

THREE COMMUNITIES' KNOWLEDGE, ATTITUDES AND BEHAVIOUR REGARDING SUICIDE

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ABSTRACT

Amidst social and political change in South Africa, a situation has arisen where people often do not know how to cope with a crisis. One possible way to deal with a crisis is to attempt suicide. Suicide rates for Africans have increased. This presents a problem as they cannot easily access existing crisis services. Therefore the aim of this study was to determine African and coloured people's knowledge, attitudes and behaviour regarding suicide. A total of 250 respondents, 50 coloured and 200 African, were randomly selected from Heidedal and Mangaung, two residential areas in greater Bloemfontein. Trained fieldworkers conducted interviews with the respondents. The respondents appeared to have negative attitudes towards suicide. They did, however, indicate that the community has sympathy for people who try to kill themselves and that there should be a service in the community to support people in an emotional crisis. Financial and relationship problems were likely to cause a person to contemplate suicide.

OPSOMMING

Te midde van sosiale en politieke verandering in Suid Afrika weet mense nie altyd hoe om krisisse wat hul mag ervaar, te hanteer nie. Een manier waarop 'n krisis hanteer kan word, is om selfmoord te poog. Dat die selfmoord koers vir swartes toegeneem het, is problematies in die sin dat hierdie mense nie sondermeer toegang het tot dienste waardeur krisisse aangespreek kan word nie. Derhalwe het hierdie studie ten doel om swart en kleurling mense se kennis van, houding teenoor en gedrag rakende selfmoord empiries vas te stel. Die ondersoekgroep van 250 respondente is op 'n ewekansige wyse geselekteer om 50 kleurlinge in Heidedal en 200 swartes in Mangaung (woonbuurtes in groter Bloemfontein) in die steekproef in te sluit. Die data is ingesamel deur opgeleide veldwerkers wat onderhoude met respondente gevoer het. Hoewel respondente 'n negatiewe houding teenoor selfmoord openbaar, stem hulle saam dat die gemeenskap simpatie het met mense wat probeer om hulle self dood te maak, en is hulle daarvan oortuig dat daar 'n diens in die gemeenskap moet wees om mense wat 'n emosionele krisis ervaar te ondersteun. Respondente was van mening dat dit veral finansiële- en verhoudingsprobleme is wat mense daartoe bring om selfmoord te oorweeg.

INTRODUCTION

Befrienders International and Befrienders South Africa requested that a study be conducted amongst members of a coloured community and an African community to determine their knowledge, attitudes and behaviour regarding suicide. The Befrienders are a worldwide fellowship that cares about people and would like to give them emotional support when they are worried, unhappy, disappointed or depressed. By gaining an understanding of coloured and African peoples' knowledge, attitudes and behaviour regarding suicide, the Befrienders wish to

develop models of befriending for coloured and African people who might experience an emotional crisis and therefore contemplate suicide.¹

If suicide can be defined as a total rejection of willingness to continue to live in society, some persons might view this act as one alternative for dealing with the problems of living. Furthermore, Durkheim argues that suicide is a viable option for individuals who are caught up in a disorganised environment, or in an environment that does not provide clear-cut guidelines for meaningful actions. In such cases there is a lack of social integration (Horton, Leslie, Lawson & Horton 1997:101-102). According to Merton, people find themselves in a situation of anomie if the structures in society change faster than norms which guide behaviour. When this happens people do not know how to behave and may contemplate suicide.

According to the South African representative of the International Association for the Prevention of Suicide, Prof Schlebusch, *The truth of the matter is that suicide has reached almost epidemic proportions* (Naidoo 1997:14). The incidence of suicide for the different population groups in South Africa during 1990, based on the census data for the same year, was as follows: white 14/100 000; coloured 3/100 000; Asian 2/100 000; and African 0,9/100 000 (Central Statistical Services 1990 & 1991). According to Pillay *et al.* (Wilson & Wormald 1995:529-531), the suicide rate for Africans is increasing, probably because of changes to a more Western lifestyle of an urban community and different types of help-seeking behaviour. Whereas life in rural areas is often less demanding, less structured, and support systems in the form of extended families are present, this is not necessarily true in urban areas (Leff 1981 in Schlebusch, Wessels & Rzedkowsky 1990). Sociopolitical factors such as political unrest and murder do not appear to have acted as precipitants for suicide attempts. Instead, Pillay suggested that the lack of social cohesion/integration resulting from these sociopolitical factors may have played a part in suicide attempts. The idea of social integration correlates with Durkheim's argument that the greater the social integration the lower the suicide rate. Suicide is inversely related to stable and integrated social relations among people, whether religious, familial or other (Clinard & Meier 1995:462).

Major social and political changes have occurred in South Africa over the past few years. No facet of life in South Africa has been left untouched by these changes. Changing structures and new ways of doing things have made people uncertain about the manner in which they are supposed to behave. Under these circumstances, when people are faced with a crisis, it is possible that they might consider suicide. Therefore, a survey was conducted amongst African and coloured communities to determine whether they would consider suicide. Although the suicide rate according to the aforementioned figures is much higher for whites than for Africans or coloureds, it was decided to focus on the latter two groups in this study, as they cannot easily access existing crisis services.

AIMS AND OBJECTIVES OF THE STUDY

The main aim of this study was to determine African and coloured community members' knowledge, attitudes and behaviour regarding suicide. The core objectives of the study were as follows:

- to determine how many people the respondents knew of who had tried to kill themselves/who have killed themselves;
- to find out what kind of circumstances would cause a person to think about killing himself/herself;

¹ This research was funded by the UK Lotteries Board.

- to determine the respondents' attitudes towards suicide; and
- to determine whether or not the respondents had ever considered taking their own lives.

METHODOLOGY

The study population consisted of two main groups. The first group included 50 respondents from Heidedal. The second group consisted of 200 respondents from Mangaung. The respondents from Mangaung were selected from the following four *areas*:

- old Mangaung (i.e. established before 1980);
- new Mangaung (i.e. established after 1985);
- fully serviced informal settlements (i.e. equipped with water, sanitation, electricity and roads); and
- partially serviced informal settlements (i.e. using a bucket system, communal taps, stands that are pegged and have electricity).

The respondents in the four areas of Mangaung were proportionally selected by working with the number of stands in each of the residential areas. These residential areas were further divided into geographic areas, where the number of respondents was selected depending on the size of the geographic area. Approximately three extra addresses were selected in each of the geographic areas. This was done in order to furnish the fieldworkers with addresses for cases where persons did not want to participate in the study. This process of sampling is known as multiphase simple random sampling, and its attempts to ensure that each member of the population has an equal chance of being included in the sample. This allows for the results to be generalised to other persons living in Mangaung.

Multiphase simple random sampling was also used in Heidedal, although a slightly different process was followed. All the streets in Heidedal were given a number and counted. Thereafter, 10 numbers representing 10 streets were randomly selected. The number of houses in each street was then counted in order to select the respondents proportionally. This was done to ensure that longer streets would have more respondents than shorter streets.

Furthermore, a grid was used in order to ensure that roughly an equal number of males and females would be included in the sample and that there would be an even spread of respondents in the various age groups.

The fieldwork was conducted during July and August 1998. Six fieldworkers (one from Heidedal and 5 from Mangaung) were carefully selected from these communities. They were trained over a two-day period. The training included: interview skills, familiarising them with the questionnaire, advice on how to cope with sensitive issues such as suicide and explaining the sampling procedure. Quality control was done throughout the fieldwork period to ensure that the questionnaires were correctly and fully completed.

LIMITATIONS OF THE STUDY

Although the questionnaires were originally compiled in English and translated into Afrikaans and SeSotho, the responses were only recorded in English and Afrikaans to enhance interpretation of the data by the researchers. Therefore, some of the meaning of the responses could have been lost during the translation process. The fact that the questionnaires were only translated into one of the official African languages could also have caused problems as there are Xhosa-, Tswana- and Zulu-speaking persons living in Mangaung.

The use of fieldworkers in a research project is always a risk, as they are in a position to influence the quality of the data. In order to prevent this from happening, the fieldworkers received intensive training and quality control of the questionnaires was done throughout the fieldwork period.

RESEARCH RESULTS

CHARACTERISTICS OF THE RESPONDENTS

There were slightly more females, 51,2% (n=128) than males 48,4% (n=122) who participated in this study. Their ages ranged from 18 years to older than 60 years. While 40% of the respondents were employed, 36,4% were unemployed and 23,6% were pensioners.

RESPONDENTS' KNOWLEDGE OF PEOPLE WHO HAVE TRIED TO KILLED THEMSELVES/WHO KILLED THEMSELVES

More than half of the respondents (58,8%) were unaware of anyone who had killed themselves, and 73,2% of the respondents did not know of anyone who had tried to kill themselves. Of those respondents who knew of persons who had/had tried to kill themselves, 45,4% were acquaintances; 28,3% were friends; 19,1% were family members; 6,6% were colleagues; and 0,7% were neighbours. In this instance, percentages reflect the total number of responses rather than the number of respondents.

The majority of respondents (82,8%) who knew of someone who had/had tried to kill themselves felt that the person could have coped with the situation in another way. The most frequently mentioned ways in which they could have coped included:

- they should have discussed their problems with someone (65,6%);
- they should have consulted a professional (17,6%); and
- they should have prayed (10,4%).

It appears as if the respondents did not consider suicide an appropriate way in which to cope with a crisis. Instead, discussing the problem and seeking spiritual help were seen as better options when faced with a crisis.

CIRCUMSTANCES THAT MAY CAUSE ONE TO CONSIDER SUICIDE

In order to determine possible risks for suicide, the respondents were asked to state what type of circumstances they think might cause a person to kill himself/herself. The most frequently given circumstances were (note, percentages reflect the total number of responses rather than the number of respondents):

- financial problems (17,3%);
- relationship problems (17%);
- domestic problems/problems in the family (10%);
- unemployment (9,3%);
- loneliness/rejection (8%);
- illness/medical problems (7%).

The fact that relationship and/or domestic problems are two of the main causes of attempted suicide was supported by studies conducted by Breetzke (1988:21) and Wilson and Wormald (1995:530), which found troubled interpersonal relationships and domestic family conflict to be the main causes of suicide amongst Africans and/or coloureds.

ATTITUDES TOWARDS SUICIDE

Attitudes play an important role in determining the behaviour of individuals (Sears, Peplau & Taylor 1991). Therefore, in order to find out whether these respondents may consider suicide, it is important to look at their attitudes towards suicide. The respondents were asked whether or not they agreed or disagreed with a number of statements concerning suicide. Their responses are given in Table 1.

TABLE 1
ATTITUDES TOWARDS SUICIDE

Statement	Agree		Uncertain		Disagree	
	n	%	n	%	n	%
People who kill themselves are cowards.	203	81,2	2	0,8	45	18,0
Thoughts of killing oneself come from the spirit world.	122	48,8	13	5,2	115	46,0
Life is sometimes so difficult that killing oneself is the only way out.	76	30,4	4	1,6	170	68,0
Killing oneself can be prevented by talking to others about one's problems.	223	89,2	1	0,4	26	10,4
If I want to take my own life, it has nothing to do with anyone else.	61	24,4	1	0,4	188	75,5
If I had no one to depend on, then killing myself would be a way out.	38	15,2	2	0,8	210	84,0
Our community has sympathy for people who try to kill themselves.	173	69,2	17	6,8	60	24,0
Trying to kill oneself is a call for help.	68	27,2	5	2,0	177	70,8
People who try to kill themselves should be helped to cope with the situation.	236	94,4	2	0,8	12	4,8
Killing oneself touches not only the individual but also the community.	227	90,8	2	0,8	21	8,4
If my partner (boyfriend/girlfriend/husband/wife) leaves me, I'll kill myself.	15	6,0	0	0	235	96,0
A person who kills himself/herself is mentally ill.	114	45,6	10	4,0	126	50,4
Our community rejects people who try to kill themselves.	73	29,2	7	2,8	170	68,0
There should be a service in the community to assist people in emotional distress.	212	84,8	3	1,2	35	14,0

Overall the respondents did not appear to have positive attitudes towards suicide; this is reflected in the following: 81,2% felt that people who kill themselves are cowards; 68% indicated that killing oneself is not a solution for difficulties in life; 75,5% stated that suicide does have something to do with others; 84% felt that even if one does not have someone to depend on, suicide is not the solution; 90,8% felt that suicide also affects the community; and 96% indicated that a broken relationship is no reason to kill oneself. There was, however, sympathy for persons who do attempt to kill themselves: 69,2% agreed that the community has sympathy for those who try to kill themselves; 68% felt that the community does not reject people who try to kill themselves; 94,4% indicated that people who try to kill themselves should be helped to cope with the difficult situation; and 84,4% felt that there should be a service in the community to help those persons experiencing an emotional crisis. It is interesting to note that almost half of

the respondents indicated that thoughts of killing oneself come from the spirit world (48,8%), suggesting a spiritual involvement in suicide.

The respondents from the three communities (Heidedal, formal Mangaung and informal Mangaung) differed in their attitudes towards suicide. The most significant differences are illustrated in Table 2:

TABLE 2
THE DIFFERENT COMMUNITIES' ATTITUDES TOWARDS SUICIDE

Statement	Group*	Agree** %	Disagree** %	α	Uncertainty coefficient	n
People who kill themselves are cowards.	FM	67,0	33,0	0,000	0,113	248
	IM	89,9	10,1			
	H	95,9	4,1			
Thoughts of killing oneself come from the spirit world.	FM	32,0	68,0	0,000	0,091	237
	IM	61,1	38,9			
	H	76,2	23,8			
Life is sometimes so difficult that killing oneself is the only way out.	FM	27,3	72,7	0,000	0,066	246
	IM	44,4	55,6			
	H	10,4	89,6			
Killing oneself can be prevented by talking to others about one's problems.	FM	96,0	4,0	0,001	0,081	249
	IM	80,8	19,2			
	H	94,0	6,0			
If I want to take my own life, it has nothing to do with anyone else.	FM	11,0	89,0	0,000	0,066	249
	IM	35,4	64,6			
	H	30,0	70,0			
If I had no one to depend on, then killing myself would be a way out.	FM	10,0	90,0	0,000	0,071	248
	IM	11,1	88,9			
	H	34,7	65,3			
Trying to kill oneself is a call for help.	FM	24,2	75,8	0,000	0,114	245
	IM	22,1	47,5			
	H	61,7	38,3			
Killing oneself touches not only the individual but also the community.	FM	85,0	15,0	0,008	0,069	248
	IM	97,0	3,0			
	H	93,8	6,3			
A person who kills himself/herself is mentally ill.	FM	35,0	65,0	0,000	0,058	240
	IM	48,5	51,5			
	H	74,4	25,6			
Our community rejects people who try to kill themselves.	FM	7,0	93,0	0,000	0,201	243
	IM	36,7	63,3			
	H	66,7	33,3			
There should be a service in the community to assist people in emotional distress.	FM	66,7	33,3	0,000	0,271	247
	IM	99,0	1,0			
	H	98,0	2,0			

* FM = formal Mangaung; IM = informal Mangaung; H = Heidedal

** For statistical analysis purposes, the original response categories were recoded from a three-point scale to a two-point scale (the uncertain category was omitted).

- There is a significant difference in the attitudes of the three groups towards the statement *People who kill themselves are cowards*, with more than half of the respondents agreeing with this statement, Heidedal (95,9%), informal Mangaung (89,9%) and formal Mangaung (67,0%). The differences in the attitudes of the respondents from Heidedal and formal Mangaung are most noteworthy. According to the uncertainty coefficient, 11% of the variation in the dependent variable is explained by the independent variable.
- Three quarters (75,8%) of the respondents from formal Mangaung indicated that trying to kill oneself is not a call for help, while 47,5% of respondents from informal Mangaung and 38,3% from Heidedal agreed with this.
- The respondents from formal Mangaung (93,0%) felt very strongly that the community does not reject people who try to kill themselves, the respondents from informal Mangaung (63,3%) and Heidedal (33,3%) felt less strongly that this was the case. There is a relatively strong relationship between the group to which a person belongs and his/her attitude towards the above-mentioned statement, because 20% of the variation in the dependent variable is explained by the independent variable.
- Two thirds (66,7%) of the respondents from formal Mangaung felt that there should be a service in the community to assist persons in an emotional crisis compared to 98% in Heidedal and 99% in informal Mangaung. The uncertainty coefficient value (0,271) indicates that there is a relatively strong relationship between these two variables.

SUICIDAL BEHAVIOUR

The overall negative attitude towards suicide may be an indication that these respondents are not harbouring any suicidal thoughts. To determine if this is true, it was necessary to ask the respondents a number of questions that hinted at suicidal tendencies. This was done by asking them to state how often they felt a certain way in their lives. The responses are illustrated in Table 3.

TABLE 3
SUICIDAL BEHAVIOUR

Statement	Often		Sometimes		Never	
	n	%	n	%	n	%
Felt that life is not worth living?	42	16,9	101	40,7	105	42,3
Wished that you were dead?	35	14,0	53	21,2	162	64,8
Thought that you should have killed yourself?	12	4,8	14	5,6	223	89,2
Made plans to kill yourself?	5	2,0	3	1,2	241	96,8
Hurt yourself deliberately?	21	8,4	30	12,0	199	79,6
Hurt yourself with the intention of killing yourself?	2	0,8	1	0,4	246	98,8
Received support during an emotional crisis?	89	35,7	95	38,0	65	26,0
Approached/contacted a person at an organisation for assistance during an emotional crisis.	48	19,2	22	8,8	180	72,0
Felt pressurised by other people to kill yourself?	14	5,6	44	17,6	192	76,8
Felt that you had not met others' expectations of you?	60	24,0	55	22,0	135	54,0

* Missing values have been omitted

In general, the respondents appeared to be able to cope with emotional crises. While 40,7% had at times felt that life was sometimes not worth living, 14% had often wished that they were dead and 21,2% had sometimes wished that they were dead. The majority of respondents (88,2%), however, indicated that they had never thought that they should kill themselves. Furthermore, 96,8% of the respondents had never made plans to kill themselves and 98,8% had never hurt themselves with the intention of killing themselves. Almost three quarters of the respondents (73,7%) had received support during an emotional crisis. This support, however, must have come from family, friends, neighbours, etc. as the majority of respondents (72%) had never approached an organisation for support. This is further supported by the fact that 73% of the respondents who had family in Mangaung and/or Heidedal had never approached an organisation for support during an emotional crisis, while 53,8% without family in Mangaung and/or Heidedal had never approached an organisation for assistance. Therefore having family living close by appears to be a form of support for people, making them less likely to approach an organisation for support.

The respondents living in the different areas appeared to have different *suicidal* behavioural tendencies. Whereas 79% of the respondents from informal Mangaung indicated that they had never wished that they were dead, 57% from formal Mangaung and 52% from Heidedal stated the same. It is interesting to note that in informal settlements the respondents thought less about suicide, probably because they are holding on to the possibility that their living conditions will improve somehow. A second reason for this might be that these people are so occupied with meeting their basic needs that emotions play a less important role. Furthermore, very few respondents living in informal Mangaung (15%) had never received support during an emotional crisis, compared to 38,8% in Heidedal and 31% in formal Mangaung.

The respondents' negative attitude towards suicide and their apparent lack of suicidal tendencies do not guarantee that they will never resort to suicide to cope with an emotional crisis, but probably indicates that they at present have some structures to help them to cope with emotional crises.

CONCLUDING REMARKS

More than half of the respondents did not know of anybody who had tried or who had killed themselves. Most of those respondents who did know of someone who had killed himself/herself felt that this person could have coped with the situation by discussing his/her problems, consulting professionals and/or praying. Circumstances that might cause a person to think about killing himself/herself included financial issues and relationship problems.

It appears as if the majority of respondents do not have attitudes that favour suicide. They do, however, have sympathy for persons who try to kill themselves, and feel that there should be a centre to assist persons in an emotional crisis. These negative attitudes towards suicide link with the idea that attitudes influence behaviour, as most of the respondents did not appear to have suicidal tendencies. The majority of the respondents indicated that they had never thought about killing themselves. Furthermore, most respondents had never approached an organisation for help during an emotional crisis and therefore appeared to be relying on family or friends for support. The respondents did not appear to have any serious suicidal tendencies, although they did recognise the need for a service in their communities to assist those persons who were experiencing an emotional crisis.

Despite the fact that a more Western lifestyle and urban living suggest a lack of family support networks, this does not appear to be altogether true as far as the study group is concerned. The results of the study have indicated that the respondents still rely a great deal on their family and

friends for support during a crisis. This also suggests that amidst social changes there is still a great deal of social integration in these communities, and people somehow seem to cope on their own. It must be kept in mind that a small group was researched and therefore the data cannot be generalised to the entire population; only trends can be suggested. More research is needed to unravel the complex relationship between experiencing an emotional crisis and using suicide as an option to cope.

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