at telephone number (051) 405 2812 if you have any questions about your daughter/son's rights as a research participant. If you have any comments, concerns, or questions regarding the conduct of this research please contact the research team listed below:

RESEARCH TEAM AND SPONSORS

Lead Researcher:

Ms. A.N.B Jansen
Dept. Occupational Therapy
Martie du Plessis School
24 Hour Telephone number: 082 444 1955

Study Leader:

Dr. S van Vuuren
Head: School for Allied Health Professions
University of the Free State
Telephone Number: 051 – 401 3319

Co-study Leader:

Dr. S.M van Heerden
Department of Occupational Therapy
Senior Lecturer: University of Free State
Telephone Number: 051 – 401 3078

Statement of Permission

I have read and understand the information letter. I
_____ grant permission for my
daughter/son _____ to
participate in this study.

X_____ X_____

Print Name of Parent/Guardian Signature of Parent/Guardian Date

Print Name of researcher

Signature of researcher

Date

APPENDIX F: ADOLESCENT INFORMATION DOCUMENT

Information document

Life Skills that enable Resilience: A Profile of adolescents from a Coloured community in Kimberley

Dear participant

You are being asked to participate in a research study. Please read the information below before deciding whether or not you would like to participate in the study. Feel free to contact the researcher if you have any questions regarding the research (telephone numbers are provided at the end of this letter). An independent researcher at the University of Free State in Bloemfontein is conducting the study.

The objectives of this study are: To determine which environmental factors have an influence on life skills (those skills necessary to engage in positive behaviour and deal with challenges in life) that leads to resilient behaviour, to determine the knowledge of life skills that adolescents possess and finally to determine adolescent choices of life skills appropriations in daily situations that lead to resilience (the ability to overcome hardship in life).

The main intended outcome for this research is therefore to determine the knowledge and application of life skills that lead to resilient behaviour in adolescents from a Coloured community. Other relevant issues include identifying factors in the environments (at school and at home) of adolescents that could contribute to their ability or inability to exercise their life skills and show resilience.

Provided you partake in this study the following procedures will occur:

- If you are reading this, it means that your primary caregiver has given permission for you to participate in this study. Learners from grade 10-12 have received permission letters to be signed.
- You will be asked to answer questions relating to your demographical but non identifiable details, such as gender and age.
- You will be asked detailed questions regarding life skills and their application of life skills within daily situations. These answers will assist the researcher to determine which life skills the adolescent does and does not possess.
- The execution of the research study will take place at a time that will not be disruptive to school time and permission has already been granted by the Department of Education as well as the headmaster at your school.

This study will take place in September 2011 at your school and it will involve taking up a two class periods of their school time.

Although you will not directly benefit from this study, the information collected will assist the researcher to make recommendations in the form of a report to the schools in the Coloured community as well as to the MEC of Education. The recommendations made will highlight strong points as well as areas of concern regarding the life skills training that adolescents receive at schools as well as the implementation of appropriate resources in the Coloured community.

To ensure confidentiality all information collected is coded. This means no information can be linked to you personally. Your identity

will not be revealed during the study, as no name is required on the questionnaire.

The lead researcher, the biostatistician and the study leaders at the University of the Free State will be the only persons to have access to the data. These persons are all subject to strict codes of confidentiality and professional ethics and will as such handle all information in a highly confidential manner. All study data will be collected by the researcher, stored in a secure place and not shared with anyone without your permission. Ethical approval will be attained before commencing of the study.

You have the right to revoke or take back your authorisation at any time by contacting any member of the research team. If you revoke your decision, you cannot participate in this study.

There will be no cost to you for your participation. You will receive no payment for your participation in this study.

Please note that by completing this questionnaire you are assenting to voluntarily participating in this research study. There is no right or wrong answer to the questions asked and I would appreciate your utmost honesty when answering the questions. You and your data will not be identified through your participation in this study.

You may contact the Secretariat of the Ethics Committee of the Faculty of Health Sciences, UFS at telephone number (051) 405 2812 if you have any questions about your daughter/son's rights as a research participant. If you have any comments, concerns, or

questions regarding the conduct of this research please contact the research team listed below:

Thank you for your co-operation!

Anthea Jansen (Researcher)

082 444 1955

University of Free State, Bloemfontein

Signature of participant

Date

APPENDIX G: QUESTIONNAIRE

You have been asked to participate in a research study. Please note that by completing the questionnaire you are voluntarily agreeing to participate in this research study. You will remain anonymous and your data will be treated confidentially at all times. You may withdraw from this study at any given moment during the completion of the questionnaire. The results of the study may be published.

PART A; Section 1: Biographical Information

Instructions:

Answer the following questions/statements by marking the appropriate block with an X or writing your answer on the space provided. space provided.

1. Date questionnaire is completed (dd/mm/yy)/...../.....

2. What is your gender?

Male(1)	Female (2)
---------	------------

3. How old are you?

_____ years

4. What grade are you in?

1	Grade 10
2	Grade 11
3	Grade 12

5. In which residential area do you live?

1	Homestead
2	Colville
3	Floors
4	Roodepan
5	Sqaure Hill Park
6	Homevale
7	If other, please specify _____

6. Do you live with your.....?

1	Parents
2	Grandparents
3	Guardian
4	If other, please specify _____

7. How many bedrooms are there in your home? (Excluding the bathrooms and toilets)

8. How many people under the age of 10 years sleep in your house at night?

9. How many people older than 10 years sleep in your house at night?

10. Do you have running water inside your home?

1	Yes
2	No

11. Do you have electricity inside your home?

1	Yes
2	No

For Office use

1-4

5-10

11

12-13

14

15

16

17

18

19

20

21

Section 2: Environmental Factors

Instructions:

Answer the following questions/statements by marking the appropriate block with an X or writing your answer on the space provided. Motivate your answer as requested.

Individual Factors

12. Do you smoke cigarettes?

1	Yes
2	No

<input type="checkbox"/>	22
--------------------------	----

13. Do you drink alcohol?

1	Yes
2	No

<input type="checkbox"/>	23
--------------------------	----

14. Are you sexually active?

1	Yes
2	No

<input type="checkbox"/>	24
--------------------------	----

15. Is it important to you to protect yourself from Sexually Transmitted Infections?

1	Yes
2	No

<input type="checkbox"/>	25
--------------------------	----

16. Is it important to you to protect yourself from HIV/AIDS?

1	Yes
2	No

<input type="checkbox"/>	26
--------------------------	----

17. Is it important to you to protect yourself from pregnancy?

1	Yes
2	No

<input type="checkbox"/>	27
--------------------------	----

18. Do you feel proud about the things that you have accomplished in life?

1	Yes
2	No

<input type="checkbox"/>	28
--------------------------	----

Please motivate your answer: _____

<input type="checkbox"/>	29-30
<input type="checkbox"/>	31-32

19. Do you like being alone by yourself at home?

1	Yes
2	No

<input type="checkbox"/>	33
--------------------------	----

Please motivate your answer: _____

<input type="checkbox"/>	34-35
<input type="checkbox"/>	36-37

20. Do you like being alone by yourself at school during intervals?

1	Yes
2	No

<input type="checkbox"/>	38
--------------------------	----

Please motivate your answer: _____

<input type="checkbox"/>	39-40
<input type="checkbox"/>	41-42

21. Do you believe that there is a reason why you are alive?

- 1 Yes
- 2 No

Please motivate your answer: _____

43

44-45
 46-47

Family Factors

22. Do you become/feel embarrassed when you think about your family?

- 1 Yes
- 2 No

Please motivate your answer: _____

48

49-50
 51-52

23. Does the tension at home make you want to avoid going home after school?

- 1 Yes
- 2 No

53

24. Is it easy for you to communicate to your primary caregiver(s) (parents/ grandparents/ guardians)?

- 1 Yes
- 2 No

54

25. Are you often left alone to fend for yourself?

- 1 Yes
- 2 No

55

26. Does your home circumstances cause you to do things that you regret?

- 1 Yes
- 2 No

56

27. Do you think that you are completely independent from your family?

- 1 Yes
- 2 No

57

28. If **yes**, describe a situation in which you acted independantly.

58-59
 60-61

Community Factors

29. Is it important to you that your friends accept you just as you are?

- 1 Yes
- 2 No

62

30. Do you learn social skills (communication skills or slang) from your friends?

- 1 Yes
- 2 No

63

31. Do your friends influence the decisions you make?

- 1 Yes
- 2 No

64

32. Do you do things that your friends want you to do even though you do not want to do it?

- 1 Yes
 2 No

65

33. Is it ok for you if there are people who do not like you?

- 1 Yes
 2 No

66

PART B; Section 3: Life Skills (Knowledge)

Instructions

Read the comic strips below and answer the questions/statements that follow by either marking the appropriate block with an X or writing the answer on the space provided:

34. Communication Skills



Adapted from Daddy's home comic strip. 2010. Daddy's home. By Tony Rubino and Gary Markstein

34.1. In your opinion, does the father have good communication skills?

- 1 Yes
 2 No

67

34.2 If **no**, name two factors that would indicate that the father does not communicate well with his son?

68-69
 70-71

34.3 Which of the following communication styles does the father make use of? Choose only one answer.

- 1 He listens attentively.
 2 He is thinking about what he should say next.
 3 He is thinking about something else.
 4 He is giving his opinion during the conversation.
 5 He is asking questions during the conversation.

72

34.4 How do you think this father and son should communicate verbally to ensure optimal communication? Choose two answers from the list below.

- 1 The son should speak very loud and clear.
 2 The father and son should make eye contact with each other.
 3 The son should send his father an e-mail.
 4 The father should stop what he is doing and turn around.
 5 The son should whisper in his father's ear.

73-74

34.5 Which body language does the father make use of? Choose one answer.

- 1 He uses his hands when he talks
 2 He does not make use of body language
 3 He makes eye contact

75

Answer the following question with relevance to how you normally communicate.

34.6 Are you able to express your feelings directly and honestly without blaming others?

- 1 Yes
- 2 No

76

35. Time Management



Adapted from Garfield comic strip, 2010. Garfield by Jim Davis.

35.1 Do you think that Garfield spends his time wisely?

- 1 Yes
- 2 No

77

35.2 If **no**, give two reasons why you say so.

78-79
 1-2

35.3 What do you think Garfield should do to spend his time better? Choose only one answer.

- 1 He should sleep more during the day.
- 2 He should set up a daily routine.
- 3 He should play with the other pet at home.

3

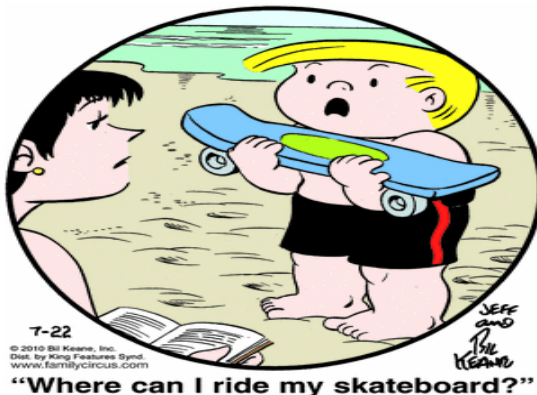
Answer the following with reference to how you would manage your tasks and time.

35.4 Are you able to manage more than one thing at a time?

- 1 Yes
- 2 No

4

36. Problem Solving



Adapted from Family circus comic strip, 2010 family circus by Bill Keane

36.1 What do you think is the little boy's problem?

5-6
 7-8

36.2 What do you think is the cause of his problem? Choose one answer.

- 1 He brought the wrong toy to the beach.
- 2 He did not know the beach consists only of sand.
- 3 His mother was not paying attention when leaving the house.

9

36.3 What would you suggest as a possible solution to his problem?

10-11
 12-13

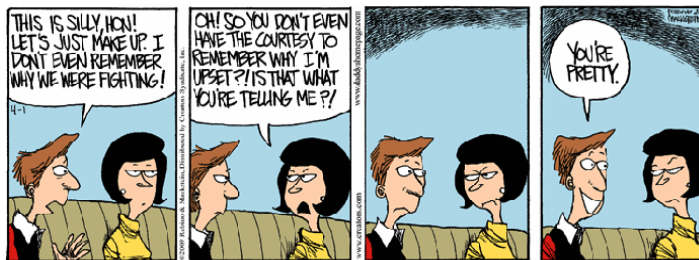
Answer the following with reference to how you usually handle problems.

36.4 I dwell on things I have no control over.

- 1 Yes
- 2 No

14

37. Conflict Management/Self Assertiveness



Adapted from Daddy's home comic strip. 2010. Daddy's home by Tony Rubino and Gary Markstein

37.1 Does the father portray the role of someone who can stand up for himself? In other words Is he self-assertive?

- 1 Yes
- 2 No

15

37.2 Describe the role that the mother is portraying.

16-17
 18-19

37.3 Imagine you were in the same situation. Which role best suits the way that you would normally behave?

- 1 The father
- 2 The mother
- 3 Neither

20

37.4 If you were the father what would you do in this situation? Choose only one answer.

- 1 Get angry and storm out of the room.
- 2 Shout and insult the mother.
- 3 Stay calm and state your side of the story.
- 4 Apologise and admit that you were wrong.

21

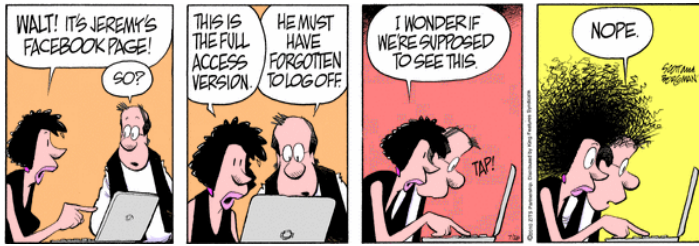
Answer the following with reference to how you would cope in a similar situation

37.5 Is it ok when your self assertiveness causes others not to like you?

- 1 Yes
- 2 No

22

38. Value Clarification



Adapted from Zits comic strips. 2010. Zits by Jerry Scott and Jim Borgaman

38.1 Do you think it is right that Jeremy's parents do not respect his privacy?

1	Yes
2	No

 23

38.2 Has a family member ever betrayed your trust in a similar situation? (e.g read your diary)

1	Yes
2	No

 24

38.3 If yes, how did that make you feel?

	25-26
	27-28

38.4 Listed below are 12 achievements that illustrates one's value system. Number these from 1-12, where 1 is most important and 12 is least important to you.

- Beauty
- Alcohol/drugs
- Religion
- Fast cars
- Health
- Big house
- Peace
- Wisdom
- Money
- Popularity
- Education
- Family

	29-30
	31-32
	33-34
	35-36
	37-38
	39-40
	41-42
	43-44
	45-46
	47-48
	49-50
	51-52

Answer the following with reference to your values

38.5 I am self disciplined. (I do my homework before I watch TV)

1	Yes
2	No

 53

39. Decision Making



Adapted from Winnie the Pooh comic strip by A.A Milne.

39.1 What would you do if you found yourself in a similar situation?
Choose one answer.

- 1 Wait until somebody tells you what to do
- 2 Ask Pooh (the bear) for his opinion
- 3 Jump out of the tree
- 4 Ask Pooh to get a ladder

54

39.2 Imagine you were Tigger (the tiger) in the above comic strip, how would you make a decision to get out of this predicament? Choose two answers.

- 1 You would just jump out of the tree to get it over with
- 2 You would change your decisions many times
- 3 You are not afraid to take risks
- 4 You would accept responsibility for your actions
- 5 You would wait in the tree until somebody came along to help you
- 6 You would ask others for their advice

55-56

Answer the following question with reference to how you usually make decisions.

39.3 When I'm in a difficult situation, I can always find my way out of it.

- 1 Yes
- 2 No

57

40. Stress Management



Adapted from randomtrivialchatter.blogspot.com

40.1 What do you suggest Steve should do to manage his stress better?
Choose one answer.

- 1 Exercise
- 2 Drink alcohol
- 3 Listen to music
- 4 Watch TV
- 5 Take time for himself
- 6 Prioritise his tasks

58

40.2 Which of the following makes you stress out? Choose two of the most prominent.

- 1 You do not give in your homework on time
- 2 You cannot communicate with your parents/grandparents/guardian
- 3 You argue with your best friend
- 4 You do not have enough time for yourself
- 5 Teachers at school are pressurising you
- 6 Your parents/grandparents/guardian do not understand you
- 7 You are unhappy about your physical appearance
- 8 There is never enough money at home for you to buy something for yourself
- 9 Your parents/grandparents/guardian treat you like a child
- 10 You have to move to another school/residential area/city

59-60

40.3 Choose more than one answer; You know you are under stress when:

- 1 You cry more than usual
- 2 You cannot sleep
- 3 You eat more than usual
- 4 You are irritable most of the time
- 5 You use drugs or alcohol
- 6 You have headaches or stomach cramps
- 7 You cannot concentrate
- 8 You sleep more than usual
- 9 You do not do the things you usually enjoy doing
- 10 You have a poor appetite

61-62
 63-64
 65-66
 67-68
 69-70
 71-72
 73-74
 75-76
 77-78
 79-80

Answer the following question with reference to how you would usually handle a stressful situation.

40.4 I am able to get through most difficult times with ease.

- 1 Yes
- 2 No

1

Section 4: Life skills (Application)

41. Communication Skills

41.1 I can easily answer personal questions about myself.

- 1 Yes
- 2 No

2

41.2 I can easily talk to my friends about my personal issues.

- 1 Yes
- 2 No

3

41.3 People find it easy to talk to me.

- 1 Yes
- 2 No

4

42. Time Management

42.1 I have difficulty completing tasks that are given to me.

- 1 Always
- 2 Sometimes
- 3 Seldom
- 4 Never

5

42.2 I feel there are not enough hours in the day.

- 1 Always
- 2 Sometimes
- 3 Seldom
- 4 Never

6

42.3 I sit around and do nothing all day.

- 1 Always
- 2 Sometimes
- 3 Seldom
- 4 Never

7

43. Problem Solving

43.1 I can identify a problem when I'm confronted with one.

- 1 Yes
- 2 No

8

43.2 I can easily identify what the causes are for most of my problems.

- 1 Always
- 2 Sometimes
- 3 Seldom
- 4 Never

9

43.3 It's easy for me to find solutions to my problems.

- 1 Always
- 2 Sometimes
- 3 Seldom
- 4 Never

10

44. Conflict Management/Self assertiveness

44.1 I can say 'no' and refuse to do something if I do not want to do it.

- 1 Always
- 2 Sometimes
- 3 Seldom
- 4 Never

11

44.2 I feel that others misuse me.

- 1 Always
- 2 Sometimes
- 3 Seldom
- 4 Never

12

44.3 I am able to stand up for my rights.

- 1 Yes
- 2 No

13

45. Value Clarification

45.1 I drink alcohol because my friends do it.

- 1 Yes
- 2 No

14

45.2 My friends influence the choices I make in life.

- 1 Always
- 2 Sometimes
- 3 Seldom
- 4 Never

15

46. Decision Making

46.1 It is difficult to make decisions in my life

- 1 Yes
- 2 No

16

46.2 I change my mind several times before I make a final decision.

1	Yes
2	No

 17

47. Stress management

47.1 When I stress out I turn to substances such as drugs or alcohol or cigarettes.

1	Yes
2	No

 18

47.2 I feel stressed out all the time.

1	Yes
2	No

 19

47.3 I am able to identify when I am feeling stressed.

1	Yes
2	No

 20

Thank you for your co operation!

APPENDIX H: LIST OF INSTRUCTIONS

Please read the following out loud to learners before allowing them to complete the questionnaire:

1. Please read the information document carefully before answering the questions.
2. You are participating voluntarily but if you complete the questionnaire, then you are giving your assent; in other words you are giving your permission to partake in the study.
3. You are not allowed to talk while you are completing the questionnaire.
4. Please do not discuss the questions with the other learners.
5. If you have any uncertainty, please raise your hand and I will come to assist you.
6. If you do not understand a word/term or question, please raise your hand and I will assist you.
7. Answer all the questions as far as possible.
8. There is no right or wrong answer, so please answer as truthfully as you can.
9. When you are done please bring the completed questionnaire to the front of the class.

APPENDIX I: RATIONALE FOR QUESTIONS

		QUESTION	TYPE OF QUESTION	RATIONALE FOR QUESTION
PART A:SECTION 1: DEMOGRAPHICAL INFORMATION	1	Date questionnaire is completed	General information	To date the questionnaire
	2	What is your gender?	General information	Discriminate between gender
	3	How old are you?	General information	To determine age range of learners
	4	What grade are you in?	General information	To determine grade distribution
	5	In which residential area do you live?	General information	To determine number of learners living in each suburb
	6	Do you live with your....?	General information	To determine how many learners still live with parents and how many do not
	7	How many bedrooms are there in your home? (Excluding bathrooms and toilets)	General information	To determine size of homes, possibly related to socio-economic background
	8	How many people under the age of 10 years sleep in your house at	General information	To determine overcrowding in the coloured community

		night?		
	9	How many people older than 10 years sleep in your house at night?	General information	To determine overcrowding in the coloured community
	10	Do you have running water inside your home?	General information	To determine facilities available, possibly relating to socio-economic status
	11	Do you have electricity inside your home?	General information	To determine facilities available, possibly relating to socio-economic status

		QUESTION	TYPE OF QUESTION/ COMPONENT INVOLVED	RATIONALE FOR QUESTION
	12	Do you smoke cigarettes?	Yes or no question/ Individual factor	To determine learners engaging in risky behaviour
	13	Do you drink alcohol?	Yes or no question/Individual factor	To determine learners engaging in risky behaviour
	14	Are you sexually active?	Yes or no question/Individual factor	To determine learners engaging in risky behaviour
	15	Is it important to you to protect yourself from Sexually Transmitted Infections?	Yes or no question/Individual factor	To determine learners engaging in risky behaviour
	16	Is it important to you to protect	Yes or no question/Individual	To determine learners engaging in risky

		yourself from HIV/AIDS?	al factor	behaviour
	17	Is it important to you to protect yourself from pregnancy?	Yes or no question/Individual factor	To determine learners engaging in risky behaviour
	18	Do you feel proud about the things that you have accomplished in life?	Yes or no question/Individual factor/ resilience question	To determine learners self-esteem, competence
	19	Do you like being alone by yourself at home?	Yes or no question/Individual factor/ resilience question	To determine social interaction
	20	Do you like being alone by yourself at school during intervals?	Yes or no question/Individual factor/ resilience question	To determine social interaction
	21	Do you believe that there is a reason you are alive?	Individual factor/ resilience question	To determine learners' hope and optimism
	22	Do you become/feel embarrassed when you think about your family?	Yes or no question/Family factor	To determine family bonding
	23	Does the tension at home make you want to avoid going home after school?	Yes or no question/Family factor	To determine whether learners feel stable and secure at home

	24	Is it easy for you to communicate with your primary caregiver(s) (parents/grandparents/guardians?)	Yes or no question/Family factors	To determine communication between learners and their family members
	25	Are you often left alone to fend for yourself?	Yes or no question/Family factors	To determine security of learners' homes
	26	Do your home circumstances cause you to do things that you regret?	Yes or no question/Family factors	To determine stability learners' felt
	27	Do you think that you are completely independent from your family?	Yes or no question/Family factors	To determine support, security and stability
	28	If yes, describe a situation in which you acted independently.	Motivation/Resilience question	To determine what situation support, stability and/or security was lacking
	29	Is it important to you that your friends accept you just as you are?	Yes or no question/Community factors	To determine whether learners are dependent on peer acceptance
	30	Do you learn social skills (communication skills or slang) from your friends?	Yes or no question/Community factors	To determine importance of communication with peers

	31	Do your friends influence the decisions you make?	Yes or no question/Community factors	To determine whether peer pressure is present
	32	Do you do things that your friends want you to do even though you do not want to do it?	Yes or no question/Community factors/ decision-making abilities, conflict management/self-assertiveness	To determine presence of peer pressure
	33	Is it ok if there are people who do not like you?	Yes or no question/Community factors/ conflict management/self-assertiveness	To determine the need for belonging and peer acceptance

		QUESTION	TYPE OF QUESTION	RATIONALE FOR QUESTION
PART B: SECTION 3: LIFE SKILLS (KNOWLEDGE)	34.1	In your opinion, does the father have good communication skill?	Yes or no question/Knowledge	To determine if learners know what good communication skills are.
	34.2	If no, name two factors that would indicate	Motivation/ Knowledge	To determine if learners can identify poor

	that the father does not communicate well with his son		communication skills.
34.3	Which of the following communication styles does the father make use of? Choose only one answer.	Multiple choice/ Knowledge	To determine if learners know the various communication styles
34.4.	How do you think this father and son should communicate verbally to ensure optimal communication? Choose two appropriate answers from the list below	Multiple choice/ Knowledge	To determine whether learners have knowledge regarding good communication skills
34.5	Which body language does the father make use of? Choose one answer	Multiple choice/ Knowledge	To determine if learners know what body language comprises of
34.6	Are you able to express your feelings directly and honestly without blaming others?	Yes or no question/ resilience	To determine whether learners possess resilience within this LS
35.1	Do you think that	Yes or no question/	To determine

		Garfield spends his time wisely?	Knowledge	whether learners can identify poor time management
	35.2	If no, give two reasons why you say so	Motivation/ Knowledge	To determine if learners can identify what is poor time management
	35.3	What do you think Garfield should do to spend his time better? Choose only one answer.	Multiple choice/ Knowledge	To determine if learners know how to manage time.
	35.4	Are you able to manage more than one thing at a time?	Yes or no question/ Resilience	To determine whether learners possess resilience within this LS
	36.1	What do you think is the little boy's problem?	Open-ended question/ Knowledge	To determine whether they can identify a problem
	36.2	What do you think is the cause of his problem? Choose one answer.	Multiple choice/ Knowledge	To determine if learners know how to identify the cause of a problem
	36.3	What would you suggest as a possible solution to his problem?	Open-ended question/ Knowledge	To determine whether learners know how to solve a problem
	36.4	I dwell on things I have no control over	Yes or no question/ Resilience	To determine whether learners possess resilience

				within this LS
	37.1	Does the father portray the role of someone who can stand up for himself? In other words is he self-assertive?	Yes or no question/ Knowledge	To determine whether learners can identify a self-assertive person
	37.2	Describe the role that the mother is portraying?	Open-ended question/ Knowledge	To determine learners impression regarding conflict and self-assertiveness
	37.3	Imagine you were in the same situation. Which role best suits the way that you would normally behave?	Multiple choice question/ Knowledge	To determine whether learners have self-knowledge regarding whether they are self-assertive or not
	37.4	If you were the father what would you do in this situation? Choose one answer	Multiple choice question/ Knowledge	To determine if learners know how to be self-assertive in a conflict situation
	37.5	Is it ok when your self-assertiveness causes others not to like you?	Yes or no question/ Resilience	To determine whether learners possess resilience within this LS
	38.1	Do you think it is right that	Yes or no question/ Knowledge	To determine if learners know

		Jeremy's parents do not respect his privacy		right from wrong
	38.2	Has a family member ever betrayed your trust in a similar situation? 9e.g read your diary	Yes or no question/ Knowledge	To determine whether learners can relate to a similar situation where others did not portray values.
	38.3	If yes, how did that make you feel?	Open-ended question/Knowledge	For learners to discuss in more detail
	38.4	Listed below are 12 achievements that illustrates one's value system. Number these from 1 to 12, where 1 is most important and 12 is least important to you.	Multiple choice question/ Knowledge	To determine whether learners can prioritise between what is important and what is not
	38.5	I am self-disciplined.	Yes or no question/ Resilience	To determine whether learners possess resilience within this LS.
	39.1	What would you do if you found yourself in a similar situation? Choose one answer	Multiple choice question/ Knowledge	To determine whether learners can make a decision
	39.2	Imagine you	Multiple choice	To determine

		were Tigger (the tiger) in the above comic strip, how would you make a decision to get out of this predicament? Choose two answers	question/ Knowledge	whether learners know how to correctly make decisions
	39.3	When I'm in a difficult situation, I can always find my way out of it?	Yes or no question/ Resilience	To determine whether learners possess resilience within this LS
	40.1	What do you suggest Steve should do to manage his stress better? Choose one answer	Multiple choice question/ Knowledge	To determine whether learners know how to manage stress.
	40.2	Which of the following makes you stress out? Choose two of the most prominent	Multiple choice question/ Knowledge	To determine whether learners know how to identify stressors in their life
	40.3	Choose more than one answer, you know you are under stress when:	Multiple choice question/ Knowledge	To determine whether learners know how to identify symptoms that they are stressed
	40.4	I am able to get	Yes or no question/ Resilience	To determine

		through most difficult times with ease	Resilience	whether learners possess resilience within this LS
--	--	--	------------	--

		QUESTION	TYPE OF QUESTION	RATIONALE FOR QUESTION
SECTION 4: LIFE SKILLS (APPLICATION)	41.1	I can easily answer personal questions about myself	Yes or no question/ Application	To determine whether learners apply good communication skills
	41.2	I can easily talk to my family/friends about my personal issues	Yes or no question/ Application	To determine whether learners apply good communication skills
	41.3	People find it easy to talk to me	Yes or no question/ Application	To determine whether learners apply good communication skills
	42.1	I have difficulty completing tasks that are given to me	Yes or no question/ Application	To determine whether learners apply good time management
	42.2	I feel there are not enough hours in the day	Yes or no question/ Application	To determine whether learners apply good time management
	42.3	I sit around and do nothing all day	Yes or no question/ Application	To determine whether learners apply good time management
	43.1	I can identify a problem when I'm confronted with one	Yes or no question/ Application	To determine whether learners apply good time management
	43.2	I can easily identify	Yes or no	To determine whether

		what the causes are for most of my problems	question/ Application	learners apply good time management
	44.1	I can say 'no' and refuse to do something if I do not want to do it.	Yes or no question/ Application	To determine whether learners apply conflict management/self-assertiveness
	44.2	I feel that others misuse me.	Yes or no question/ Application	To determine whether learners apply conflict management/self-assertiveness
	44.3	I am able to stand up for my rights	Yes or no question/ Application	To determine whether learners apply conflict management/self-assertiveness
	45.1	I drink alcohol because my friends do it	Yes or no question/ Application	To determine whether learners apply their values
	45.2	My friends influence the choices I make in life	Yes or no question/ Application	To determine whether learners apply their values
	46.1	I battle to make decisions in my life	Yes or no question/ Application	To determine whether learners apply decision-making skills
	46.2	I change my mind several times before I make a final decision	Yes or no question/ Application	To determine whether learners apply decision-making skills
	47.1	When I stress out I turn to substances such as drugs or alcohol or cigarettes	Yes or no question/ Application	To determine whether learners apply stress management

	47.2	I feel stressed out all the time	Yes or no question/ Application	To determine whether learners apply stress management
	47.3	I am able to identify when I am stressed out	Yes or no question/ Application	To determine whether learners apply stress management