

A DESCRIPTION HIGHLIGHTING THE PSYCHOSOCIAL PROBLEMS EXPERIENCED BY LEARNERS IN THREE SECONDARY SCHOOLS IN THE WESTERN CAPE

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INTRODUCTION

This paper provides a description of the psychosocial problems experienced by learners in three secondary schools in the Western Cape. This research aimed at eliciting the personal experiences of learners and then describing these data in comparison with current theoretical knowledge. The results of this research have been used as the scientific underpinning for the development of a multidisciplinary support service to learners in Western Cape secondary schools: the primary aim of the Community Keepers (CK) organisation.

CK is a non-profit organisation that exists to serve the community by addressing various psychosocial problems and needs within South African schools. CK aims to establish long-term relationships with school communities (learners, educators and parents) and to collaborate with these groups to find solutions to the challenges facing contemporary societies. This aim is accomplished through a unique approach to service and support, where professionals from diverse disciplines collectively form a team that assists individuals and families in a holistic way. The multidisciplinary team delivering the service will ideally consist of a social worker, clinical psychologist, educational psychologist, dietician, occupational therapist and school counsellor.

It is important to describe the context within which the research took place. The three schools selected to form part of this research are classified as Quintile 5³ schools. Although these schools offer opportunities for underprivileged learners, the majority of the learners are from middle to upper-class socio-economic groups. The schools are well resourced and self-sustainable. Within these schools the learners who were selected varied in terms of race, age, gender and current school grade.

This paper therefore sets out to describe the comparisons of self-reported psychosocial experiences of learners in these three schools across one specific domain (problems). The purpose of subsequent research will be to implement a multidisciplinary intervention specifically tailored to the felt needs of the learners. Ultimately intervention will be aimed at addressing psychosocial issues in adolescents in secondary schools.

MOTIVATION FOR THE RESEARCH

This research project was initially sparked by a concern and curiosity which developed from observations made in the media as well as from direct experiences in clinical practice in the community (Marshall & Rossman, 1999; Mouton, 2001). For example, the South African Institute of Race Relations (2008) reports that South African schools are the most dangerous in the world.

³ Quintile 5 schools can be defined as schools that are subsidised by the government at a rate of R129 per child per year and the rest of the costs are covered through school fees and private funds. This is in contrast to a Quintile 1 school, which receives R775 per child per year (www.wced.wcape.gov.za/circulars/-circulars07/e51_07.html).

Although the majority of the media hype around schools focuses on the extreme cases of violence and crime, other less prominent problems are evident within the school system. Visser (2003) explains that international tendencies indicate that when a nation has undergone drastic socio-economic and political change, as has happened in South Africa, changes often echo within a sphere of risk behaviour. Thus social problems in schools cannot be explained in terms of a linear progression, but only as a manifestation of problems in the wider society. It can therefore be concluded that the social ills of the community not only negatively influence the school system as a whole, but also the role-players individually. Liebenberg-Siebert and Smit (2001) state that higher success rates of schools are dependent on substantial psychosocial changes in society. It would seem that external forces from the community have a far-reaching and prevailing influence on the functioning of learners.

PROBLEM STATEMENT

Essentially, it seems that the successful functioning of secondary school learners is closely linked to the psychosocial functioning of the community and society (Schorr, 1997:283). Furthermore, there seems to be a problem with high-risk behaviour among adolescents in secondary schools in South Africa. The Youth Risk Behaviour Survey (Department of Health, 2002) is a document that clearly outlines the prevalence of key risk behaviours among South African youths. This survey consisted of sampling 23 schools per province, within which 14 766 learners from Grades 8-11 were sampled and 10 699 participated. The following are a few findings as indicated by learners who participated in this survey:

- In the previous six months, 19% had considered suicide and 17% had attempted suicide;
- 41% had been bullied in the previous month;
- Alcohol consumption ranged from 49% having used it before, 32% for drinking in the previous month, and 23% had engaged in binge drinking in the previous month;
- Drug consumption varied from 13% having used dagga, 12% heroin, 11% inhalants and 6% Mandrax;
- With regard to sexual behaviour, 41% of learners had had sex. Among the learners who had had sex before, 54% had had more than one past sexual partner, 70% had had sex in the past three months, only 29% practised consistent condom use and 16% had been pregnant.

This highlighted the need for a detailed description of the psychosocial problems experienced by learners in the secondary school environment. The critical lack of detailed information on this topic hinders the process of intervention with this population and the development of specific interventions aimed at targeting problems and needs highlighted by the population.

GOAL OF THE RESEARCH

Following from the above, the overall goal of this paper is to give a description of the personal and communal psychosocial problems experienced by learners in three secondary schools in the Western Cape.

RESEARCH METHODOLOGY

A qualitative paradigm was chosen for this research because the purpose of the study was to give a description of the perceptions and experiences of learners (Babbie, 2001:36-37; De Vos, Strydom, Fouché & Delport, 2005:74; Murray & Chamberlain, 2000; Neuman 2000:417-418). A phenomenological research design was implemented for this study (Patton, 2002:69). According to De Vos *et al.* (2005:273), the phenomenological approach aims to understand and

interpret the meaning that subjects give to their everyday lives. This enabled the researchers to simultaneously develop an understanding of the phenomena described, during the process of describing them (Alston & Bowles, 2003:34-35; De Vos *et al.*, 2005:106).

Interviewing process

In-depth personal interviewing and naturalistic observation (Mitchell & Jolley, 2001:441; Rubin & Babbie, 2001:388-389), using a semi-structured interview schedule, were used in this study to gain a detailed picture of the participants' beliefs and perceptions (De Vos *et al.*, 2002:302; Neuman, 2000:271-274; Padgett, 1998:373-374). The researchers themselves were involved and responsible for the fieldwork, which consisted of semi-structured questionnaires presented in an interview style as open-ended questions. This enabled the researchers to focus on specific problems experienced by learners, while allowing flexibility to elaborate on personal psychosocial issues (De Vos *et al.*, 2005:292). All the interviews were tape-recorded and transcribed in order to ensure accuracy and efficiency in obtaining the information. The themes and sub-themes that emerged from the data were then used to generate categories to order the information (Cresswell, 1998; Marshall & Rossman, 1999). These themes included the psychosocial, educational, recreational and physical aspects. For the purposes of this article, the researchers have chosen to focus on the psychosocial themes.

Sampling

Patton (2002) explains that there are no specific stipulations for sample size in qualitative research and that this is mainly determined through the logic of replication: samples are therefore based on saturation. One of the main factors influencing the learner sample was access to informed consent. This process of obtaining consent was in itself a method of selecting the sample size as many of the learners were not able to participate in the study because they did not bring back their consent forms. Attempts were made to obtain informed consent by handing out a detailed letter highlighting the goal of the investigation and its possible advantages and disadvantages; it also indicated the credibility of the researchers (De Vos *et al.*, 2005:106). All consent was obtained on a voluntary basis and no participants were included in the study unless express written consent was given by their parents/guardians. A random sample was then selected from all the returned forms for respondents to participate in the individual interview process. In total 60 individual learners were interviewed.

TABLE 1
POPULATION AND SAMPLE SIZES OF LEARNERS

Learner population	2 385
Learner sample	60

Ethical considerations

Throughout this study careful consideration was given to adhering to the ethical guidelines around completing research with minors. Padgett (1998:36) notes the importance of getting permission from the authoritative structures when proceeding with research. For this reason, permission from the Western Cape Educational Department was obtained in April 2008 before commencing with the study. After obtaining this permission, every principal of every school where research would be done was approached with a formal research proposal; all principals gave their consent for participation in the study. The researchers paid careful attention to the following issues: informed consent, anonymity, confidentiality, privacy, and preventing harm

and/or deception of respondents (De Vos *et al.*, 2005:63-69; Monette, Sullivan & Jong, 1998:55-63).

Limitations

A number of limitations were taken into consideration in this study. Of primary concern was the fact that the learner sample was limited by the number of learners who brought back their consent forms. As a result, the sample obtained was randomly selected from this population and not the greater population. This places limitations on representation; however, this was deemed as of lesser importance in the context of qualitative research.

CK recognised the need for an investigation that focuses on the personal experiences of learners in a Quintile 5 school setting. There is limited literature and data sets that focus on the problems experienced by this specific group in the population and there is a gap in understanding and knowledge regarding the experience of the individual learner within the scope of the larger educational system (Visser & Moleko, 1999). However, the scope for generalisation beyond these results is limited – as these results are based on findings within a Quintile 5 school setting and therefore may not be comparable to results that would be obtained from a different school context.

An additional limitation is the fact that the interviews took place on the school grounds. This could have had a detrimental impact on the quality of the responses obtained, seeing that respondents may have felt inhibited or not been able to give their full attention to the researchers.

THEORETICAL FRAMEWORK

Psychosocial problems can be defined within the area of human functioning, where there is a desire, but not the means, to change a situation – specifically pertaining to one's psychological (emotional and cognitive) development within and in interaction with a social environment (school, family and friends) (Reber, 1995:620). Adolescence has been identified as a period of dramatic change second only to the first two to three years of children's lives (Eccles, 1999). Thus adolescents, at this critical stage of their overall development, are particularly vulnerable to developing psychosocial problems when there is a negative impact on their development.

Bronfenbrenner (1979) proposed a theoretical framework for understanding human functioning. He believed that proximal processes (the exchanges of energy between the developing person and the environment) are the building blocks for human development. This theoretical framework states that proximal processes need to take place on a regular basis over extended periods of time in order for effective development to occur. During childhood and early adolescence, proximal processes occur within three key ecological contexts: with family, friends and wider societal structures and norms (Bronfenbrenner, 1979; Bronfenbrenner & Evans, 2000). For the purposes of this study, the researchers have chosen to focus on the psychosocial problems, as described by the learners, within the family and peer contexts, which give rise to problems in the effective development of the adolescents involved.

FAMILY

The family system is arguably the entity with the greatest influence on the development and functioning of any individual. Families go through various positive and negative transitions, which could include the birth of children, initiation of schooling or the loss of a parent as a result of divorce or death (Zastrow, 2004:55). These transitions can be interpreted as times of disequilibrium in the family system, when family stability is threatened by the demand for

change, and they usually have a negative impact on the proximal processing of the individual (Goldenberg & Goldenberg, 1998:37). Unsuccessful transitions may result in tensions between family members which can manifest in behavioural problems. When left uncorrected, these behavioural problems can develop into established negative behavioural patterns (Germain & Gitterman, 1986:630). Consequently the psychosocial wellbeing of an adolescent will directly and indirectly be influenced by times of family disequilibrium that could emanate from a range of causes: from physical (divorce) to emotional (neglect). Prior, Ruschena, Sanson and Smart (2005) highlight divorce, parental separation, remarriage and death as family transitions that could contribute to psychosocial problems in adolescents.

Divorce

Parental divorce is considered one of the most significant and stressful events that children and adolescents may have to face. The severity of this event is mediated by the quality of the parent-child relationship (Farrington, 2002; Gottfredson & Hirschi, 1990; Greeff & Watson, 2004; Holmen, Roysamb, Strokken & Tambs, 2006). In situations where the parents are unable to facilitate effective processing of divorce, adolescents are faced with psychosocial problems which impede effective emotional and social development.

Death

Similarly, parental death results in negative consequences for each family member individually and the family as a whole. Research shows that the surviving parent's ability to cope with the loss of their partner will largely impact on the adolescent's grieving process (Hamrin & Kirwin, 2005). The death of a parent can negatively affect a child's self-concept, health and social functioning, if the task of grieving is not facilitated in a supportive environment (Hamrin & Kirwin, 2005).

Single parents

Research has found that single-parent families increase the risk of adolescents becoming involved in negative social behaviour and delinquency (Farrington, 2002:426; Frank, 2005:12; Guerra, 2002:xvi; Hamrin & Kirwin, 2005:70; Popenoe, 1996:142). Furthermore, parental involvement fosters the development of children's character that is conducive to successful psychosocial functioning (Baumeister, Engels & Finkenauer, 2006:58). In a study focusing on youth offenders, Geldenhuys (2007) notes that adolescents have a dire need for emotional support and guidance from parents or guardians, and the absence of this could lead to psychosocial problems and negative behavioural patterns. The involvement of parents in the lives of their children can be described as a protective factor: possibly increasing the adolescent's capacity to help themselves and to prevent the development of psychosocial problems.

FRIENDS

Although family relationships remain important throughout life, peer relationships become an increasingly significant influence on adolescents' lives (Vaux, 1988). Adolescents are consciously and unconsciously looking for role models (generally amongst peers) whom they can follow. Nation and Heflinger (2006) confirm that peer relationships are powerfully influential on the attitudes and behaviour of adolescents. Adolescence is synonymous with various physical, emotional and behavioural changes. During this period teenagers are more likely to engage in risk-taking behaviour, which can have psychological and social outcomes.

At times this risk-taking behaviour may impede the accomplishment of normal developmental tasks and the fulfilment of expected social roles (Jessor, 1991).

Sexual behaviour

Risk-taking behaviour commonly manifests in the area of adolescent sexual interactions. Various studies indicate that dating and sexual activities which occur earlier than same-age peers, and sexual intercourse that occurs without adequate protection, are sources of psychosocial and health risks for youth (Costa, Jessor, Donovan & Fortenberry, 1995; Costa, Jessor, Fortenberry & Donovan, 1996; Stattin & Magnusson, 1990). Adolescents commonly exhibit careless sexual behaviour or promiscuity, which has been proved to have detrimental consequences on their psychosocial functioning (Goodenow, Netherland & Szalacha, 2002:203).

Substance use/abuse

Although numerous factors can account for adolescent substance use, the predominant reason seems to involve the fact that adolescence is a period of transition, wherein impulsivity, recklessness and non-conforming behaviour manifest more prominently than in any other developmental stage (Madge & Harvey, 1999). Reviews of research exploring the nature of substance use during adolescence repeatedly highlight the critical role peer relationships play concerning the onset and escalation of alcohol and drug use (Petraitis, Flay & Miller, 1995). The literature (Dishion, Capaldi, Spraklen & Li, 1995) highlights that peer influences are also critically important in the onset of substance use in adolescents, and that drug and alcohol use among close peers appears to influence the initiation and maintenance of drug use by adolescents (Nation & Heflinger, 2006).

The current profile of alcohol abuse among South African adolescents in many ways mirrors the trends found globally among adolescents (Parry, Myers, Marojele, Flisher, Bhana, Donson & Pluddemann, 2004). Mostly the initiation of alcohol use and experimentation during adolescence is considered normative; however, there are incidences where excessive binge drinking is described (Clark, Bukstein & Cornelius, 2002). In a study which took place among Cape Town Grade 11 learners it was reported that the proportion of learners who had used tobacco, alcohol and cannabis in the previous month was 27%, 31% and 7% respectively (Flisher, Muller & Lombard, 2004).

In general, there is a scarcity of information on the extent of drug use amongst South African young people (Visser & Routledge, 2007). Based on the studies available, it would seem that a relatively small minority of teenagers use illicit drugs in community populations (Clark *et al.*, 2002) and that the majority of adolescents using drugs in South Africa use cannabis (Flisher, Parry, Evans, Lombard & Muller, 2003). Interestingly, the literature review for this study revealed that very little is known about alcohol and drug use among adolescents living in affluent social settings as most of the research focuses on lower socio-economic settings. It is generally presumed that social and economic advantages decrease the risk of psychosocial problems; however, research (McMahon & Luthar, 2006) indicates that substance use may occur as frequently, if not more so, among children living in affluent suburban communities.

IDENTIFYING PARTICULARS

In order to fully understand the results, it is necessary to provide an accurate description of the sample population from which the findings were obtained. Tables 1-4 reflect the sample sizes that were used in this study and have been grouped in terms of the selection criteria used in the sampling process.

TABLE 2
REFLECTION OF THE LEARNER SAMPLE SIZE ACCORDING TO AGE

Age	Number of learners	% of total
13-14 years	13	21.67%
15-16 years	26	43.33%
17-18 years	21	35%
Total	60	100%

The 15-16 years age bracket represents learners from Grades 8, 9, 10 and 11. As a result the highest percentage of learners naturally fell within this age bracket.

TABLE 3
REFLECTION OF THE LEARNER SAMPLE SIZE ACCORDING TO GENDER

Gender	Number of learners	% of total
Male	25	41.67%
Female	35	58.33%
Total	60	100%

The difference between female and male respondents can be attributed to the process of random sampling, whereby more females were interviewed than males.

RESEARCH RESULTS

Table 4 presents a description of the psychosocial problems of those who participated in this study:

TABLE 4
PROBLEMS EXPERIENCED BY LEARNERS

SUB THEME	CATEGORIES	NARRATIVE FROM INTERVIEWS
1. Family Problems	1.1 Divorce	<p><i>“My parents have been divorced since I was 6... you don’t really get over it.”</i></p> <p><i>“My ouers is geskei toe ek in graad 4 was... my pa... ek dink hy is nou al so 4 keer getroud en geskei... ek weet hy het my ma ’n paar keer verneuk toe hulle nog saam was.”</i> [My parents were divorced when I was in Grade 4... my father... I think he has remarried and divorced about 4 times since then... I know that he was unfaithful a few times when he was still with my mother.]</p> <p><i>“Family life is not good...my parents are divorced... before Grade 8 she (mother) tried to commit suicide... I shut myself down.”</i></p>
	1.2 Death of parent	<p><i>“Pa is oorlede... oor die jare het hy (stiefpa) goed aan my ma gedoen waarvan ek nie gehou het nie... glad nie met hom gepraat van die dag dat hulle getrou het.”</i> [Father died... over the years he (stepfather) has done things to my mother which I do not like... I have not spoken to him since the day that they married.]</p> <p><i>“My ma is oorlede toe ek 4 maande oud is en my pa het ons toe gelos so ek bly eintlik by my ouma en oupa... ek ken hom (pa) glad nie.”</i> [My mother died when I was 4 months old and my father left us then, so I actually live with my grandmother and grandfather... I don’t know him (father) at all.]</p>
	1.3 Single-parents	<p><i>“Sometimes I don’t feel like coming to school because my mom is a single parent. If things are going bad at home, it kind of affects my school life.”</i></p> <p><i>“As ek by die huis is dan raak alles te swaar vir my. My ma en haar</i></p>

		<p><i>boyfriend sry baie... my ma stres baie... ek stres baie die laaste tyd... daar's altyd nooit iemand om mee te praat nie.</i>" [When I am at home, everything becomes too much to bear. My mother and her boyfriend often fight... my mother stresses a great deal... I have begun to stress a great deal in the last while... there's never anyone with whom I can talk.]</p> <p><i>"My mom lives 3 hours away... I think my father is on the verge of becoming depressed... my mother used to drink a lot. Her father was an alcoholic... I was raised as the responsible one."</i></p>
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The results indicate that **divorce** is experienced as a distressing psychosocial stressor. Respondents implied that there was little support available during and after the divorce for them and their families. This correlates with the findings of Greeff and Watson (2004) and Farrington (2002), which note the destructive consequences divorce has on children when the necessary support is not received from the parental relationship. Resentment towards one or both of the parents (for their role in the separation, before and after the divorce) as identified by the participants, provided additional confirmation of the negative impact of this life event on the psychosocial functioning of these adolescents.

Parental death was experienced as a psychosocial problem because of the drastic influence it had on participants' individual and family lives. It seemed as if the influence of this event was diminished by the positive ability of the other parent to successfully cope and adapt afterwards. This confirms the findings of Hamrin and Kirwin (2005) on the negative effects that the death of a parent can have on a child if the task of grieving is not facilitated in a supportive environment. Participants also referred to the compounding effect of relocation and remarriage of their surviving parent and their negative experience of these events in addition to the initial parental death. The inability to change the circumstances around parental death makes this event a serious psychosocial problem for participants.

Participants emphasised the lack of support in **single-parent** families and reported manifold psychosocial problems in these settings. This correlates with the findings of Baumeister *et al.* (2006) and Maree (2003) on the need that adolescents have for emotionally involved and interested parents. Participants complained that the lack of parental involvement impeded their own ability to cope with everyday challenges: this parallels findings by Frank (2005) and Hamrin and Kirwin (2005). The participants felt that better emotional support from a parent could enhance their own psychosocial functioning.

**TABLE 4 (CONTINUED)
 PROBLEMS EXPERIENCED BY LEARNERS**

SUBTHEME	CATEGORIES	NARRATIVE FROM INTERVIEWS
2. Substance use	2.1 Alcohol	<p><i>“Daar’s ’n fase wat ’n mens deurgaans wat jy alkohol misbruik maar nou is dit niks. Drink het soos ’n instelling geraak, soos 2 dae ’n week gaan ons uit... en dan raak die ouens trashed.”</i> [There’s a phase which people go through where they misuse alcohol, but now it’s nothing. Drinking has become like an institution, like 2 days a week, we go out... and then the guys get trashed.]</p> <p><i>“Drinking has become sort of culture... girls are really struggling with alcohol over weekends... unwind after a long hard week.”</i></p> <p><i>“Daar is kinders wat soos elke naweek kuier ... daar is ’n hele paar wat kuier om elke naweek dronk te word.”</i> [There are children who like drink every weekend... there is a whole bunch who drink in order to get drunk every weekend.]</p>
	2.2 Drugs	<p><i>“Ons rook dagga in die natuur... in die park... kry by ’n rasta in die omgewing... hy het ’n spesifieke plek waar hy dit verkoop.”</i> [We smoke dagga in nature... in the park... get it from a rasta in the vicinity... he has a specific place where he sells it.]</p> <p><i>“House parties... there are a few (learners) that smoke... use drugs... dagga, not any hard core drugs.”</i></p>

The results of this study indicate that **alcohol** was the most common substance used among the adolescents interviewed. This correlates with the findings of Flisher *et al.* (2004). Learners reported that the excessive use of alcohol was regarded as the norm and a means of connecting socially with other learners. There seemed to be polar responses to binge drinking – those who considered it an “institution” and those who were ashamed of the behaviour of their peers. Research conducted in South Africa by Visser and Routledge (2007) confirms that many adolescents engage in substance use activities, which they perceive as risky, but yet somehow acceptable within their peer groups. Learners did not seem to be concerned about the health risks of excessive alcohol use, although the literature highlights that substance abuse among adolescents in South Africa is one of the most significant health and social problems (Flisher *et al.*, 2003).

Generally the use of **drugs** amongst learners was not reported as problematic. It would seem that those who are involved with drug use mainly smoke cannabis (as opposed to using “hard” drugs). Findings by Flisher *et al.* (2003) confirm this. The learners described using drugs in social gatherings rather than when alone; however, these learners seemed to be in the minority. The literature on adolescent drug use in South Africa is limited, especially with respect to affluent settings (Visser & Routledge, 2007). This may be indicative of the more prominent effects of alcohol rather than drug use in this population. However, it is possible that the lack of information on drug use is a result of learners’ reluctance to discuss drug use, which may be considered a social taboo in some communities.

**TABLE 4 (CONTINUED)
 PROBLEMS EXPERIENCED BY LEARNERS**

SUBTHEME	CATEGORIES	NARRATIVE FROM INTERVIEWS
3. Sexual behaviour	3.1 Peer pressure	<p><i>“If you haven’t done it (sex), how are you going to feel? You’re going to feel like an outcast.”</i></p> <p><i>“In die hoërskool dink die kinders baie anders oor verhoudings... begin sien hoe jou vriende dink daaroor en dan betwyfel jy of jou wyse van dink reg is... moeilik om te onderskei wat nou reg en verkeerd is... want hy (ou) sal sê, ‘as jy lief is vir my, dan sal jy dit (seks) doen’... en dan los hy jou agterna.”</i> [In high school, children think very differently about relationships... begin to see how your friends think and then you doubt whether your way of thinking is correct... difficult to distinguish between right and wrong... because he (a guy) will say, ‘if you love me, then you’ll have sex with me’... then he leaves you afterwards.]</p>
	3.2 Sexual activity in adolescence is “normal”	<p><i>“Die meeste het al seks gehad... hulle (kinders) praat sommer daaroor op die strate, miskien, ‘sy het saam met hom geslaap’, dis nie meer ’n issue nie.”</i> [Most have already had sex... they (children) even talk about it openly on the street, say for instance ‘she’s slept with him,’ it’s no longer an issue.]</p> <p><i>“As jy uitgaan oor naweke, by partytjies by huise, dit (seks) gebeur, dis nie net op die TV nie... baie ouens is seksueel aktief... hulle is meestal in verhoudings.”</i> [If you go out over weekends, to parties at peoples’ houses, it (sex) happens, it’s not only on TV... many guys are sexually active... they are mainly in relationships.]</p>
	3.3 Regret	<p><i>“Die grootste fout was om my virginity weg te gooi. My ma en pa kon dit gekeer het as hulle eie probleme uitsorteer sou wees... het die eerste keer met ’n ou geslaap in Graad 9... dit was ’n slegte ervaring.”</i> [The biggest mistake was to throw away my virginity. My mother and father could have prevented it, if their own problems were sorted out... I slept with a guy for the first time in Grade 9... it was a horrible experience.]</p> <p><i>“One of my close friends had a boyfriend and they slept together and now have broken up. She’s actually really having a hard time and is actually failing Grade 10... she’s really struggling with normal life stuff because all she can think about is him.”</i></p>
	3.4 Inadequate contraception	<p><i>“In ons graad van in die 130 kinders was daar oor die 60 kinders wat al seksueel aktief is... weet vir ’n feit hulle het al seks gehad... ’n paar meisies wat aborsies gehad het... baie meisies wat kliniek toe gaan vir die ‘morning after’ pil.”</i> [In our grade of about 130 children, there are over 60 children who are already sexually active... I know for a fact that they have had sex already... know of a few girls who have had abortions... many girls who go to the clinic for the ‘morning-after’ pill.]</p>

The results indicate that **peer pressure** predominantly influenced adolescents’ perceptions of sexual behaviour. Many of the respondents felt that their contemporaries were engaging in sexual behaviour because of the pressure to conform and to feel accepted within their peer

group. This confirms findings by Vaux (1988), who emphasised the significant influence of peer relationships in adolescence.

Although **sexual activity** amongst adolescents was largely considered the norm, the results indicated that several of the learners felt uncomfortable with the notion that their contemporaries (of the same age) were engaging in sexual behaviour. Research conducted in South Africa indicates that the average age of first sexual encounter in South Africa is 17 years for young women and 16.4 years for young men (Reproductive Health Research Unit, 2004). However, the results from this study indicated that many of the respondents were well below this age group. Costa *et al.* (1995) highlight that early sexual debut increases psychosocial vulnerability. Learners seemed to be aware of this increased risk, even if only on an intuitive level.

Despite the notion amongst the respondents that sexual activity during adolescence is 'normal', some of the learners (predominantly female) reported a sense of regret (either for themselves or their friends) concerning sexual debut. They explained that the results of previous sexual actions still have negative repercussions in their lives at present. Weichold, Silbereisen and Schmitt-Rodermund (2003) state that early sexual involvement is related to overall poor adjustment in adolescence.

Learners reported concerns about the poor use of contraception amongst friends and noted an increasing number of pregnancies. This was most often remedied through abortion or the 'morning-after' pill as opposed to increased measures of contraception. Research by Lesch and Bremridge (2006) highlights the prevalence of unprotected sex amongst teenagers in this region, and confirms that the adolescent population is at risk.

DISCUSSION

The aim of the research is to provide a description of the psychosocial problems experienced by the adolescent learners interviewed in three Quintile 5 schools in the Western Cape area. The psychosocial problems described by the learners in this study strongly parallel the findings of the Department of Health's Youth Risk Behaviour Survey of 2002. The results highlight two areas of concern: problems within the family setting and problems amongst peer groups (usually because of a sense of peer pressure). These problems were deemed age appropriate and seemed to occur predominantly in interactions in these two settings. It is important to bear in mind that, according to Bronfenbrenner (1979), there is a reciprocal relationship between the individual and his/her surrounding systems. As a result, psychosocial problems which manifest in an individual's life often mirror and interact with problems in the wider systems of society. The results of this study therefore emphasise the significant role that family and peer relationships play in the development and functioning of the adolescent.

Through the research process, a second area of interest began to develop, although it was initially not part of the focus of the study. While interacting with members from the schools and surrounding community, the researchers began to realise that there is a common misperception that learners from above-average socio-economic settings do not have psychosocial problems, and that the resources in these settings adequately provide for the needs of the learners. However, on closer examination the results revealed that many of these learners have significant psychosocial problems that are currently not sufficiently addressed in their school and home environments. In addition, the literature review revealed a paucity of information on the psychosocial needs and problems of learners from affluent settings; most articles focused on the problems of learners in low socio-economic settings. It would seem that

the voice of the “privileged” learner is not being heard, despite evidence that he/she may have significant psychosocial problems.

CONCLUSION AND RECOMMENDATIONS

The results of this study indicate that family and peer-related psychosocial problems were the most significant factors interfering with the effective functioning of these adolescents. The authors recommend that additional research should be completed focusing on the accessibility of resources for adolescents. The focus of such supplementary research could be aimed at ascertaining the perceptions of adolescent learners concerning the availability of resources within the family, peer and school systems.

This study aimed at identifying and providing a description of the psychosocial problems experienced by adolescent learners in these three Quintile 5 schools; however, there is still a need for additional research aimed at establishing causality of these psychosocial problems. This information will significantly support the design and implementation of future intervention strategies in these schools aimed at reducing the effects of psychosocial problems and preventing future problems.

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