

**Help seeking attitudes of non-university rural youth at
eMashingeni, KwaZulu-Natal, South Africa.**

By

Ayanda Prince Zuma

(210506347)

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Declaration

This thesis is submitted in partial fulfilment of the requirements for the degree of Master of Social Science (Clinical Psychology), in the Graduate Programme in Psychology, University of KwaZulu-Natal, Pietermaritzburg campus, South Africa.

I Ayanda Prince Zuma, declare that:

- The research reported in this thesis, except where otherwise indicated, is my original research.
- All citations, references and borrowed ideas have been duly acknowledged.
- This thesis does not contain text, graphics or tables copied and pasted from the Internet, unless specifically acknowledged.
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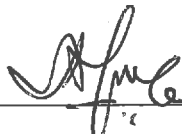
Ayanda Prince Zuma

Student name

09. 02. 2018

Date

I confirm that the work reported in this research was carried out by the above-named candidate under my supervision.



Professor Augustine Nwoye

Discipline of Psychology

University of KwaZulu-Natal

Date: 09. 02. 2018

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This Dissertation is dedicated to my late sister, Dinnie Silangwe.

To Professor Augustine Nwoye, thank you for your patience and consistent guidance, support and encouragement.

To all the participants, thank you. This work would not have been possible without your help.

Thank you, God, for giving me the strength to carry on with this study.

Abstract

The present study was motivated by a gap in the knowledge about the help seeking attitudes and behaviours of South African rural youth. The aim of the study was to determine the help seeking behaviours and attitudes of non-university youth from eMashingeni, KwaZulu-Natal. The study explored problems that are frequently experienced by the youth and the sources of help from which the youth prefer to seek help for the problems they experience. The study also investigated youths' attitudes towards psychological help.

The study adopted a quantitative-descriptive method. The researcher sampled 48 participants by means of a non-probability convenience sampling technique. The instruments for the study consisted of an adapted questionnaire with three sections. The questionnaires were distributed to the participants and the researcher was available to explain anything which was not clear. The quantitative data were captured and analysed using the Statistical Package for Social Sciences (SPSS) and presented in frequency tables, pie charts and bar graphs.

The findings of the study revealed two major problems frequently encountered by the youth of eMashingeni. These problems were financial issues and feeling unhappy with life. Other problems that were encountered by some, although not the majority were interpersonal problems, as well as somatic complaints. As expected, the study also revealed that close friends and a partner were the most preferred sources of help. Other indicated sources of help included medical doctors and professional psychologists.

The study showed that although the youth have a positive attitude towards psychological help, they are ambivalent about whether psychological help would be the first choice of treatment when in distress. Further, the time and costs involved in the process of seeking counselling and psychotherapy elicited doubts in the youth as to whether they would consider seeking psychological help. These findings depict a slight shift from previous studies which reported clearly negative attitudes from the youth. The findings suggest a great need for the availability and accessibility of free psychological services for rural youth, as well as a need for psychoeducation and awareness campaigns about psychological services.

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CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

As proposed by Cairns, Dark, Kavanagh and McPhail (2015), “adolescence and youth adulthood is a critical developmental period, where substantial biological, hormonal, occupational and social changes are occurring” (p. 228). This critical transition involves the challenge of assuming the role of a young adult, including the task of finishing schooling, getting into the employment world, forming intimate relationships, and gaining independence. Unfortunately, while these developmental changes and tasks may allow an individual the comfort of some personal growth, they come with increased mental health vulnerability.

Studies conducted by (Kgole, 2004 and Van der Riet & Knoetze, 2004) investigated common problems encountered by the youth in South Africa. These studies found that problems experienced by the youth in the South African context are interpersonal in origin, mostly arising from family life and intimate relationships, and identity and peer pressure. Other problems include education, sexuality, health problems as well as financial issues. Similarly, a study by Mathebula and Ross (2013) found that the enormous financial needs confronting the youth are related to the high rate of unemployment and poverty in South Africa. These socio-cultural and economic factors are likely to result in psychological distress, for which young people would need to seek professional psychological help (Steinberg and Avenevoli, 2000).

Regardless of the increasing number of young people needing psychological services, studies have however revealed a discrepancy between the number of young people who require psychological services and the number of young people who actually use these psychological services (Heights, 2001; Nabors et al., 2014; Vidourek, King, Nabors et al., 2014). In the South African context, research conducted by Ruane (2010) has indicated that the rate of young people needing psychological help is higher than that of people who are actually receiving psychological help. Such discrepancy leads to the question of why young people who need psychological help do not always consult professionals for help.

Jorm, Korten, Jacomb et al. (1997) argue that young people are often poorly informed about mental health and are therefore not likely to seek help from mental health practitioners. However, there are still no clear answers in the currently available literature about why young people who require psychological help do not actually seek such help. Therefore, the present study aimed to explore the kinds of problems faced by the youth, to determine the sources from which they prefer to seek help, and finally to identify their attitudes towards psychological help.

1.2 Statement of the Problem

There are many studies looking at help seeking behaviour among youth that have been undertaken both inside and outside South Africa (Meyer-Weitz, Reddy, Van Den Borne, Kok & Pietersen, 2000; Morrison et al., 1997; Yap, Wright & Jorm, 2011). However, a common trend has been observed between both local and foreign studies. These studies were either conducted with university students (Hunt & Eisenberg, 2010; Motau, 2015; Salim, 2010) or with high school learners and an urban youth population (Kgole, 2004; Mathabela & Ross, 2013; Morrison, 1994; Van der Riet & Knoetze, 2004). Hence, a serious omission that emerges from these studies is the conspicuous absence of any attempt to extend research attention to exploring the needs and challenges, as well as help seeking patterns and attitudes of South African rural youth. Such omission is problematic as it limits vital knowledge and information about the problems confronting young people in rural South Africa, particularly the sources of help youth prefer, as well as their attitudes towards psychological help.

Van der Riet and Knoetze (2004) have emphasized that, in order to design an appropriate and context relevant mental health services for young people in the rural areas, it is necessary that an exploration of the mental health needs of youths in the rural South Africa be undertaken. Motau (2015) has suggested that professional helpers need to be aware of the preferred sources of help among youth. Given this understanding, the basic motivation for this study drew from the need to explore the problems experienced by the rural youth at eMashingeni, (a small village located approximately 30 Kilometers away from the city of Pietermaritzburg) in KwaZulu-Natal, as well as identifying who they go to, when they need help. The study was particularly interested in identifying the non-university rural youths' attitude towards psychological help.

1.3 Purpose of the Study

The purpose of this study was to determine the help seeking behaviour and attitudes of non-university youth from eMashingeni, KwaZulu-Natal. This was carried out by exploring the problems that are frequently experienced by the youth and the sources of help that the youth prefer for the problems they experience. The study also investigated the youths' attitudes towards psychological help.

1.4 Objectives of the Study

1.4.1 To explore the problems facing the youth of eMashingeni, KwaZulu-Natal.

1.4.2 Determine the sources of help the youth prefers when seeking help.

1.4.3 Identify the attitudes of the youth towards seeking psychological.

1.5 Research Questions

1.5.1 What key problems are experienced by the youth of eMashingeni?

1.5.2 What sources of help do the youth of eMashingeni prefer for resolving their problems?

1.5.3 What are the youths' attitudes towards seeking psychological help?

1.6 Significance of the Study

The lack of knowledge about help seeking behaviour of the South African youth in the rural areas, necessitated a need for a study to explore the problems faced by young people in the rural areas, to discover the sources of help they prefer for the problems they experience, as well as to investigate youth's attitudes towards psychological help. This study was conducted with the purpose of bridging a gap in literature about non-university rural youth, as previous research has not focused on this population before.

In order to understand help seeking behaviour of the youth, it is important to understand the factors that influence such behaviour. On this point, Mackenzie, Gekoski and Knox (2007) argue that help seeking behaviour is influenced by internal factors such as attitudes and intentions. Attitudes are the beliefs that an individual hold about psychological help, and such a belief can be negative or positive. When an individual has a positive belief about psychological help and anticipates benefits from consulting such help, he or she may be more likely to have an intention

to seek such help. Given this understanding, it was important in the present study to determine the youths' attitudes towards psychological help, as their attitudes largely influence their behaviour – whether they will seek psychological help or not. The findings of this study suggest to the Government and other providers of psychological services that it may not be enough to have such services available to the youth in the rural areas if they have a negative attitude towards them. However, there is a great need for psychoeducation and awareness campaigns regarding mental health issues, as well as the likely benefits of psychological services.

1.7 Assumptions underlying the study

Assumptions are defined as “statements taken for granted or that are considered to be true even though they have not been tested” (Burns and Grove, 2001, p. 790). In the present study, the following assumptions were made in relation to help seeking behaviour among South African youth at eMashingeni:

- Health literacy among the youth from eMashingeni is poor, contributing to their having a negative attitude towards psychological help.
- Help seeking behaviour is influenced by cultural beliefs, religion, social norms, as well as the accessibility and availability of psychological services.
- Female rural youth have a more positive attitude towards psychological help than their male counterparts.
- Married participants have a more positive attitude towards psychological help than participants who are single.

1.8 Scope and Delimitations of the Study

The scope of the present study in terms of sampling population coverage was limited to the rural youth at eMashingeni, in South Africa who were not attending any institution of higher learning. Other rural youths who were registered with institutions of higher learning fell outside the scope of the present study. As argued above, most research in this field has tended to sample university students or urban youth. It is a possibility that there are university students who come from rural

areas, however, because they are university students they are part of the population that has received much attention in research on help seeking behaviour. Therefore, by limiting this study to non-university rural South African youth, the study aimed to bridge a gap in the literature by focusing on rural South African youth who have often been neglected by researchers.

1.9 Operational Definition of Terms

Psychological problems: In this research study, psychological problems were understood to be any problems that affect the mind of an individual, resulting in emotional turmoil, and having no clear solutions (Gerard, 2007).

Help seeking behaviour: This is defined as “a process of finding resources to assist in the solving of a problem or concern” (Morrison et al, 1997, p. 234). It is further stated by Kuhl, Jarkson, Horlick and Morrissey (1997), that “help seeking includes both seeking professional and non-professional help, for different issues including academic, social and medical problems” (p. 638).

Attitudes: These are defined as “general opinions or feelings about something and are formed through an evaluation and weighing of the anticipated outcome (such as risks and benefits) and social norms associated with seeking mental health services” (Vogel and Wester, 2003, cited in Vogel, Wade, Larson and Hackler, 2007, p. 234).

Intentions: These are defined as the cognitive representation of a person’s readiness to carry out a given behaviour. Also, intentions are considered to be the immediate originator of the behaviour (Fishbein and Ajzen, 1975).

The following abbreviations are used in the study:

TRA: Theory of Reasoned Action

TPB: Theory of Planned Behaviour

EST: Ecological Systems Theory

1.10 Summary and overview of the Study

Chapter 1: This is the introductory chapter of this dissertation. It covers the problem statement, significance of this study, research objectives and questions. It also includes definitions of concepts, as well as the scope and delimitation of the study.

Chapter 2: This chapter presents the literature review, which provides an overview of the currently available literature and theories around the area of help seeking behaviour. The literature review is organized to elucidate the rationale and motivation for the proposed study.

Chapter 3: This chapter describes the methodology that was used for conducting the study. This includes an outline of the research design, sampling, methods of data collection, as well as how data were analysed. This chapter also includes some discussion on ethical challenges associated in conducting the research study.

Chapter 4: This chapter presents the findings of the study.

Chapter 5: Chapter 5 provides a more detailed discussion and conclusion of the findings, as well as the recommendations for future research.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1. Introduction

Help seeking behaviour has attracted the attention of many researchers all over the world and therefore there has been extensive publication in the field (Meyer-Weitz, Reddy, Van Den Borne, Kok & Pietersen, 2000; Morrison et al., 1997; Yap, Wright & Jorm, 2011). However, as argued earlier, research in this field has been conducted largely with either urban youth or university students. As a result, there is a shortage of published studies on the help seeking behaviour of rural youth in South Africa. Consequently, this study aimed to bridge this gap in the literature.

This chapter aims to review literature written in the field of help seeking behaviour by focusing on a broad body of both local and international studies. This review will be organized to cover the broad topics including the help seeking behaviour of the youth and the problems frequently experienced by the youth which often result in a need to seek help. It will also look at the sources of help available and preferred by the youth, as well as the factors that either facilitate or prevent the youth from seeking help. Finally, literature on the attitudes of youth towards psychological help will also be reviewed.

2.2. Help seeking

In the literature on help seeking behaviour, there is no single definition for the concept help seeking. However, for the purpose of this study, help seeking is defined as “a process of finding resources to assist in the solving of a problem or concern facing an individual” (Morrison et al., 1997, p. 234). In their article on the concept of help-seeking, and in support of the above definition, Cornally and McCarthy (2011) remarked that people intentionally respond to problems and take reasonable actions to resolve them, influenced by the interpretation they have given to the problem in question.

To illustrate what has been mentioned above, the following model by Rickwood, Deane, Wilson and Ciarrochi (2005) demonstrates the help seeking process:



In their article, Rickwood et al. (2005) conceptualised the process of help seeking from this model, where the personal becomes increasingly interpersonal. According to Rickwood et al. (2005), the help seeking process begins with an individual being aware of symptoms and understanding that he or she has a problem that may need intervention. The individual should then be able to articulate or express this awareness in words so that it can be understood by others. There must be an availability and accessibility to sources of help. Ultimately, the help-seeker has to be willing to access the available source of help and disclose his or her experienced problem to the source of help.

This model above and many definitions of help seeking like the one cited by Cornally and McCarthy (2011) provide a useful framework for understanding help seeking behaviour. However, they are problematic in that they tend to omit taking into account the context in which the problem is occurring. Supporting this observation, Addis and Mahalik (2003) indicate that an individual's attitude or intention to seek help are not the only factors that influence one's decision to seek help, and that cultural, social, and developmental circumstances have now been recognized to have a direct influence on an individual's decision to seek psychological help for his or her problem.

Furthermore, although the concepts of help seeking and health seeking are often used interchangeably, it is necessary to differentiate between them in this review. Contributing to this debate, Cornally and McCarthy (2011), noted that health seeking refers to "a personal action to promote optimum wellness, recovery and rehabilitation, while help seeking behaviour can occur with or without health problem" (p. 282). This distinction is important since it draws attention to the fact that help seeking has a more inclusive reference than health seeking, although at times help seeking is often used in search of answers to medical problems. Adding to this clarification, Pillay (1996) remarked that help seeking consists of five approaches, namely, medical, traditional, spiritual, psychological and social. This means that for Pillay (1996), help seeking, unlike health seeking, must be understood to entail more than just seeking medical help.

2.3 Reasons for seeking help

The "transition from adolescence to young adulthood is a critical developmental period comprising major change in all developmental domains including psychological, social, and

ongoing biological changes” (Watsford and Rickwood, 2014, p. 43). While this critical transitional period allows young people growth, according to Cairns et al. (2015), during this period young people experience different developmental challenges. Rickwood, Mazzer and Telford (2015), argue that “the peak period of vulnerability to mental health problems is during adolescence and young adulthood” (p. 1). Therefore, when the youth is faced with such problems or challenges, they are likely to seek help from different sources of help for such problems.

In their study, Davies, Dochnahl, Pickering, Harrison, Zakrzewski, and Wilson (2000) identified physical and emotional problems as the cause of help-seeking behaviour. Similarly, Motau (2015) found that people such as university students seek psychological help for different problems, including personal, academic, social, and medical problems. These findings are consistent with the findings from studies conducted by Van der Riet and Knoetze (2004) and Kgole (2004), which also proposed that problems that are frequently encountered by young people are those of family and interpersonal relationships, education, sexuality, financial, as well as health problems.

A study by Mchunu, Peltzer, Tutshana and Seutlwadi (2012) also found that one of the leading problems faced by the youth in South Africa is alcohol abuse. In a similar study conducted in Canada by Archie, Kazemi and Aktar- Denesh (2012), it was clear that the problem of alcohol abuse among youth is not restricted to youth in South Africa, as alcohol and drug abuse is also found to be among the leading problems of the youth in Canada. Sharing a similar view, Peltzer, Ramlagan and Satekge (2012) remarked that alcohol abuse among youth leads to other problems, such as risky sexual behaviours.

Geary et al. (2014) found that unwanted teenage pregnancy is another problem confronting many young girls in South Africa and it has been found to cause psychological distress for some teenagers. Clement et al. (2015), for instance, reported that teenagers who have normal pregnancy and delivery later present with depressive symptoms. The research question therefore focuses on the extent to which young people seek psychological help when faced with personal problems they cannot ignore or resolve by themselves. Part of the basis for the present study was to contribute data for answering this question.

2.4. Psychological help-seeking

Unlike help seeking, which is a broad term that may include seeking medical, traditional, spiritual, and social help (Pillay, 1996), psychological help seeking refers specifically to a behaviour in which someone “actively searches for psychological assistance from a mental health provider” (Cramer, 1999, as cited in Brown, 2013, p. 21). Furthermore, seeking psychological help “means reacting to stress and it is a mechanism that contributes to wellbeing” (Wilson and Deane, 2010, cited in Topkaya, 2015). Reception of psychological help takes place in a process and “this process starts when there is necessity for the services and it ends when the necessity has been met by receiving psychological services” (McKean, 2005, cited in Topkaya, 2015, p. 22). Psychological help is rendered by mental health providers or practitioners which include psychologists, psychiatrists, counsellors, social workers, and so on (Brown, 2013).

2.5. Attitudes and intentions when seeking psychological help

A common trend has been observed in both local and international studies. Studies conducted by Rickwood, Thomas and Bradford (2012) and Ruane (2010) suggest that adolescence and young adulthood are critical developmental stages for mental health. However, both these studies also found that in spite of the high prevalence of mental health problems faced by young people at this stage of development, very few of them access professional mental health services.

Within the South African context, some authors (for example, Petersen and Lund, 2011; Raune, 2010) have argued that the reason that people, particularly in the rural areas or townships, do not seek psychological help is because such services are not available in their communities. Others such as Gulliver, Griffiths and Christensen (2010) argue that people do not seek psychological help because they are not informed about such services. These are amongst many other proposed barriers to seeking psychological help, which will be discussed in detail later on.

Interestingly, studies by Motau (2015) and Kgole (2004) found that even where psychological services are available, people tend not to seek help for their problems. Trudell (2014), and Rubio-Valera, Aznar-Lou, Vives-Collet et al. (2016) found that even psychology and social work students, who assumingly are well informed about mental health issues and psychological services, are not likely to seek psychological services when faced with psychological or

emotional problems. The question therefore concerns what it is that influences a person's decision to seek or not to seek psychological help, even if the services are available to them.

Understanding the role of attitudes and intentions in behaviour helps with understanding why people do not seek help even if help outlets are available to them. On this point, Sutton (1998, as cited in Mackenzie, Gekoski and Knox, 2007) reports that what predicts help seeking behaviour is the intention which shows a willingness to seek such help. This intention is also dependent on the individual's attitude towards a particular help outlet (Mackenzie, Gekoski and Knox, 2007). Therefore, this means that for an individual to seek psychological help, he or she must have a positive attitude and hope to benefit from seeking psychological help. Then he or she will have intentions to seek help. When attitudes are understood in the context of help seeking, it is clear that an attitude can either be a facilitator (positive attitude) or a barrier (negative attitude) in the process of help seeking.

2.6. Psychological services for rural South Africans

It is imperative that the psychological problems faced by South Africans are understood within the socio-political history of the country. According to Raune (2010), South Africa's political history has contributed greatly to the development of psychological problems and stressors, especially among the disadvantaged communities. The legacy of Apartheid is still witnessed today in the form of poverty, poor quality education, unemployment, inadequate housing and power imbalances particularly among rural residents in South Africa (Blokland, 1992, as cited in Raune, 2010).

Diala and Muntaner (2003) argued that previous researchers and policy makers had suggested that mental illness was not as common in rural communities as in urban areas. However, current research begins to show that, as a result of the recent economic changes such as increases in unemployment and poverty rates, particularly in the rural areas, researchers are now finding very high levels of psychological distress that are reported in the rural areas (Hyness, 2010).

Wagenfeld (1994) compared the prevalence of mental illness in rural populations versus urban populations, and found higher rates of depression and other psychiatric illnesses in the rural population. It is therefore evident that residents of rural communities do experience

psychological distress just as much, or maybe even at a higher rate, than people who live in urban areas. They however often do not have psychological services available to them.

Within the South African context, the availability of mental health services is highly dependent on where one is lives, making it difficult for people living in rural areas to access psychological services. Supporting this statement, research indicates that, throughout the world, mental health professionals are largely based in urban areas and less likely to be available in rural areas (Hyness, 2010). Furthermore, a study by Wilson, De Vries, Reid and Marais (2009) revealed that both developed and developing countries showed geographically skewed distributions of healthcare professionals, favouring urban and wealthier areas. This indicates that rural populations throughout the world, still continue to have limited or no access to mental health services, regardless of the high need for services in the area.

2.7. Alternative sources of help

Sources for obtaining help, according to Rickwood, Deane, Wilson and Ciarrochi (2005), can be divided into formal categories, including psychologists, social workers, psychiatrist, medical doctors, traditional healers and spiritual healers, and informal categories such as family members, partners and friends. Furthermore, Rickwood, Thomas and Bradford (2012) suggest that formal help seeking involves seeking help from practitioners who are legitimate and recognized for their professional role in providing relevant support, advice and treatment. In contrast, informal help seeking involves seeking help from informal social networks where an individual seeks help from sources that have a personal and not professional relationship with the help seeker.

2.7.1 Developmental patterns of help seeking

With regard to help seeking patterns, in their study Rickwood, Mazzer and Telford (2015) found that younger children often seek help from parents, and, as their age increases, there is development of the capacity to self-refer to a professional source of help. According to Boldero and Fallon (1995), age plays an important role on the choice of help source. These findings are consistent with the findings of the study by Rickwood, Mazzer and Telford (2015) which found that during childhood and adolescent stage help is likely to be sought from parents, while during

late adolescent stage help is sought from friends and finally during the adulthood, help is likely to be sought from a professional source, because self-referral capacity would have developed.

Similar findings in a study by Mackenzie, Gekoski and Knox (2007) also found that adults have a more positive attitude towards seeking professional psychological help when compared to younger people.

2.7.2 Preferred sources of help

There seems to be inconsistency in the literature regarding utilization of professional and non-professional sources of help. Contrary to the above stated findings, other local and international studies (for example, Lukito Setiawan, 2006; Rudowicz & Au, 2001; Van der Riet & Knoetze, 2004) did not find any correlation between age and a preference for a particular source of help. Instead, these studies found that people in general often prefer to seek help from informal sources such as friends and family members rather than from formal sources of help. Goodwin, Mocarski, Marusic and Beautitains (2013) also found that, even American youth with severe psychological distress, such as depression and thoughts of deliberate self-harm, would prefer to talk to a friend than to seek professional help.

Consistent with the above findings, Leong, Wangner and Tata (1995) and Vogel, Wester and Larson (2007) both agree that among other factors, availability and accessibility of formal psychological help determines whether young people would seek professional psychological help or consult informal sources of help. This is a rather interesting observation, as Motau's (2015) research with students at the University of KwaZulu-Natal and Lawrence's (2009) study conducted at Cape Peninsula University of Technology both found that university students prefer to talk to their close friends rather than seeking psychological help from the Campus Counselling Centre that is available to them for free.

2.8. Culture and help seeking

Kluckhohn and Strodtbeck (1961) define culture broadly "as the way of life in which members of a particular social group share and follow common beliefs, behaviour and other characteristics" (p. 38). In addition, culture may also be viewed as "a social context in which

people share social norms, beliefs, values, language, and institutions” (Guerra and Jagers, 1998, as cited in Cauce, Paradise, Domenech-Rodriguez et al., 2002, p. 45).

According to Cauce, Paradise, Domenech-Rodriguez et al. (2002) human beings are born into cultural societies and human development is thus understood to be occurring within a cultural context. Therefore, individuals from a particular cultural context learn to make sense of the outside world from their cultural framework. This means that our culture influences our perception of ourselves, others, and our experiences of life.

Arnault (2009) speaks about the influence of culture on an individual’s health and illness. According to Arnault (2009), culture informs an individual’s perception of illness, the causes, meaning and consequences of illness. According to Kleinman (1987), culture not only helps in understanding what constitutes an illness, but also prescribes acceptable responses to such illnesses. Hence culture is an important factor in help seeking behaviour because cultural knowledge and understanding of illness influences both the decision to seek help and, most importantly, where one believes will find relevant help for a particular problem. For example, where causes of illness are attributed to spiritual or cultural factors, the individual is likely to seek specifically cultural or spiritual help (Pearson and Makadzange, 2008). What this means is that “people’s perceptions of mental health problem, and related attitudes about the utilization of mental health care are greatly influenced by cultural and traditional norms, values and beliefs” (Hyness, 2010, p. 18).

In the study conducted by Motau (2015) with university students, 12% of the students indicated that they consult traditional healers for their problems, while 30% of the students studied indicated that they consult spiritual healers for their problems. Such findings clearly show that help seeking behaviour is influenced by the worldview and the culture into which one has been socialized.

In another study conducted by Crawford and Lipsedge (2004), it was found that the Zulu people in South Africa found Western medicine useful for the treatment of physical illness, but not mental illness. This is because many mental health problems were considered to be better understood only by traditional healers from a cultural point of view.

As suggested by Whitehead (2003, cited in Raune 2010) it is important that psychologists working in culturally diverse societies, such as South Africa, be multicultural competent practitioners.

2.9. Religion and help seeking

Religion is a broad term that refers to “formal set of rituals, beliefs, and practices that expresses an individual’s belief in God or any other higher power” (Hyness, 2010, p. 19). According Levin, Chatters and Taylor (1995), there are two types of religious participation. Firstly, an organizational religious participation refers to “a religious behaviours occurring within a religious setting, such as church attendance. There is also a non-organizational religious participation, referring to a behaviour that takes place outside of a religious setting, including private prayers” (Levin, Chatters and Taylor, 1995, p. 159).

Another related concept is religious coping. Religious coping is defined as “the extent to which people use their religious beliefs and practices to help them to adapt to difficult life situations and stressful life events” (Koenig and Larson, 2001 p. 502). The important premise of religious coping is related to how an individual conceptualizes God’s role when dealing with life problem.

Studies conducted by Paragment, Koenig and Perez (2000) as well as Taylor, Chatters and Levin (2003) found that African Americans who used religious beliefs to cope with life challenges encountered and experienced lower levels of mental health problems. It was found that those African Americans who believed in any form of superpowers presented with lower levels of depressive symptoms. A central premise that explains this positive relationship is that religiosity may assist individuals in coping with life difficulties (Bhui, King, Dein, and O’Connor, 2008). Specifically, religiosity may help individuals deal with their difficulties through religious counselling, and through the social support that is found among members of a particular religious organization (Francis and Kaldor, 2002).

According to Harris, Edlund and Larson (2006), religiosity has also been associated with less use of professional psychological services. It is argued that “individuals who are religious are more likely to attribute their symptoms of mental health difficulties to be resulting from supernatural and spiritual factors” (Harris, Edlund and Larson, 2006, p. 401). This understanding of symptoms may therefore prevent religious people from seeking professional psychological help.

2.10. Facilitators and barriers to seeking psychological help

Factors that facilitate or prevent people from seeking help can be internal factors such as attitudes and intentions. Many definitions and models of help seeking behaviour only take into account the internal factors. Therefore, the assumption is that people always have the power to decide whether to seek help, professional or otherwise. However, Baldero and Fallon (1995) argue that people do not always have the power to make a decision as to whether to seek help or not, but there are many external factors that influence help seeking behaviour. “Cultural and social factors, as well as developmental circumstances are likely to affect the decision to seek psychological help” (Morrison et al., 1997, p. 226). Help seeking behaviour should therefore be understood within the social, cultural, economic and political context of an individual.

2.10.1 Gender as a barrier to seeking help

Some studies (for example, McKenzie, Gekoski & Knox, 2007; O’Brien, Hunt & Hart, 2005; Rickwood, Deane, Wilson, & Ciarrochi, 2005) have consistently found that men of different ages, ethnicities, and social backgrounds are less likely than women to seek professional help for physical and mental health problems. These studies explain that this discrepancy is due the notion that being a man entails being strong and self-reliant. Therefore, men are reluctant to seek help for the problems they experience.

Consistent with these findings, Addis and Mahalik (2003) also argued that the cultural view of “manhood” as entailing being strong and self-reliant often prevents men from seeking help from either professionals or non-professionals. They suggest that this might be as a result of fear of seeing oneself as weak or being seen by others as weak.

Similar barriers were found by Setiawan (2006), which included the desire to solve problems alone and the shame of sharing personal problems with another person. Indeed, there is a common agreement in both international and local literature that men are less likely to seek help when compared to women (Galdas, Cheater & Marshall, 2005; O’Brien, Hunt & Hart, 2005).

To understand why manhood serves as a barrier to help seeking, one would need to understand the process of socialization. Socialization refers to “the process where boys and girls are encouraged to adopt and develop certain personality traits that are often referred to as masculine

and feminine. These personality traits, then, have an impact upon the roles that individuals assume” (Freeman, 1985, as cited in Dietz, 1998, p. 426).

As indicated above, socialization plays an important role in how young girls and boys behave, and ultimately how men and women behave. “Through socialization the society allows young boys and girls to behave differently, this contributes to a tendency for girls to be likely to express submissive emotions, including sadness and anxiety, while allowing boys to express disharmonious emotions, such as anger and laughing at another” (Chaplin, Cole and Zahn-Waxler, 2005, p. 80). Therefore, young girls grow up with an idea that it is acceptable to express submissive emotions such as sadness and anxiety. These emotions of sadness and anxiety communicate personal vulnerability and indicate a need for soothing and comfort from others. This shows that society allows woman to express vulnerability and seek help for their problems (Barrett and Campos, 1987, as cited in Chaplin, Cole and Zahn- Waxler, 2005)

Men on the other hand are portrayed by society as strong and self-reliant and should avoid asking for directions when they lost, or to express vulnerable feelings to friends and family, (Addis and Mahalik, 2003). Help seeking may therefore be directly incongruent with values acquired through male role socialization, (Berger, Levant, McMillan, Kelleher and Sellers, 2005). As a result, it is difficult for men to express feelings of vulnerability when faced with problems in life because the society does not allow it. Therefore, men tend to keep it to themselves, rather than seek psychological help.

A study conducted by O’Neil, Helms, Gable, David and Wrightsman, (1986) found that men are often reluctant to go for therapy because they fear emotional closeness with a male therapist. This is because they may associate that emotional closeness with homosexuality. Furthermore, according to Mahalik, Good and Englar-Carlson (2003) another reason men often do not seek formal psychological help from therapists is that they may be uncomfortable with the idea of having to disclose personal problems, and men tend to be quick to avoid emotional exploration.

2.10.2 Availability and accessibility

Another identified barrier to help seeking is availability of and accessibility to mental health services, particularly for people in the rural areas. In South Africa, “under the apartheid government, the focus was on providing institutional psycho-pharmacological care for patients

suffering from serious mental disorders” (Petersen, 2004, p. 33). However, when South Africa became a democracy, there was a shift, and now “the emphasis is on the universal primary health, which has been accompanied by a process of decentralization of mental health services to district level, as set out in the Mental Health Care Act, no. 17, of 2002 and the 1997 White Paper on the Transformation of the Health System” (Peterson, Bhana and Campbell Hall et al., 2009, p. 140).

During the post-apartheid era, the “ANC government developed a health care delivery policy based on the district health system that was designed to extend the availability of appropriate health care. This policy placed most of the public mental health care within an integrated primary health care system” (Herman, Stein, Seedat, Heeringa, Moomal and Williams, 2009, p. 339). Even though the aim was to ensure that mental health care is accessible and available to everyone, rural populations in South Africa, as in the rest of the world, still continue to face challenges of not having access to psychological services (Smalley, Yancey, Warren, Naufel, Ryan and Pugh, 2010, p. 479). What this suggests is that sociodemographic factors still determine accessibility to mental health care.

Access to mental health, according to Penchansky and Thomas (1981), can be regarded as a composite of availability, accessibility and affordability. Availability can be defined as “the opportunity to access the mental health care as and when needed” (Peters, Garg, Bloom, Walker, Brieger and Rahman, 2008, p. 165). Accessibility can be defined in terms of the travel distance or time required to obtain services. Lastly, affordability can be defined as the cost one pays for mental health care (Rost, Fortney, Fischer and Smith, 2002).

According to Nadeem, Lange, Edge, Fongwa, Belin and Miranda (2007), poor people from the rural areas face many practical barriers to care, such as a lack of medical aid or money to pay for mental health care and may sometimes even lack transport to get to urban areas where they can access mental health care services.

Consistent with the above argument, Peters, Garg, Bloom, Walker, Brieger and Rahman (2008), also found “that the travelling cost and time take and to get to health facilities often serve as a barrier to accessing psychological services” (p.162).

2.10.3 Trust, confidentiality, and other barriers

In Van der Riet and Knoetze's (2004), study it was found that "certain characteristics of a source of help facilitated or served as a barrier to help seeking. High level of trust and emphasis on confidentiality facilitated the ease with which the youth sought help from professional help givers" (p. 234). Similarly, a study by Kakhnovets (2011) reported that when people trust that the professional will accept them and have interest in their problems, they are likely to have a positive attitude towards receiving psychological help. This means that young people are likely to seek help from a source that they trust.

Other barriers to help seeking that were found by Thompson, Bazile and Akbar (2004) were a lack of knowledge, stigma and the perception of the therapist.

2.10.4 Stigma

Many people who experience psychological and emotional problems often do not seek treatment for these problems (Vogel, Wade and Hackler, 2007). One of the reasons reported for why people do not seek help is because of the stigma that is attached to mental illness and mental health services (Vogel, Wade and Hackler, 2007).

Stigma has been defined "as a mark or flaw resulting from a personal or physical characteristic that is viewed as socially unacceptable" (Blaine, 2000, as cited in Vogel, Wade and Hackler, 2007, p. 40). The stigma that is associated with seeking mental health services, therefore, "is the perception that a person who seeks psychological treatment is undesirable or socially unacceptable" (Vogel, Wade, and Hackler, 2006, p. 325).

Stigma can be divided into different forms, such as perceived stigma. According to Sirey et al. (2001), perceived stigma refers to the negative views that people with mental disorders have about the attitudes of other people towards people with mental illness. For example, people suffering from depression may believe that others will view and respond negatively to them if they seek help.

However, negative attitudes and beliefs about mental illnesses held by the society can also be internalized by people suffering from mental illness. This is referred to as self-stigma. Self-stigma “exists when people have negative attitudes about themselves as a result of internalizing stigmatizing ideas held by society” (Barney, Griffiths, Jorm and Christensen, 2006, p. 51). For example, a person suffering from depression may have internalized the idea that depression is due to a weak personality. Therefore, that person is unlikely to seek help because of fear of showing their perceived weakness to others.

In support of the above, a study by Barney, Griffiths, Jorm and Christensen (2006) found that people with depression were reluctant to seek professional help, and it was established that both self-stigma and perceived stigma were the factors that reduced the likelihood of seeking help. It is therefore suggested that addressing public stigma might reduce internalized stigma amongst services users and may facilitate help seeking and engagement with mental health care (Henderson, Evans-Lacko and Thornicroft, 2013).

2.11. Theoretical framework

A multi-faceted theoretical framework has been adopted to guide the present study. The first of these theories is the theory of reasoned action (TRA) also referred to as the theory of planned behaviour (TPB), developed by Ajzen and Fishbein, in the 1970s. Both versions of the theory provide the conceptual framework for understanding the relationship that exists between people’s beliefs and the phenomenon of help seeking.

According to the TRA, “individuals are usually quite rational and make systematic use of information available to them. People consider the implications of their actions before they decide to engage or not engage in a given behaviour” (Ajzen and Fishbein, 1980, p. 5). Following this theory, if a person perceives that the outcome of performing a behaviour will be positive, he or she will have a positive attitude towards performing that behaviour.

This means that in the context of help seeking, this theory will help in understanding how the beliefs and attitudes of the youth from eMashingeni, towards psychological help will influence their decision to seek or resist psychological help. They will have a positive attitude to seeking help if they believe that doing so will be in their overall best interest. In this way, according to

the TPB, one's intention to engage in a given behaviour will be influenced by the extent to which value or gain in engaging in such behaviour are found.

The second theoretical framework adopted for this study is ecological systems theory (EST). According to Neal and Neal (2013) ecological systems theory was originally developed by Urie Bronfenbrenner in 1979, and this theory has been used by many developmental psychologists interested in understanding individuals within their context.

According to Visser and Moleko (2012), EST understands people and their problems as not existing in a vacuum but within layers of systems, which interact to influence an individual person's life. Furthermore, ECS explains human activity, such as help seeking behaviour, as being influenced by the context in which an individual is situated. This context is made up of systems that interact with each other to influence human activity.

The micro-system, according to Neal and Neal (2013), is the immediate surroundings that a young person has direct contact with, such as family, partners, friends, school, church, neighborhood, and so on. Understood within the context of the present study, it is to be assumed that the circumstances in which the non-university youth at eMashingeni live have a direct contribution to the kinds of problems they experience. It has been mentioned previously that the problems frequently experienced by young people for which they often seek help are unhealthy family or interpersonal relationships (Kgole, 2004; Van der Riet & Knoetze, 2004). If the relationship or interaction between young people and their immediate structures is unhealthy, this is likely to impact on their emotional vulnerability and they may seek help to deal with this relationship.

The second system, which is the meso-system is described by Visser (2007) as a linkage between the microsystems in which a young person lives. For example, the financial status of the family is likely to determine the affordability of professional psychological services. This indicates how the context (financial status) further determines help seeking behaviour.

The axo-system, according to Visser (2007), consists of neighborhood, social agencies, businesses, and the community at large. The young person does not function directly in this system, but it has an influence over his or her personal life. When a young person from a rural area is faced with a problem he or she is likely to seek help that which is accessible to him or her.

Leong, Wangner and Tata (1995) argue that help seeking patterns, that is, where one goes for help, are determined by the accessibility and affordability of services. In the rural areas, professional help may not be readily available for the community. This may then compel an individual to seek alternative sources of help for the problem experienced, or not to seek help at all.

Finally, the macro-system is defined by Visser (2007) as the larger societal factors that impact on a young person's personal life. These factors include government policies and legislation as well as societal ideologies and belief systems. Addis and Mahalik (2003) state that if culture defines a 'man' as someone who is strong, independent and self-reliant, this is internalized by young men of that culture and it will influence how they see their personal problems and what it means for them to seek for help, and where to seek for help. In this case a young man who has internalized the idea that being a man, means being independent, strong and self-reliant may not seek help for his personal problems because this may suggest to him and other members of his society a sign of weakness.

In conclusion, ECS helps to understand how the context in which a person is situated, has a direct influence on the kinds of problems experienced, and, most importantly, also influences help seeking behaviour. This view is much broader than that gained from TPB, which assumes that help seeking behaviour relies entirely on an individual's attitudes towards help, which in turn influences his or her intentions as to whether to seek help or not. The major distinction between these theories is that the TPB places emphasis on an individual as having the agency to make a decision to seek help or not, while, the EST looks at how external factors that the individual does not have control over, such as the social, economic and political, work together to influence an individual's behaviour.

2.12 Summary

This chapter presented an overview of both local and international research in the area of help seeking behaviour, with more emphasis on psychological help seeking behaviour. It has been shown that people in general, including the youth, experience a variety of personal problems which often compel them to seek help.

This review has also shown that besides professional psychological services, there are alternative informal sources of help which people also use. There was however an inconsistency in the literature regarding which source of help, informal or professional, is more frequently preferred by people, especially the youth. It was proposed by Rickwood, Mazzer and Telford (2015) that there seems to be a correlation between age and preferred source of help where younger individuals would be more reliant on parents and family members for help, while as people grow up they develop the ability for self-referral to a professional.

Further, there were factors that were identified, which influence help seeking behaviour. These factors included culture, religion, gender, attitudes, stigma, and issues of trust. It was shown how these factors may prevent people from seeking psychological help.

CHAPTER 3

METHODOLOGY

3.1 Introduction

This chapter presents research methodology that was used to answer the research questions guiding this study. This chapter covers research design, setting, sampling strategy, data collection instrument and process as well as data analysis strategies. It also covers issues of validity and reliability, as well as ethical considerations.

3.2 Research design:

In their article, Polit and Hungler (1999), define research design as “a researcher’s overall plan for obtaining answers to the research questions guiding the study” (p. 155). According to Burns and Grove (2001), designing research helps researchers to plan and implement the study in a way that ensures that intended results are obtained.

This study used a quantitative descriptive design to identify, analyse and describe help-seeking behaviours and attitudes of non-university rural youth at eMashingeni, South Africa.

3.2.1 Quantitative research

Quantitative research is “a formal, objective and systematic process of collecting and analysing numeric data in order to obtain information and describe variables” (Cherry and Jacob, 2016, p. 94). This study attempted to quantify problems frequently experienced by non-university youth at eMashingeni, and the sources of help that are frequently used when seeking help. This study also examined youth’s attitudes towards psychological help.

3.2.1.1 Characteristics of Quantitative research

The following characteristics of quantitative research are provided by Hopkins (2008).

- Quantitative research is usually concise.
- All aspects of the study are carefully planned and designed before the data collection stage.
- The assumption is that there is a single reality that can be defined by careful measurement.
- The sample of the study must be representative of a larger population.

- Tools such as questionnaires are used by the researcher to collect numeric data.
- It is important that the instrument is reliable and valid.
- Statistical analysis is conducted to reduce and organise data, describe data, and determine significant relationships and differences.
- It provides an accurate account of characteristics of particular individuals, situations, or groups.

3.2.2 Descriptive design

Descriptive research provides an accurate account of characteristics of a particular individual, event or group in real-life situation (Polit and Hungler 1999). The purpose of conducting a descriptive design “is to provide the perceptions and views of the respondents about the phenomenon studied” (Burns and Grove, 1993, p. 293). This study was descriptive in nature as it attempted describe the characteristics- help seeking behaviour and attitudes of the rural youth of eMashingeni. The researcher deemed this approach to be suitable for gaining a better understanding of help seeking patterns and attitudes of the rural youth from eMahingeni.

3.2.2.1 Characteristics of descriptive research design

According to Bordens and Abbott (2002), the following are the characteristics of a descriptive research design:

- Descriptive research design is a flexible research design that provides an opportunity to examine all aspects of the problem being studied.
- It aims to develop new knowledge.
- The data may lead to suggestions of hypotheses for future studies.

3.3 Research setting

The study was conducted in a small village located approximately 30 Kilometres away from the city of Pietermaritzburg called eMashingeni. Just like in many other rural areas in KwaZulu-Natal, at eMashingeni there is still a lack of important basic amenities such as infrastructure, skills development centres and self-employment facilities. According to Makapela and Useh (2013), rural areas in the post-apartheid South Africa still do not have access to mental health

services, one of the many reasons being that many mental health providers are unwilling to work in the rural areas after graduating from universities. People in the rural areas like at eMashingeni, are therefore deprived of facilities where they can access formal psychological help.

3.4 Research population and sample

A research population is “the totality of all subjects that conform to a set of specifications, comprising the entire group of persons that is of interest to the researcher and to whom the research results can be generalised” (Polit and Hungler, 1999, as cited in Rudhumbu, 2014, p. 21). A research sample therefore “is a portion or subset of the research population selected to participate in a study, representing the research population” (LoBiondo-Wood and Haber, 1998, p. 250). In the present study, the sampling was from the population of youth at eMashingeni aged between 18 and 29 years.

3.4.1 Inclusion and Exclusion Criteria

Eligibility criteria specify the characteristics that people in the population must possess in order to be included in the study (Polit and Hungler 1999). The research population for this study comprised all people at eMashingeni aged between 18 and 29 years, who were not attending any institution of higher learning. In this particular study, the participants had to be between 18 and 29 years and reside at eMashingeni. The participants had to be also not attending any institution of higher learning and had to be willing to participate in the study.

Participants were required to be older than 18 years so they could legally give consent to participate, and younger than 30 years as the study was aimed at investigating the attitudes of a younger generation – the youth. As discussed previously, many studies have tended to focus on the help seeking behaviours and attitudes of either university students or youth from urban areas. To close the gap, this study focused particularly on youth from the rural areas, who were also not attending any institution of higher learning, as previous research has tended to ignore this category of young people.

3.4.2 Sampling Techniques

Terre Blanche, Durrheim and Painter (2006) describe sampling as involving making a decision about who should participate in the study. A convenience sampling technique was used because

questionnaires were distributed to any available young person between ages 18 and 29 years, currently not attending any institution of higher learning at eMashingeni (Polit and Hungler 1997). Not every non-university youth who met the inclusion criteria had an equal chance of being included in the sample, because there was no complete list of all non-university youth living in the area. As a result, there was no sampling frame from which a sample could be drawn randomly to ensure that every non-university youth had an equal chance of being included in the sample (Whittemore and Knafi, 2005, p.4). Therefore, convenience sampling was used to select any available participants who met the inclusion criteria.

The area of eMashingeni is a very small village with few households. The researcher had initially proposed to use a total sample of 60 participants. However, a total of only 48 participants took part in the study

3.5 Data collection technique

In their article, Polit and Hungler (1999), define data as “information obtained during the course of an investigation or study” (p. 267). In this study, the researcher used questionnaires to obtain data from the participants, relevant to the study’s objectives and research questions. The researcher approached and delivered the questionnaire directly to the sampled youth and was available to explain any aspect of the questionnaire they failed to understand. The researcher then collected the completed questionnaire from the participants immediately they were finished. This approach, although time consuming, has a lot of advantages amongst which was that it promoted maximum questionnaire returns from the participants.

3.6 Data collection instrument

Data collection instruments refer to “devices used to collect data such as questionnaires, tests, a structured interview schedule and checklists” (Seaman, 1991, p. 42). According to Neuman (2007), a survey is an appropriate method for asking participants to self-report about self-classification, attitudes and characteristics. A questionnaire is defined by Polit and Hungler (1997), as “a method of gathering information from respondents about attitudes, knowledge, beliefs and feelings” (p. 466). This study used a structured survey questionnaire to collect data from the participants regarding their help seeking behaviour and attitudes towards seeking psychological help.

The structured questionnaire that was used as the data collection instrument for this study was adapted from Motau's (2015) questionnaire. This questionnaire fitted with the research questions investigated in this study. The questionnaire was originally developed by Fischer and Farina (1995), then Daisy (2012), and was adapted and modified by Motau (2015) to be relevant for her study with University of KwaZulu-Natal students. In the present study, the questionnaire was adapted from Motau (2015) and was modified to be relevant for the non-university youth sample from rural eMashingeni.

The adapted questionnaire that was used in this study consisted of three sections (A, B and C). In section A, the participants were asked to give their demographic information. Section B of the questionnaire consisted of questions adapted from Motau (2015). The questions were modified in order to be relevant for the present research sample. The kinds of questions included were also informed by the literature reviewed on the topic under study. In section B there were 15 typical problems that the youth were likely to experience and seek help for. These problems included mental and emotional problems, as well as physical health problems. In addition, they were also asked if they experienced any other problems. Finally, participants were given a list of sources of help (psychologists, psychiatrists, social workers, counsellors, teachers, doctors, nurses, traditional healers and spiritual healers, parents, other family members and partners, as well as friends) and asked to indicate which of these they would prefer as sources of help when confronted with problems.

Section C of the questionnaire consisted of an attitude scale, adapted from Motau (2015). The Attitudes towards seeking professional psychological help Likert-type short form (ATSPPH-S) was originally developed by Fischer and Farina, (1995) and revised by Ang, Lau, Tan and Lim (2007). This questionnaire was developed to determine the aspects of one's personality or attitude, which influence their tendency to seek or resist professional help so as to answer the third research question in this study which was concerned with youths' attitudes towards professional psychological help.

3.6.1 Adaptation and translation of the research instrument

Cross-cultural adaptation is an approach taken to utilize existing instrument in another cultural, language or geographic setting (Tuthill et al., 2014). The advantages of adapting an existing instrument for the study includes cost saving, time saving and also there are fewer steps taken to adapt an instrument compared to developing a new one (Epstein, Osborne, Elsworth, Beaton and Guillemin, 2015). In this study as indicated above, the instrument was adapted from Motau's (2015). However, guided by the literature the instrument items were modified to be relevant for the non-university rural sample from eMashingeni.

Further, the research sample consisted of rural youth not attending institution of higher learning. It was a possibility that some of the youth could not speak and read in English. As a result, the research instrument, as well as the information sheet and informed consent form were translated from English to IsiZulu. The instruments were sent to the language Department at the University of KwaZulu-Natal where they were translated by a Zulu linguist from English into IsiZulu, and then back translated into English. The reason behind this was to ensure correctness and reliability of the translation, because as indicated by Van der Merwe, Cilliers, Mare, Van der Linde and Le Roux (2017) many isiZulu words have different meanings in different contexts.

To ensure the reliability in this study, a pilot study was carried out with a small sample of participants, who had similar characteristics to the study sample, but who were not going to be included in the main research study. The major anomaly that was detected from the pilot study was that many participants struggled to understand psychological concepts that were translated into isiZulu. However, during the main study, the researcher was available to explain those concepts to the participants, who did not understand the aforementioned concepts.

3.6.2 Reliability of the research instrument

Reliability "is considered to be the degree of consistency or accuracy with which an instrument measures the attribute it is designed to measure". A study, as well as its results, are considered to be reliable "if the same results would be obtained should the study be replicated by other researchers using the same method" (Suresh, 2014, p. 288).

The reported reliability in the form of internal consistency for the current study was a Cronbach Alpha of 0.916, which was taken to indicate excellent consistency within the scale

3.6.3 Validity of the research instrument

The “research instrument validity refers to the extent to which an instrument measures what it purports to measure” (Kimberlin and Winterstein, 2008, p. 2278).

Instrument validity for this research focused on construct validity, the form of validity that refers to whether a measure actually measures the construct it aims to measure. This is often assessed by a panel. However, since the scale used in this study was adapted from an existing scale which was previously assessed for validity and reliability, it was assumed that this scale had construct validity. Furthermore, a pilot study was run with the scale and any ambiguous or confusing wording was noted and corrected.

Internal validity refers to the accuracy and logic of the study design at producing the expected or true outcomes (Campbell, 1957). Furthermore, the internal validity accounts for how well extraneous and confounding variables were controlled in a study. These extraneous variables are also referred to as threats to internal validity. Campbell suggests that threats to internal validity are most common in experimental or comparative studies. However, Campbell does suggest that certain extraneous variables do exist as threats to the internal validity of what he refers to as ‘one shot case studies’.

The potential threat to the internal validity as suggested by Campbell (1957) is testing effects. This threat posits that individuals’ responses may be influenced by some aspect of the testing process other than their actual opinion. In this study, the participants may have been influenced by a social desirability bias, as, according to previous studies (Barney, Griffiths, Jorm & Christensen, 2006; Vogel, Wade, & Hackler, 2006), there is stigma around the topic of mental illness, and this may influence how participants respond, although this is unlikely as the questionnaire did not ask respondents to disclose whether they had a mental illness, but rather, how they would deal with one hypothetically.

External validity is described by Burns and Grove (1999) as “the extent to which the results can be generalised beyond the sample used in the study” (p. 191). Of course, this is determined by whether the research sample represents the population.

A method that was used to ensure validity in the study was the process of data triangulation. Data triangulation involves “the collection of data from multiple sources with the intent to obtain diverse views of the studied phenomenon with the purpose of enhancing the validity” (Cohen & Manion 1997; De Vos 1998, as cited in Ziyani, King and Ehlers, 2004, p. 12). In the present study, to ensure that the results of study are not biased to the views of a certain gender, age or marital status, the researcher ensured that the sample consisted of both the male and female youth. Further, the age range was from 18 to 29, to ensure that both younger youth and older youth was represented. Finally, the study sampled both married and unmarried youth of eMashingeni.

Applicability refers to the degree to which the findings can be applied to other contexts and settings, or with other groups (De Vos 1998, cited in Ziyani, King and Ehlers, 2004, p. 13). It is the degree to which the results of a study can be generalised to samples other than the ones studied, (Ziyani, King and Ehlers, 2004). According to Brink (1999), generalisability of research results enhances external validity. In the present study, applicability was enhanced by conducting cross-sectional survey with a variety of respondents including women, men, married and unmarried youth, and younger and older youth. Therefore, the findings from this study can be applied to rural youth with various demographic characteristics.

3.7 Data Analysis

The data collected using structured questionnaire were analysed with descriptive statistical techniques. Polit and Hungler (1997), state that “descriptive statistics are used to describe and synthesize data” (p. 439). They describe basic features of data in the study and provide simple summary of measures. The researcher entered the participants’ responses on the questionnaires on to the Statistical Package for the Social Sciences (SPSS), for analysis. The data were organized in line with the research questions investigated.

Firstly, descriptive statistics regarding demographics were calculated. This included the frequency distribution of individuals regarding marital status, gender, and age. Following this the frequencies of participants' responses to experiencing specified social, mental and physiological problems was calculated and ranked, providing an indication of the most commonly experienced problems. Secondly, the frequency and rank of most used sources of help was calculated. Lastly the ATSPPH-S score was calculated. This was done firstly, by reverse coding items 2, 4, 7, 8 and 9. Thereafter mean, mode and percentages were calculated for the ATSPPH-S scores.

3.8 Ethical considerations

According to Babbie and Mouton (2001), "the researcher is responsible for maintaining the dignity and welfare of the research participant" (p. 75). This obligation means that the researcher must protect the participants from harm, unnecessary risks or any danger that may arise during research process. Therefore, to ensure that the dignity and welfare of research participant, the researcher was guided by the following principles.

3.8.1 Collaborative partnership

Collaborative partnership refers to an act of engaging the community and its members when conducting or developing research (Emmanuel, Wendler, and Grady, 2000, 2008). It is important to obtain permission to work with the community from the relevant authorities of the community. Permission to conduct this study was sought from and granted by the ward councillor of eMashingeni (see Appendix C).

3.8.2 Permission to conduct the study

Ethical approval to conduct the study was obtained from the Ethical Review Board of the School of Human Applied Sciences of the University of KwaZulu-Natal approval number HSS/0888/016M (see Appendix D).

3.8.3 Informed consent

During the process of recruiting participants an information leaflet was given to them. The information sheet provided sufficient details and information about the study to ensure that the consent was informed and voluntary for participants (Neuman, 2007).

3.8.4 Favourable risk-benefit ratio

Any research may involve unforeseeable risks to participants. However, none were foreseeable in this study. Participants were informed that if at any stage completing the questionnaire made them feel uncomfortable they could withdraw their participation from the study without any consequences. Furthermore, careful steps were taken to ensure confidentiality and anonymity of participants (Emmanuel, Wendler, and Grady, 2000, 2008).

3.8.5 Ongoing respect for participants and study communities

According to Wassenaar and Mamotte (2012) the researcher should treat the participants with respect during the process as well as after a study. In this study, the researcher ensured that respondents' rights to autonomy, to truth, as well their right to confidentiality were respected throughout, during, and after data collection process.

3.9 Conclusion

In this chapter, the researcher has presented the research methodology that was employed to guide the study. The presentation covered the research design, setting, sampling strategy, data collection instrument and process, and data analysis strategies. It also covered issues of validity and reliability, as well as ethical considerations. The next chapter presents the results of the study.

CHAPTER 4

RESULTS

4.1 Introduction

This chapter presents the results of the present study on help seeking attitudes of non-university rural youth at eMashingeni, KwaZulu-Natal, South Africa. Firstly, the descriptive data relating to the demographic information will be presented. This will be followed by the findings on problems that lead the youth in the area under study to seek help, their preferred sources of help, and the attitude of the youth towards seeking psychological help. These findings are presented in relation to each of the research questions formulated at the start of the research.

4.2 Demographic information

The participants in this study were the youth from eMashingeni, KwaZulu-Natal. The researcher initially hoped to sample 60 participants, however only 48 participants finally took part in the study and completed the questionnaire. The majority of the participants were females (27), making up 56.3% of the total sample and 21 were males, making up 43.8% of the total sample. Furthermore, most of the participants were between the ages 25 to 29, which made up 45.8% of the sample. 35.4% of the sample were between the ages 21 to 24 years and, lastly 18.8% of the sample were between the ages 18 to 20 years.

Tables 1 and 2, and Figures 1, 2,3 and 4, with the pie charts and bar graph below provide a summary of participants' demographic information and demographic descriptive statistics.

Table 1: Demographic characteristics (n=48)

Demographic Variables	Frequency	Percentage
Marital status		
Single	37	77.1
Married	11	22.9

Total	48	100
Gender		
Male	21	43.8
Female	27	56.3
Total	48	100
Age		
18-20	9	18.8
21-24	17	35.4
25-29	22	45.8
Total	48	100

The chart below reveals that the bigger proportion (56.25%) of the sample was females. Males accounted for 22.92% of the sample.

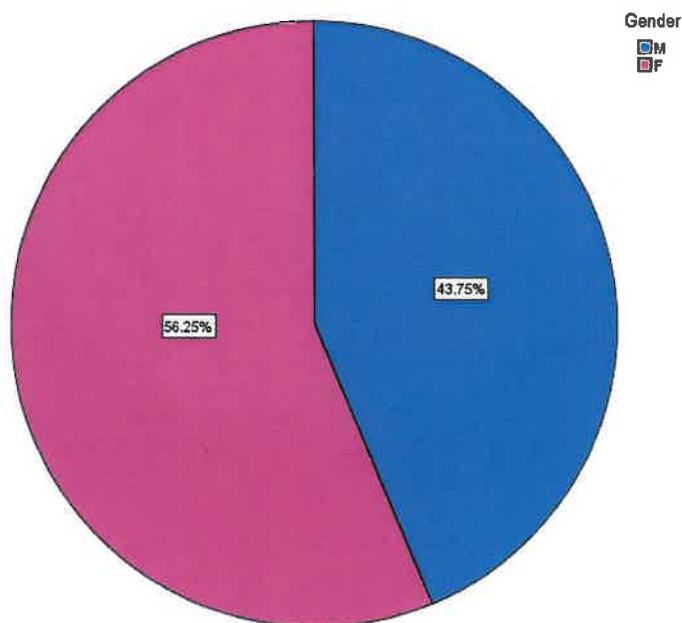


Figure 1: Demographic descriptive statistics for gender

Table 2: Age distribution

	N	Minimum	Maximum	Mean	Std. Deviation
Age	48	18	29	24.27	3.234

The participants in the study were between the ages 18 and 29. The mean age was 24.27.

The bar graph below shows that the majority of the participants (45.83%) were within the age group 25 – 29 years. Fewer participants (18.75%) are within the age group 18-20 years.

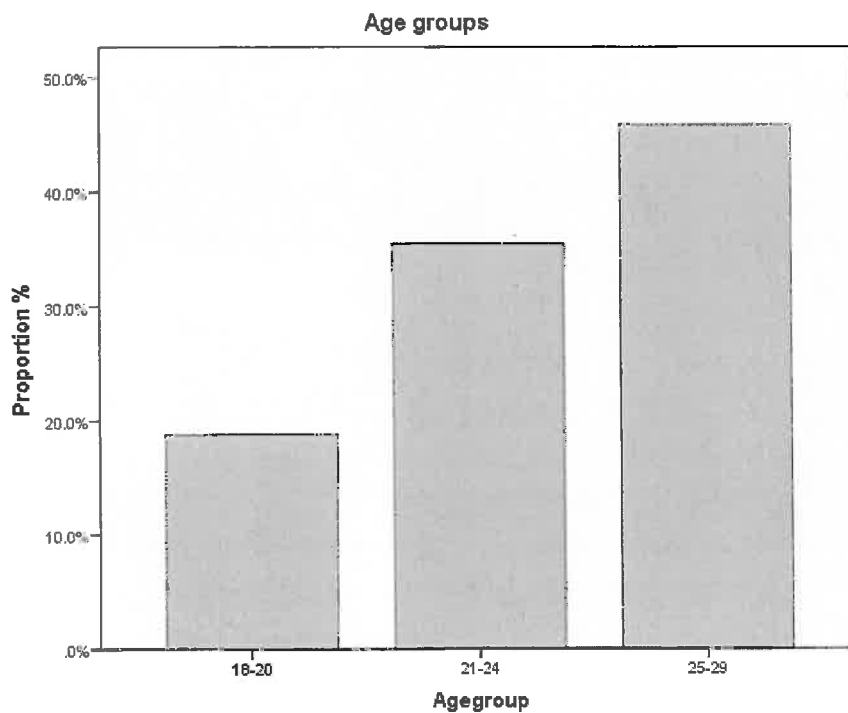


Figure 2: Demographic descriptive statistics for age

The pie chart below shows that the majority of the youth sampled (77.08%) were single. Only 22.9% of the sample were married.

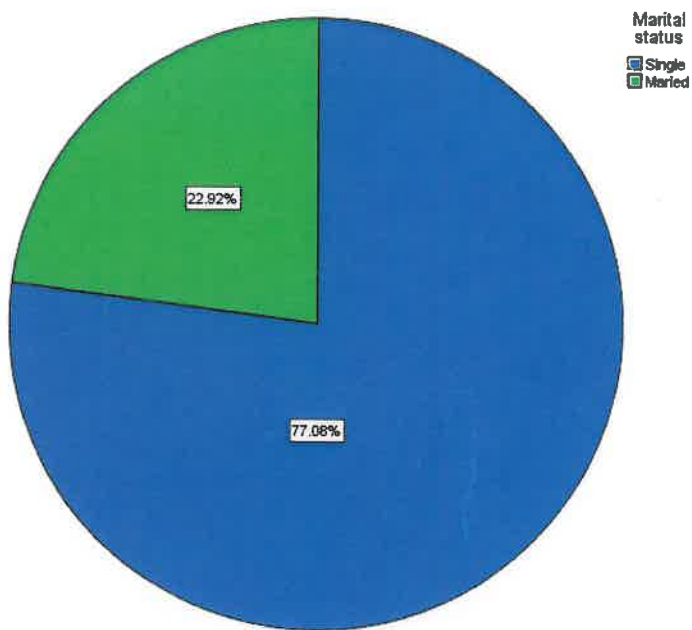


Figure 3: Demographic descriptive statistics for marital status

Furthermore, the pie chart below shows that the majority of the participants (43.75%) were single females, followed by single men (33.33%).

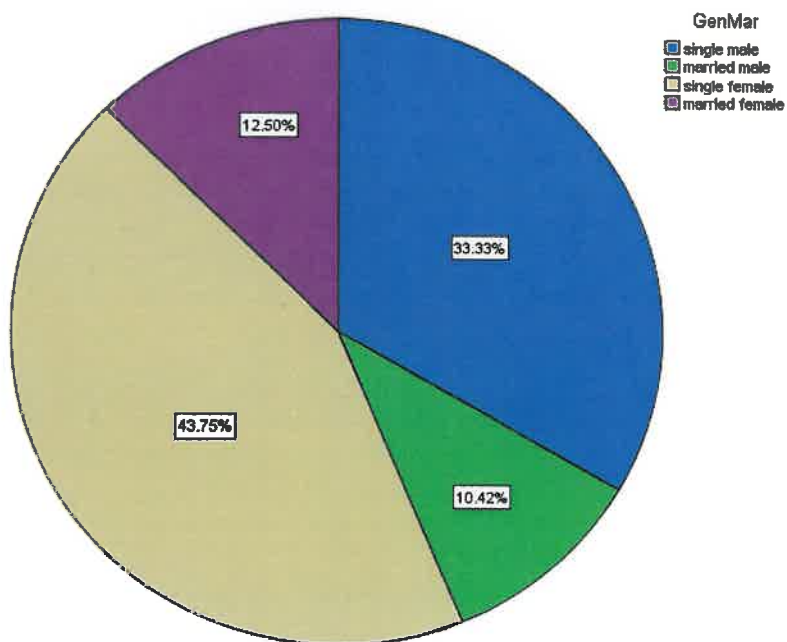


Figure 4: Demographic descriptive statistics for marital status and gender

4.3 Presentation of results by research question

4.3.1 Research Question 1: What key problems are experienced by the youth of eMashingeni?

Data relating to the research question above are summarised in Table 3 below. The table shows the rank ordering of the problems encountered by the youth from those most experienced to the least experienced.

Table 3: Problems experienced by the youth (n=48)

Problems Experienced	Yes n (%)	No n (%)	Mean	Rank	Decision
Financial problems	36 (75.0)	12 (25.0)	1.75	1	Yes
Feeling not happy with life	35 (72.9)	13 (27.1)	1.73	2	Yes
Difficult intimate relationship problems	23 (47.9)	25 (52.1)	1.48	3	No
Sleeping problems	23 (47.9)	25 (52.1)	1.48	4	No
Family problems	22 (45.8)	26 (54.2)	1.46	5	No
Experiencing loss of appetite	21 (43.8)	27 (56.2)	1.44	6	No
Having constant neck and back pains	20 (41.7)	28 (58.3)	1.42	7	No
Frequent headaches	17 (35.4)	31 (64.6)	1.35	8	No
Having nightmares and bad dreams	16 (33.3)	32 (66.7)	1.33	9	No
Feeling alone and isolated	16 (33.3)	32 (66.7)	1.33	10	No
Experiencing flashbacks after a traumatic accident or loss of a loved one	16 (33.3)	32 (66.7)	1.33	11	No
Experiencing chronic chest pains	13 (27.1)	35 (72.9)	1.27	12	No
Marital problems, such as childlessness	11 (22.9)	37 (77.1)	1.23	13	No
Having hot flashes at night, and feeling restless	11 (22.9)	37 (77.1)	1.23	14	No
Struggling with school work	6 (12.5)	42 (87.5)	1.13	15	No
Sexual identity issues	2 (4.2)	46 (95.8)	1.04	16	No

The table above shows two major problems that are experienced by the youth from eMashingeni, financial problems and feeling not happy with life. Other problems that were issues for some of the participants included interpersonal issues such as intimate relationship problems and family problems. Physiological problems, such as loss of appetite, sleeping problems, and frequent back and neck pain were experienced by some of the participants. These somatic problems could be psychologically related.

The Bar graph chart below shows the problems that were reported to be experienced by the participants and the frequency:

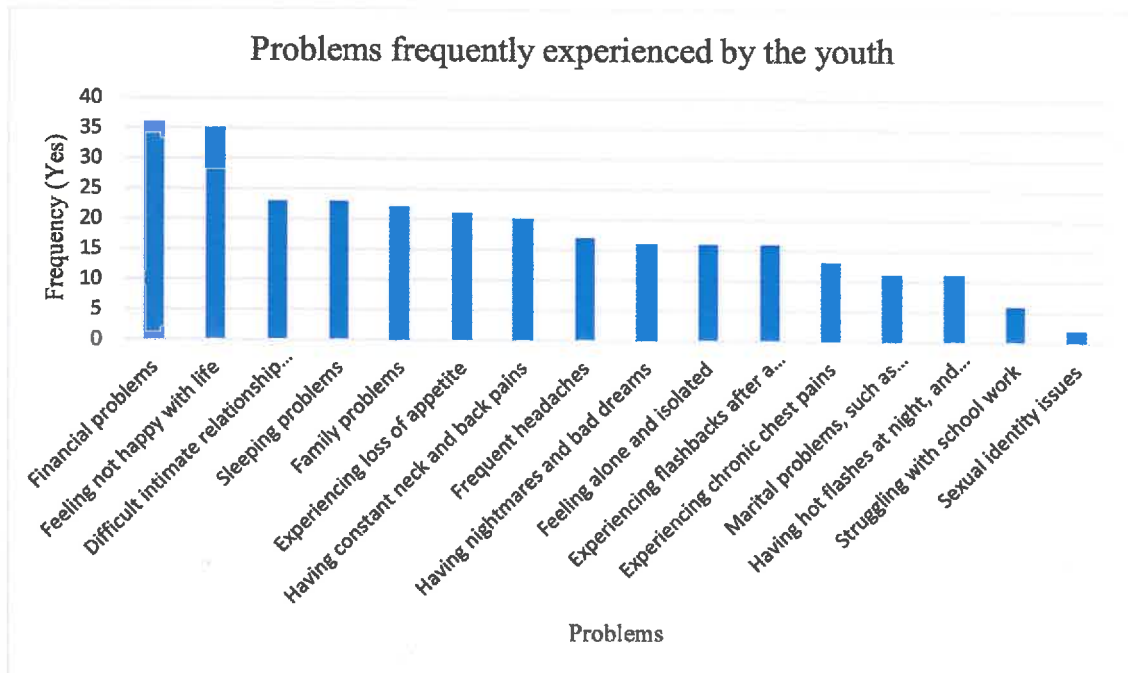


Figure 5: Problems (and frequency) experienced by the youth.

4.3.2 Research Question 2: What sources of help do the youth of eMashingeni prefer for resolving their problems?

The data relating to the above question are summarised in Table 4 below, showing the rank ordering of the sources of help from the most consulted to the least.

Table 4: Sources of help from which the youth prefer to seek help (n=48)

Help Resources	Yes n (%)	No n (%)	Mean	Rank	Decision
Close friends	41 (85.4)	7 (14.6)	1.85	1	Yes
Partner	40 (83.3)	8 (16.7)	1.83	2	Yes
Medical doctor	37 (77.1)	11 (22.9)	1.77	3	Yes
Professional counsellor (Psychologist)	32 (66.7)	16 (33.3)	1.67	4	Yes
Traditional healers	23 (47.9)	22 (52.1)	1.42	5	No
Spiritual healers	16 (33.3)	32 (77.1)	1.33	6	No
Family members	13 (27.1)	35 (72.9)	1.27	7	No
None	9 (18.8)	39 (81.2)	1.19	8	No
Teacher	5 (10.4)	43 (89.6)	1.04	9	No

The above table shows that the four most preferred outlets for seeking help were close friends, medical doctors, partner and professional psychologist. The least mentioned were teachers. This may be due to fact that the mean age was 24, suggesting that most of the participants were out of school. Interestingly, less than 20% reported that they would not seek help from anyone, meaning that most young people are likely to talk to someone even if they are not professionals and a few (18.8 %) would prefer not to talk to anyone about their problems.

The bar graph below shows the sources of help from which the youth would prefer to seek help from.

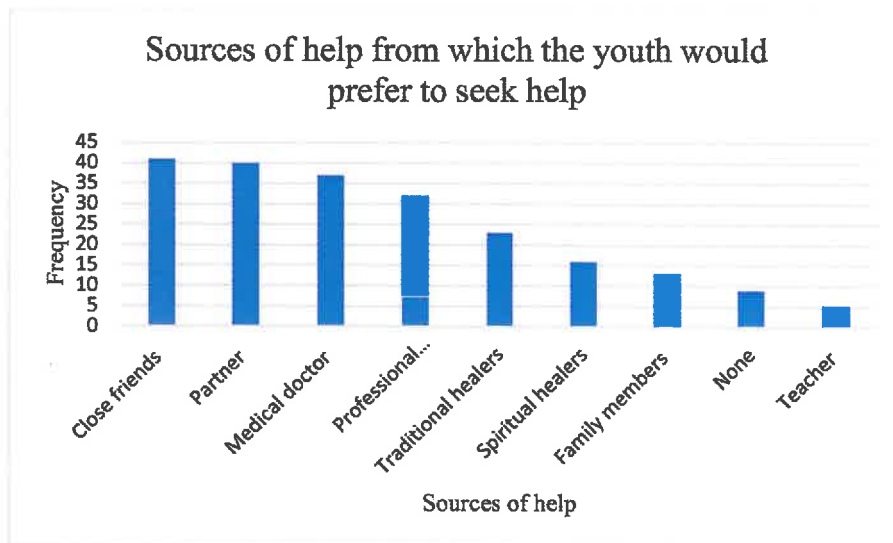


Figure 6: bar graph showing sources of help preferred by the youth

4.3.3 Research Question 3: What are the youths' attitudes towards seeking psychological help?

This section consisted of nine statements which yielded the categorical responses 'agree', 'partially agree', 'partially disagree' and 'disagree'. All nine statements were worded in such a way as to assess the youth's attitude to seeking counselling and psychotherapy. It needs to be noted that for statements 1,2,3 and 4, all answers in the 'agree' and 'partially agree' categories are indicative of a positive attitude towards the process of counselling and psychotherapy, while all answers in the 'partially disagree' and 'disagree' category for statements 5,6,7,8 and 9 are indicative of a positive attitude towards counselling and psychotherapy.

Table 5: Attitudes of the youth towards psychological help (n=48)

Statements	Agree n (%)	Partially Agree n (%)	Partially Disagree n (%)	Disagree n (%)	Mean*	Decision*
1. I would want to get counselling if I were worried or upset for a long period of time.	9 (18,8)	35 (72,9)	2 (4,2)	2 (4,2)	2.06	PA
2. I might want to have counselling in the future.	11 (22,9)	22 (45,8)	12 (25,0)	3 (6,3)	1.85	PA
3. If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy.	6 (12,5)	24 (50,0)	16 (33,3)	2 (4,2)	1.71	PA
4. If I believed I was having a mental breakdown, my first preference would be to get professional attention.	8 (16,7)	16 (33,3)	16 (33,3)	8 (16,7)	1.50	PA
5. The idea of talking about problems with a counsellor strikes me as a poor way to get rid of emotional issues.	4 (8,3)	20 (41,7)	19 (39,6)	5 (10,4)	1,48	PD
6. A person should work out his or her own problems; getting counselling would be a last resort.	3 (6,3)	11 (22,9)	21 (43,8)	13 (27,1)	1,08	PD
7. There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears without resorting to professional help.	1 (2,1)	3 (6,3)	32 (66,7)	12 (25,0)	.85	PD
8. Personal and emotional problems, like many things, tend to work out by themselves.	0 (0,0)	2 (4,2)	28 (58,3)	18 (0,0)	.67	PD
9. Considering the time and expense involved in counselling and therapy, it would have doubtful value for a person like me.	23 (47,9)	22 (45,8)	2 (4,2)	1 (2,1)	1,98	PA

* Key: 2,50-3,00=3-Agree (A)
 1,50-2,49=2-partially agree (PA)
 0,50-1,49=1-partially disagree (PD)
 0,00-0,49=0-Disagree (D)

From Table 5 (inspection of statements 1 – 4) it can be seen that the majority of the youth indicated partial agreement, showing a positive attitude and willingness to seeking counselling and psychotherapy. The modal response for the first three statements was ‘partially agree’, while statement no. 4 was bimodal, with the same numbers partially agreeing and partially disagreeing. Overall these results show a positive attitude towards seeking counselling with mostly partial agreement about its usefulness. Inspection of the percentages for the first three statements shows that a comfortable majority of percentages are in the ‘agree’ and ‘partially agree’ categories, while statement no. 4 shows a fifty-fifty split. The latter indicates that half the time counselling or psychotherapy may not necessarily be the first choice of treatment, while the former show that the participants would nevertheless consider counselling or psychotherapy as treatment.

Further inspection of statements 5 to 9, show that most of the youth indicated partial disagreement, which showed a positive attitude towards counselling and psychotherapy. The statement no. 5 about the idea of counselling shows an almost fifty-fifty split, while the next three statements (6, 7 & 8) about dealing with problems clearly have their modes in the ‘partially disagree’ category, and the last statement about costs is almost equally split between ‘partially agree’ and ‘agree’, with the latter being the modal response. This indicated doubts regarding whether the youth would consider seeking counselling or psychotherapy due to the time and monetary aspects that are involved in seeking such services.

Overall summary of the youths’ attitudes towards psychological help.

This section set out to find youths’ attitudes towards seeking psychological help. It was found that the youth have a positive attitude and when in distress they would consider seeking psychological help, although there was ambivalence (mixed feelings) about counselling and psychotherapy being the first choice of treatment. The time and monetary aspect involved in seeking counselling and psychotherapy also elicited doubt in the youth as to whether they would consider seeking such help.

4.4 Conclusion

This chapter presented the results of this study. The results highlighted seven significant problems frequently encountered by youth, with the main two reflecting financial problems and

feeling not happy with life as the most experienced problems by the youth of eMashingeni. Issues relating to sexual identity were the least experienced by the youth.

Furthermore, the results showed that close friends and a partner were the most preferred sources of help by youth. Traditional and spiritual healers, as well as teachers were the least preferred sources of help.

Finally, the results suggested that although the youth have a positive attitude towards psychological help, they have mixed feelings about whether psychological help would be the first choice of treatment when in distress. Furthermore, the time and costs involved in the processes of seeking counselling and psychotherapy elicit doubts in the youth about whether they would consider seeking psychological help.

CHAPTER 5

DISCUSSION AND CONCLUSION

5.1 Introduction

This chapter discusses and interprets the results of the study presented in Chapter 4. The discussion is organized according to the research themes investigated. Based on the discussion and interpretation of the results, the implications of the study will be drawn and recommendations for clinical practice as well as the need for further study will be made.

5.2 Research Theme 1: Key problems experienced by the youth of eMashingeni, South Africa.

Table 3 in chapter 4 highlighted data relating to this research question. The table showed that there were two major problems reported to be frequently experienced by most of the youth from eMashingeni, which were financial difficulties and feeling not happy with life. Other problems that were reported to be experienced by some participants were interpersonal and physiological problems, such as intimate relationship problems and family problems, as well as loss of appetite, sleeping problems, and frequent neck and back pain. These somatic complaints could possibly be psychological.

The present study was necessitated by a lack of knowledge about the problems faced by rural youth in South Africa. Part of the following discussion of the findings of this present study includes establishing whether the kinds of problems experienced by the rural youth of eMashingeni are different or similar to the problems documented on problems frequently experienced by the youth in urban areas and by university students.

Previously reviewed studies explored the key problems experienced predominantly by university students (Hunt & Eisenberg, 2010; Motau, 2015; Salim, 2010) and urban youth (Kgole, 2004; Mathabela & Ross, 2013; Morrison, 1994; Van der Riet & Knoetze, 2004). These studies found that, in general, the problems frequently experienced by youth were related to family and interpersonal relationships, financial and health problems. Partly consistent with these previous

findings, the results of the present study suggest that the major problems frequently experienced by over 70% the rural youth of eMashingeni who participated in the study were financial problems and feeling not happy with life. These were followed by interpersonal and somatic complaints, which were also reported to be experienced by some, although not majority of the youth.

As argued by Diala and Muntaner (2003), previously researchers and policy makers suggested that mental illness was not as common in rural communities as it is in urban areas. Yet the present research contains findings that appear to contradict this more common assumption. The findings of recent studies such as that of Hyness (2010) and also that of the present study suggest that there are no differences in the kinds of problems faced by South African youth, irrespective of where they are situated. In fact, the present study suggests that the youth from the rural areas may be more susceptible to psychological distress due to high levels of unemployment and poverty in rural areas.

5.2.1 Financial problems

The findings of this study revealed that financial problems were experienced by 75% of the participants. These findings were expected when one takes into account the context in which eMashingeni is situated. A study by Gelb (2003) suggests that financial problems are amongst the leading problems faced by rural residents throughout the world. In support of this observation, Raune (2010) remarks that, even after so many years since South Africa's transition to democracy, rural residents are still faced with high levels of poverty, poor quality education, unemployment, and inadequate housing.

All 48 participants in this study were either still in high school, had dropped out of school, or had completed grade 12 but were staying at home. Research has revealed that South Africa is faced with high dropout rates in schools (Karra & Lee, 2012; Perteus, Clacherty, Donald et al., 2000). A study conducted by Beard & Schindler (2001) compared the dropout rate in rural and urban areas, and the findings indicated that "the dropout rate in South Africa's rural areas was 19.1% in children between 6 and 14 years of age compared to 11,4% in urban areas" (Beard and Schindler, 2001, p. 140).

Of course, it highly debatable whether education is a security for young people's future. However, continued schooling has frequently been mentioned as a solution to unemployment (de Goede, Spruijt, Mass and Duindam, 2000). If education indeed contributes to better employment opportunities, the question therefore would focus on the role of factors such as poor-quality education and high dropout rates contributing to the high levels of unemployment, and, consequently, the financial difficulties and high poverty rates in the rural areas such as eMashingeni. Contributing to this debate, Terre Blanche (2002) argued that, since 1994, when South Africa attained democracy, unemployment has continued to be much higher amongst the poor youth, and is therefore considered to be one of the four poverty traps inherent in the socio-economic situation.

As suggested by the findings of the study. The youth of eMashingeni is overwhelmed by financial difficulties. This may possibly due to the fact that there are limited employment opportunities in the area and most importantly that the non-university rural youth may be unemployable due to not possessing necessary skills to get into an employment sector. One of the theories that were used to conceptualise help seeking behaviour in the study was the Ecological Systems Theory. Which stipulate that an individual exist within systems that interact to influence their lives. This understanding implies that an individual's decision to seek psychological help is influenced by their socio-economic and cultural context (Visser & Moleko, 2012). Therefore, structural issues such as unemployment resulting in financial related issues and high rate of poverty may prevent the youth from seeking professional psychological help. This is because the youth may not have money to pay for professional psychological services.

5.2.2 Feeling unhappy with life

Feeling unhappy with life was the second major problem facing the youth of eMashingeni. Life satisfaction has received much attention over the years in the literature of positive psychology. Diener and Diener (1995, cited in Mohamed, Mohamed and Ali, 2014), define life satisfaction as "an individual's cognitive evaluation of an overall quality of life, based on the individual's set of criteria and standards of life" (p. 2784). Moreover, external factors such as educational and occupational attainments and financial wellbeing have been identified as indicators of success

and are factors associated with life satisfaction for youth from economically deprived backgrounds (Mohamed, Mohamed and Ali, 2014).

In the present study, respondents were asked to comment whether they were happy with their lives at present. The results of the study suggest that 73% of the youth reported being dissatisfied with their lives presently. When one considers the above definition and factors associated with life satisfaction, it is not surprising that 73% of the participants reported to be dissatisfied with their lives. As previously highlighted, the rural youth, like in the case at eMashingeni, are faced with issues of poor access to education and unemployment which contribute to the financial burden and result in high levels of poverty. This suggests that their dissatisfaction with their lives could well be related to financial issues as a result of failure to attain education and employment, as these factors were considered to be indicators of success.

Cloete (2015), argues that “poverty is more than just deprivation of access to resources to meet basic needs. However, it is a symptom for inequality, as it excludes those who are poor from economic interactions and decision-making process” (p. 516). Poverty, according to Cloete (2015), inflicts pain, physical, psychological and spiritual, on people of all ages, including the youth striving for wellness. Carr and Sloan (2003) further elaborate that unemployed people show a constant decrease in overall life satisfaction. This is because unemployment and poverty often result in psychological issues relating to decreased self-confidence, as well as depression symptoms, if unemployed for a prolonged period of time.

5.2.3 Difficulty with intimate relationships

Another problem seen to be experienced by some of the participants in the present study concerned their intimate relationships. According to Meier and Allen (2009), adolescence to early adulthood comes with a lot of changes, including physical, social and emotional. During this stage, romantic relationships are a major developmental milestone. As indicated by Seiffge-Krenke (2003, as cited in Meier and Allen, 2009), “Normative adolescent relationship experience would start in early adolescence with a short-lived relationship that is characterized by group dating. Then in middle adolescence one would progress to multiple short-lived relationships that are decreasingly group focused and increasingly characterized by both sexual and, to a lesser

extent, emotional intimacy. Finally, in late adolescence or early adulthood, one would progress to a single committed, sexual, and exclusive relationship of longer duration” (p. 3).

The participants in the present study were aged between 18 and 29 years, falling within the early adulthood stage. In this stage most of them are likely to be in a more serious, single committed, sexual relationship. 22.9% of the sample reported to be married. According to Johnson (2016), during the early adult stage, individuals are still finding themselves and making sense of their identity. Although romantic relationships at this stage are likely to last longer than in the adolescence, however, these romantic relationships often suffer as individuals try to find a balance between love life, work or school and social life. It is therefore not surprising that a significant number of participants in the study reported experiencing and being affected by problems in their intimate relationships.

5.2.4 Family problems

Family problems were also experienced by some of the participants. Family problems can be broad, ranging from participants feeling misunderstood by their family to familial conflicts as well as illnesses or death in the family.

According to the ecological systems theory, human beings and their problems do not exist in a vacuum, but exist within layers of systems, which interact to influence an individual person’s life Visser and Moleko (2012). This theory assumes that the problems experienced by an individual stem from a conflict or a dysfunction in his or her interaction with his or her system, be it family, community, or broader structure. The youth of eMashingeni live within family systems. This suggests that some of the problems they experience are related to their interaction with their families, including sibling rivalry and familial conflicts, illness or a loss of a family member to death.

As argued by Solomon & Wane (2005, cited in Motau, 2015), “a harmonious relationship with the universe and the local ecology, including plants, animals and other human beings, is equivalent to a good health” (p. 38). This suggests that “for indigenous African societies, good health is dependent on a balance in the environmental and social relations of family, society,

peers and ancestors” (Motau, 2015, p. 38). Therefore, individuals are connected with their family environment, and any difficulty that they face affects their families and they are also affected by any issues the family may encounter. The participants in the study live within family systems, hence it does not come as a surprise that struggling with family problems is indicated as the fifth highest problem uncouneted by the participants.

5.2.5 Physiological problems

In the present study, some of the participants also reported experiencing physical complaints, including sleep problems, loss of appetite, and frequent headaches. According to Motau (2015), there could be several physiological or medical explanations for why young people experience such concerns. However, according to the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-V), these concerns form part of the diagnostic criteria for a major depressive disorder. Although, not conclusive, the result of the present study may suggest that, as a result of the structural issues such as unemployment, poverty, and poor access to services, as well as interpersonal relationship problems, the rate of depression among rural youth could be higher than documented.

Consistent with this claim, the findings by Gibbs, Govender and Jewkes (2016) suggested that there were very high levels of depressive symptomatology among men and woman residing in an urban informal settlement in South Africa. These findings were consistent with the findings of a study by Ardington and Case (2010), further suggesting the extent to which socio-economic factors contribute to the development of depressive symptomatology among disadvantaged South Africans.

5.3 Research Theme 2: Sources of help which the youth of eMashingeni prefer for resolving their problems

Table 4 in chapter 4 highlighted data relating to this research question. The findings of the present study summarized in Table 4 suggest that the most preferred outlets for seeking help, according to the participants, were close friends, medical doctor, partner, and professional psychologist. Interestingly, less than 20% of the participants reported that they would not seek

help from anyone. This suggests that most (80%) of the youth are likely to seek help from someone, even if they are not professionals. This notwithstanding, it is pleasing to note that over 60% of the participants would prefer to seek help from a professional counsellor or psychologist. This makes a mental health professional another preferred outlet for seeking help among the rural youth studied. However, the problem that might go with this must be recognized: due to poverty, their preference for seeking assistance from a professional counsellor or psychologist may not be fulfilled.

5.3.1 Close friends and partners as the most preferred sources of help

Help seeking pattern had been identified by previous studies (Mackenzie, Gekoski & Knox, 2007; Motau, 2015; Rickwood, Mazzer & Telford, 2015), suggesting that help is often sought from parents during childhood and adolescence, whereas in late adolescence help is more likely to be sought from friends. In adulthood people are more capable and willing to seek professional help. Similarly, the findings of this study suggest that over 85% of the participants preferred to seek help from a close friend. It is important to note that the participants in this study were between 18 and 29 years, falling within the category of late adolescent to young adulthood. Therefore, the findings of this study further contribute to the notion that friends are indeed the most preferred source of help in this stage of development. This is understandable given that most of the rural youth are poor and might be unable to seek professional help due to financial constraints.

The findings of this study further suggest that over 80% of the participants reported that they would prefer to seek help from a partner, making the partner-outlet for seeking help another preferred source of help. This trend may be understood in terms of Erikson's psychosocial stages of development. The participants in the present study fell within stage 6, intimacy versus isolation, of psychosocial development (Fleming, 2004). According to Beyers and Seiffge-Krenke (2010), the formation of intimate relationships and close friendships is a very critical task of psychosocial development at this stage of development. Beyers & Seiffge-Krenke, elaborate that, at this stage, friendship is characterized by trust and turning to each other in times of distress. It is therefore not surprising that close friends were the most preferred source of help by the majority of the participants studied. As stated by Van der Riet and Knoetze (2004) and Kakhnovets (2011), people are likely to seek help from a source that they trust when in distress.

This study has shown that turning to a friend for help is one of the most preferred options in this regard.

5.3.2 Medical doctors as a source of help

Medical doctors in this study were rated as the third preferred source of help. In the present study, medical doctors were understood to be professional help providers who fall within the Western health care system. The “Western health care system or biomedical health system is a model of illness that focuses mainly on biological factors in understanding illness” (Grant, Haskins and Horwood, 2013, p. 175). Furthermore, it is a science-based approach to healing, and its process is considered to be evidence-based practice. According to Pillay (1996, as cited in Motau, 2015), the Western health care system is known as the official health system approach. Therefore, participants are likely to consult medical practitioners when they are confronted with physical symptoms.

Interestingly, according to Fleury, Imboua, Aubé, Farand and Lambert (2012), approximately 30% to 40% of the people who consult General Practitioners have significant psychological symptoms. As a result, general practitioners act as brokers, with the task of linking patients with psycho-social services and specialized mental health care providers. What this suggests is that many people, including those with psychological symptoms, first seek help from medical doctors before they are referred to a relevant mental health care practitioner. It therefore makes sense why medical practitioners were ranked the second preferred source of help in the present study.

5.3.3 Psychologists as another source of help

The findings of the present study suggest that 66.7% of the participants would prefer to seek help from a psychologist or counsellor, making the psychological help giver as fourth preferred source of help. According to Ehlers, Hackman and Micheal (2004), psychologists have a lot to contribute in ensuring the psychological wellbeing of people in the communities. Ehlers, Hackman and Micheal (2004), further states that psychologists have been trained to connect the often incomprehensible behaviours and emotions of physical condition. This suggests that while medical doctors treat the physical, psychologists facilitate holistic healing by treating the psychosocial factors affecting the patient’s health. However, it is difficult for any profession to

flourish if potential consumers are unaware of what the profession can offer (Jorm, 2002). It is therefore exciting for the field of psychology that over 50% of the youth showed a readiness to seek psychological help.

5.3.4 Traditional healers and spiritual healers as help outlets

South Africa is a diverse country, and therefore health care exists within a diverse cultural context. According to Grant, Haskins and Horwood (2013), cultural beliefs and values are strongly related to people's perceptions about health. In the present study, health care was divided into biomedical, traditional and spiritual health care systems. The traditional health care is understood as encompassing a range of healing practices, including herbal medication, divination, faith healing, traditional birth attendance, as well as traditional surgery such as circumcisions. This includes biological, psychological, social and spiritual factors (Grant, Haskins and Horwood, 2013). Although, some researchers (Campbell-Hall et al., 2010) indicate that the majority of the black African population in South Africa use both traditional and public-sector Western systems of healing for mental health care, others associate traditional healing systems more with rural residents, while suggesting that urban residents subscribe more to the Western system of healing for mental health care (Rautenbach, 2010). The participants in the present study were youth from a rural area, and, consistent with expectations, the findings of this study suggest that 47.9% of the participants studied would prefer to seek a traditional health care system for mental health. The majority of the participants, though, would prefer to seek help from Western systems of healing, medical doctors (83.3 %) and psychologists/counsellors (66.7%).

Exploring a similar phenomenon, a research study carried out by Crawford and Lipsedge (2004), found that the people of Zulu culture in South Africa "considered Western medicine useful for the treatment of physical illness, but not for mental illness. This is because many mental health problems were believed to be only understood by traditional healers from their own culture" (p. 143).

5.3.5 Teachers as a source of help

The majority of the participants fell within the 25-29 age group, suggesting that they were already out of school and all participants were also non-university students. It is therefore not surprising that teachers were the least ranked source of help.

5.3.6 Youth who would not seek help from anyone

The findings of this study also indicated that less than 20% of the participants reported that they would not seek help from anyone. This suggests that few would not to seek help from anyone and most of the youth (80%) are likely to seek help from someone, even if they are not professionals. Researchers such as Rickwood, Thomas and Bradford (2012) and Ruane (2010) have been concerned with a discrepancy between the number of young people who require psychological help and those who actually seek such services. However, the results of the present study shed some light on the possibility that although young people may not necessarily seek help from professional psychologists or counsellors, when they are in distress, they nevertheless seek help from other sources, even if those are not professionals. This suggests that researchers and professionals should try to understand the role that other sources of help play in ameliorating the problems that young people in the rural areas face.

5.4 Research Theme 3: Attitudes of eMasingeni youths towards seeking psychological help

Table 5 presented in Chapter 4 provides the findings of the present study, in relation to the above research question.

The overall findings of the present study indicate that although the youth had a positive attitude towards psychological help, they however had mixed feelings about whether psychological help would be the first choice of treatment when in distress. Furthermore, the time and costs involved in the processes of seeking counselling and psychotherapy elicited doubts in the youth as to whether they would consider seeking psychological help.

These findings surprisingly depict a slight shift from previous studies (Heights, 2001; Ruane, 2010; Rickwood, Thomas & Bradford, 2012; Vidourek, King, Nabors et al., 2014) which

reported clear negative attitudes. These studies have found that, regardless of the increasing number of young people needing psychological services, there is a discrepancy between the number of youth who require psychological services and the actual number of those who utilize psychological services. These authors constantly found a negative attitude towards psychological help to be a major barrier to seeking psychological services.

In the context of help seeking behaviour, “positive help-seeking attitudes have been identified as the most consistent and strongest predictor of intentions to seek psychological help” (Cepeda-Benito and Short, 1998, cited in Mackenzie, Gekoski and Knox, 2007, p. 575). As understood from the theory of reasoned action (TRA), this means that if the youth from eMashingeni have a positive attitude towards psychological help, they are likely to have intentions to seek psychological services in times of distress.

According to the TRA, the youth of eMashingeni “are rational human beings and they make systematic use of information available to them. They consider the implications of their actions before they decide to engage or not engage in a given behavior” (Ajzen and Fishbein, 1980, p. 5). In the context of help seeking, this theory helps in understanding how the beliefs and attitudes of the eMashingeni youth towards psychological help influence their decision to seek or resist psychological help. The youth will have a positive attitude towards seeking help if they believe that doing so will be in their overall best interest. In this way, according to the TRA, the youth’s intention to engage in a given behaviour is influenced by the extent to which they find value or gain in engaging in such a behaviour.

Of course, the limitation of this understanding is its’ failure to look beyond the youths’ attitudes and willingness or intentions and recognize the external structural factors that may serve as barriers to seeking psychological help. According to ecological systems theory, individual exist within systems that interact to influence their lives. This understanding implies that an individual’s decision to seek psychological help is influenced by their socio-economic and cultural context (Visser and Moleko, 2012).

Contributing to this argument, Peters, Garg and Bloom et al. (2008) state that availability, accessibility and affordability are the ultimate predictors of whether or not the person will seek psychological services. According to Nadeem, Lange and Edge et al. (2007), poor people from the rural areas face many practical barriers to care, such as lack of medical aid or money to pay for mental health care, and may sometimes even lack transport to get to urban areas where they can access mental health care services.

The present study was conducted with the youth from the rural areas at eMashingeni, which is located approximately 30 Kilometers away from the City of Pietermaritzburg. There are no psychologists or counsellors available in this area. This means that the youth of eMashingeni will have to travel to the city to access such services. However, this may not be possible as the major issue that was identified to be faced by the youth of eMashingeni was financial difficulties, indicating that they would not even have money for transport to travel to and pay for the costs of psychological services. Therefore, it is understandable why even though the youth have a positive attitude towards psychological help they may not consider it to be a first choice of treatment. The unavailability of and inaccessibility to psychological services serves as a barrier to the youth, even though they may personally want to consult these services.

5.5 Summary of findings

The findings of the study are summarized below in accordance with the research questions that were formulated at the beginning of the study.

5.5.1 What key problems are experienced by the youth of eMashingeni, KZN?

The primary focus of this research study was to determine the general help-seeking behaviour and attitudes among non-university rural youth in South Africa. The study looked at typical problems or stressors that could lead the youth to seek help, their preferred sources of help as well as their attitudes towards seeking psychological help. The findings of the study suggested that financial problems and feeling not happy with life were at the top of the list of problems experienced by the participants. This trend was not surprising as the youth sampled came from the rural areas, where levels of unemployment and poverty are often found to be high. Financial

problems and feeling not happy with life were followed next in rank by problems in interpersonal relationships, including difficult intimate relationship problems and family problems.

5.5.2 What sources of help do the youth of eMashingeni prefer for resolving their problems?

The findings of the present study further suggested that, when faced with problems, the youth mostly preferred to consult their close friends, followed by a partner. This of course was expected as the youth are at the developmental stage where formation of intimate relationships and friendships is a critical task. Their friends and partners maybe more readily available, accessible, and serve as people with whom the youth may have built relationships based on trust. Therefore, they may find it easier to talk to their close friends and partners when in distress. Other sources of help there were preferred included medical doctors and professional psychologists. Less than 20% of the youth indicated they would not seek help from anyone, suggesting that few of the youth are often tempted to withdraw when faced with problems.

5.5.3. What are the youth's attitudes towards seeking psychological help?

The present study aimed to explore the youth's attitude towards psychological help. The findings indicate that the youth of eMashingeni have a positive attitude towards seeking psychological help, although they may not necessarily consider counselling and psychotherapy as a first choice of treatment when in distress. Further, as a result of the time and financial aspects involved in seeking counselling and psychotherapy, the youth of eMashingeni have doubts about consulting such help when in distress. This suggests that attitudes alone do not determine the help seeking behaviour of rural youth. However, broader structural factors such as the socio-economic context, and, most importantly, the availability and accessibility of the help outlet, ultimately determines whether people consult mental health services or not.

Many factors that enable or prevent youth from seeking psychological help have been identified by various studies including the present one. They include cultural and religious meanings

attached to illness (Arnault, 2009; Hyness, 2010). In other studies, socio-economic factors, availability of psychological services, (Nadeem et al., 2007; Peters et al., 2008), and stigma, were identified as determinants of seeking psychological help.

Furthermore, Gulliver, Griffiths and Christensen (2010) found that mental health literacy is a crucial factor that determines help seeking behaviour. This implies that once the psychological services are available and accessible to the rural youth, there will be a great need for awareness campaigns and psycho-education aimed at increasing youth literacy about mental health, as well as the likely benefits of psychological help.

5.6 Implications for clinical practice

Until 1946, the practice of medicine was based on the assumption that there was one aetiological cause of all diseases which was biologically-based. Therefore, medical treatment was aimed at alleviating all symptoms (Deep, 1999). In 1946 the World Health Organization identified the “biopsychosocial model of health and disease”. Unlike the biomedical model, the underlying assumption of this model is that “health and disease is the product of a combination of biological factors such as genetics, behavioural factors like. Lifestyle, stressful situations, beliefs and health attitudes, and the social context, for example, culture, family relations, and so on” (Sinaj and Dibra, 2015, p. 45). The biopsychosocial model “assumes that in carrying out the assessment and determination of medical diagnosis, what should be considered is not only biological factors, since the psychological and social factors must also be considered” (Sinaj and Dibra, p. 45). This model has become universally accepted and approved by the World Health Organization (WHO, 2002).

This integrated and holistic understanding of human beings as biopsychosocial beings implies that psychologists have a big role to play in health delivery, working in a multi-disciplinary team. Psychologists are trained to connect the often incomprehensible behaviours and emotions of physical condition (Ehler, Hackman and Micheal, 2004). While medical doctors may treat the physical, psychologists facilitate holistic healing by treating psychosocial factors affecting the patient’s health.

The findings of the present study demonstrate that the youth from the rural areas experience biological, psychological and social problems just as the youth in the urban areas, or university students, indicating a need for medical doctors, psychologists and social workers in the rural areas. There is a great need for psychologists to be involved at the policy making level, to challenge structural issues. Psychologists have a big role to play in challenging and changing the unequal distribution of psychological services between the rural and urban areas.

It is also suggested that mental health care practitioners play a role in increasing mental health literacy of rural youth through community awareness campaigns as well as psycho-education about the likely benefits of psychotherapy. The youths' positive beliefs about and attitudes towards the likely benefits of psychosocial help result in a possibility of the youth having intentions to seek psychological help. However, it needs to be ensured that such services are available and accessible to them.

5.7 Limitations of the study

- The present study adopted a quantitative research design, using a questionnaire with close-ended questions. As a result, the findings of the study do not reflect rich and in-depth information about the viewpoints or perceptions of the youth from eMashingeni.
- The present study was descriptive and as a result did not observe relationships between variables. Observation of relationships would have yielded rich information about what sources of help are preferred for which specific problems.
- The researcher had initially proposed to sample a total of 60 participants for the present study. However, eMashingeni is a small rural village with fewer households, hence a larger sample size could not be met. A total number of 48 participants participated in the study.
- Another limitation of this study is that the data collection questionnaire entitled 'Attitudes Towards Seeking Professional Psychological Help – Short form' (ATSPPH-S) (Fisher & Farina, 1995) was adapted from a study with a Western population. Although the items were adapted to suit the current population of rural youth, the challenge was translating the concepts, particularly psychological terms, to apply to and be understood by the current population. It is possible that this translation problem may have caused some participants' problems of adequate understanding of the expectations of the study in some manner.

5.8 Recommendations for future research

In light of the above-mentioned limitations of the present study, a similar future research study is recommended. The study could use a qualitative design with individual interviews and focus groups in order to obtain deeper and richer descriptions of the youths' perceptions of their frequently experienced problems, preferred sources of help, and attitudes towards psychological help.

Furthermore, a qualitative research study would enable the researcher to engage more with the participants. In that sense, the researcher will be able to clarify and explain psychological concepts, thus eliminating confusion that could otherwise result in participants giving answers that may not be what they had intended.

5.9 Conclusion

This research has identified a gap in the literature on help seeking behaviour amongst the South African youth. A review of existing literature suggested that previous scholars have failed to extend research attention to exploring the needs and challenges, as well as help seeking patterns and attitudes, of South African rural youth. Such omission was thought to be problematic as it limits vital knowledge and information about the problems confronting young people in rural South Africa, particularly the sources of help the youth prefer, as well as their attitudes towards psychological help. Hence a need for this study was seen to arise.

This study explored problems frequently experienced by the South African rural youth in eMasingeni. Sources of help preferred by the youth were identified. Finally, the study examined the youth's attitude towards psychological help. The study found that the rural youth studied encounter most of the problems that the youth in urban areas and university students also encounter, as documented in previous research.

It was found that friends and partners, that is, non-professional sources of help, were the most preferred sources of help by the youth studied. Finally, the participants in this study were found to have a positive attitude towards psychological help, although they may not necessarily

consider this help outlet a first choice of treatment when in distress. This was interpreted to be related to issues of unavailability of and inaccessibility to such for the youth of eMashingeni.

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APPENDIX A

UNIVERSITY OF KWAZULU NATAL, PIETERMARTZBURG CAMPUS

Dear Respondent,

A Questionnaire on Help Seeking Attitudes in South Africa

DEMOGRAPHIC INFORMATION

Instruction:

DO NOT provide any additional personal information about yourself. **ONLY** respond to the questions asked.

The entire questionnaire should take approximately 20 - 30 minutes to complete.

1) There are no right or wrong answers. Please provide **OPEN** and **HONEST** responses to

Answer **ALL** the questions asked as they relate to you.

PART A

Please, go through each of the items given below and tick the one that applies to you:

1. Age: (____)

2. Gender: (____) Male (____) Female

3. Marital Status: (____) Single; (____) Married.

4. Home town origin: _____

PART B

Which of the following personal problems can compel or make you to seek for the help of a professional?

	Yes	No
1. Struggling with school work	()	()
2. Family problems	()	()
3. Difficult intimate relationship problems	()	()
4. Financial problems	()	()
5. Marital problems, such as childlessness	()	()
6. Frequent headaches	()	()
7. Sleeping problems	()	()
8. Inability to concentrate, and feeling bored with life	()	()
9. Sexual identity issues	()	()
10. Experiencing flashbacks after a traumatic accident or loss of a loved one	()	()
11. Having hot flashes at night, and feeling restless	()	()
12. Experiencing chronic chest pains	()	()
13. Having nightmares and bad dreams	()	()
14. Feeling alone and isolated	()	()
15. Having constant neck and back pains	()	()
16. Experiencing loss of appetite	()	()

Indicate by a tick in the space provided, which of the following are the major sources or outlets of care when you believe you need the attention of a trained professional:

<u>Help Sources/Outlets</u>	Yes	No
Teacher	()	()
Professional counsellor (psychologist)	()	()
Medical doctor	()	()
Traditional healer	()	()
Spiritual healer	()	()
Close friend of yours	()	()
Partner	()	()
A member of your family	()	()
None	()	()

(Others, please specify in the space given below):

Part C

Follow the instructions below:

Please read each of the following statements carefully and indicate whether you **disagree**, **partially disagree**, **partially agree** or **agree** with any one of them. There are no right or wrong answers. Please answer all statements below in order for the data to be meaningful.

1. If I believed I was having a mental breakdown, my first preference would be to get professional attention.

Disagree	Partially disagree	Partially agree	Agree

2. The idea of talking about problems with a counsellor strikes me as a poor way to get rid of emotional issues.

Disagree	Partially disagree	Partially agree	Agree

3. If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in counselling.

Disagree	Partially disagree	Partially agree	Agree

4. There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears without resorting to professional help

Disagree	Partially disagree	Partially agree	Agree

5. I would want to get counselling if I were worried or upset for a long period of time.

Disagree	Partially disagree	Partially agree	Agree

6. I might want to have counselling in the future.

Disagree	Partially disagree	Partially agree	Agree

7. Considering the time and expense involved in counselling and therapy, it would have doubtful value for a person like me.

Disagree	Partially disagree	Partially agree	Agree

8. A person should work out his or her own problems; getting counselling would be a last resort.

Disagree	Partially disagree	Partially agree	Agree

9. Personal and emotional problems, like many things, tend to work out by themselves.

Disagree	Partially disagree	Partially agree	Agree

Thank you for your participation



APPENDIX A

UNIVERSITY OF KWAZULU NATAL, PIETERMARTZBURG CAMPUS

Ophendulayo

Imibuzo emayelana ngesimo sokufuna usizo eNingizimu Afrika

DEMOGRAPHIC INFORMATION

Umyalelo:

UNGANIKEZI eminye imininingwane emayelana nawe. PHENDULA KUPHELA kulemibuzo ezobuziwa.

Isiyonke lemibuzo ingathatha isikhathi esiyimzuzu engu 20 ukuya ku 30 ukuqedela.

1) Azikho izimpendulo ezifanele nezingafanele. Sicela usiphe izimpendulo ezineqiniso kanye ngokukhululeka.

Phendula YONKE imibuzo ebuziwe ngoba iphathelene nawe.

ISIGABA A

Sicela ufunde leziqephu ezingezansi nganye bese ukhetha ohambisana nawe:

1. Iminyaka: ()

2. Ubulili: () Owesilisa () Owesifazane

3. Isimo Somshado: () Ungayedwana; () Ushadile.

4. Ikhaya odabuka kulona: _____

ISIGABA B

Ingabe iziphi izinkinga kulezi ezilandelayo ezingakuphoqa noma ezingakwenza ukuthi ufune usizo lwabezokuqoqosha?

	Yebo	Cha
1. Ubunzima emsebenzini wesikole	()	()
2. Izinkinga zasemndenini	()	()
3. Izinkinga nobuhlungu okumayelana nomuntu othandana naye	()	()
4. Izinkinga zezimali	()	()
5. Izinka zomshado, njengokungabatholi abantwana	()	()
6. Ukupathwa ikhanda ngokujwayela	()	()
7. Izinkinga zokungalali	()	()
8. Ukungakwazi ukugxila ezintweni kanye nokuba nesizungu ngempilo	()	()
9. Izinkinga ngesimo sami ngokocansi	()	()
10. Ukuba nezithombe ezizifikelayo engqondweni ngemuva kwesimo esiyenhlekelele kungabe ingozi noma ukulahlekelwa othandekayo	()	()
11. Ukuba nokushisa okufika ebusuku, nokungahlaliseki	()	()
12. Ukuba nezinhlungu esifubeni ezingapheli	()	()
13. Amaphupho amabi	()	()
14. Umzwangedwa	()	()
15. Ukuba nezinhlungu ezingapheli entameni kanye naseqolo	()	()
16. Ukungakulangazeleli ukudla	()	()

Sicela ukhombise ngokumaka esikhaleni esinikeziwe, ukuthi imaphi amalunga ezosizo ulonzulu noma izinsiza zolwazi uma ukholwa ukuthi udinga isikhathi nokunakekelwa umuntu oqeqeshiwe:

<u>Izindawo zosiso noma izitolo</u>	Yes	No
Uthishela	()	()
Udokotela wezeluleko ngokwengqondo (psychologist)	()	()
Udolotela	()	()
Umuntu osiza ngamakhambi (Inyanga)	()	()
Umuntu osiza ngezomoya (Umthandazi)	()	()
Umngani enisondelene naye	()	()
Umuntu ohlekisana naye	()	()
Ilunga lomndeni wakho	()	()
Akekho	()	()

(Abanye, sicela uchaze esikhaleni esingezansi):

ISIGABA C

Sicela ulandele imigomo engezansi:

Sicela ufunde lezitatamende ezilandelayo ngokucophelela bese uyasho ukuthi awuvumi, awuvumi kancane, uvuma kancane noma uyavuma. Azikho izimpendulo ezUmaanele nezingafanele. Sicela uphendule zonke izitatamende ezingezansi ukuze ulwazi luzoba nokubaluleka/iqiniso.

1. Uma ngikholwa ukuthi ngiphatheke kabi emqondweni, engingakukhetha kuqala ukuthi ngithole usizo olunzulu lwezoqoqosho.

Angivumi	Angivumi kancane	Ngivuma kancane	Ngivavuma

2. Ukuvulelela umeluleki ngibona kuyindlela engeyinhle yokuthi ngibhekane nezinkinga zami.

Angivumi	Angivumi kancane	Ngivavuma kancane	Ngivavuma

3. Uma bengingabhekana nobunzima bokwephuka komoya njengamanje empilweni yami, nginesiqiniseko sokuthi ngizoba nokusizakala ngosizo lwezoluleko.

Angivumi	Angivumi kancane	Ngivavuma kancane	Ngivavuma

4. Kukhona into encomekayo ngendlela yokubona izinto komuntu ofunayo ukubhekana nezixakaxaka nokwesaba ngaphandle kokuthola usizo oluphambili noma olunzulu.

Angivumi	Angivumi kancane	Ngivavuma kancane	Ngivavuma

5. Ngingathanda ukuthola usizo lwezoluleko uma ngikhathazekile noma ngithukuthele isikhathi esiningi.

Angivumi	Angivumi kancane	Ngiyavuma kancane	Ngiyavuma

6. Kungenzeka ngiludinge usizo lwezokululekwa ngokengqondo esikhathini esizayo.

Angivumi	Angivumi kancane	Ngiyavuma kancane	Ngiyavuma

7. Ukubhekisisa isikhathi nezindleko mayelana nokwelulekwa ngokwengqondo nokwelashwa, kungenza umuntu ofana nami abe manqikanqika.

Angivumi	Angivumi kancane	Ngiyavuma kancane	Ngiyavuma

8. Umuntu kumele azixazululele ngokwakhe izinkinga zakhe; agcine ngakho ukufuna ukwelulekwa ngokwengqondo.

Angivumi	Angivumi kancane	Ngiyavuma kancane	Ngiyavuma

9. Izinkinga eziqondene nomuntu nokwephuka komoya, njengeziye izinto, kuvamise ukuzixazulula ngokwakho.

Angivumi	Angivumi kancane	Ngiyavuma kancane	Ngiyavuma

Siyabonga ukuzibandakanya kwakho!

APPENDIX B

INFORMED CONSENT

Information Sheet and Consent to Participate in Research

Dear prospective Participant

My name is Ayanda Prince Zuma, a Master of Social Sciences (Clinical Psychology) student from the School of Applied Human Sciences at the University of KwaZulu-Natal. I can be contacted on 0781988345 and Zumapa21@gmail.com. My supervisor Professor A. Nwoye can also be contacted on 033-260-5100 (nwoye@ukzn.ac.za).

You are being invited to consider participating in a study that involves research into understanding the “Help seeking attitudes of non-university rural youth at eMashingeni, KwaZulu-Natal, South Africa.” The aim and purpose of this research is to explore the problems you might be facing as a youth of eMashingeni, Kwazulu-Natal; the sources of help you prefer when seeking help; and your attitude towards psychological help. The study is expected to enroll 60 participants in total, including both males and females, between the ages of 18 and 29 years, who reside at eMashingeni. It will involve the filling in of a five-page questionnaire. The maximum duration of your participation if you choose to enroll and remain in the study is expected to be 20 to 30 minutes to complete all three sections of the questionnaire.

This questionnaire has three sections. The first part is for your demographic information. The inclusion of your name is not required. This is to ensure anonymity and confidentiality. The second and third part has sub-topics that comprise of questions with structured answers you are expected to choose from.

Any research may involve unforeseeable risks to participants; however, none is foreseeable to you in this study. If, at any stage, completing the questionnaire makes you uncomfortable, you can withdraw your participation from the study at any time. Should you have concerns or queries at any time when completing the questionnaire, you will be allowed to ask questions. This study might not have direct instant benefit for the participants but the results of the study will contribute the body of knowledge. This study will result in a thesis and possibly a journal article. Only aggregated summaries will appear in publications.

This study has been ethically reviewed and approved by the UKZN Humanities and Social Sciences Research Ethics Committee (approval number: HSS/0888/016M).

In the event of any problems or concerns/questions you may also contact the UKZN Humanities & Social Sciences Research Ethics Committee, contact details as follows:

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION

Research Office, Westville Campus

Govan Mbeki Building

Private Bag X 54001

Durban

4000

KwaZulu-Natal, SOUTH AFRICA

Tel: 27 31 2604557- Fax: 27 31 2604609

Email: HSSREC@ukzn.ac.za

By filling in this questionnaire, you will have given your consent to participate in this research. This will mean that you understand the nature of the study and have therefore voluntarily agreed to participate in this research.

CONSENT (Edit as required)

I _____ have been informed about the study entitled (Help seeking attitudes of non-university rural youth at eMashingeni, KwaZulu-Natal, South Africa) by Ayanda Prince Zuma.

I understand the purpose and procedures of the study, which involves completing a questionnaire, giving information about the problems I experience as a youth, what sources of help I utilize for these problems and my attitude towards psychological help.

I have been given an opportunity to ask questions about the study and have had answers to my satisfaction.

I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without affecting any of the benefits that I usually am entitled to.

If I have any further questions/concerns or queries related to the study, I understand that I may contact the researcher at 0781988345 and Zumapa21@gmail.com.

If I have any questions or concerns about my rights as a study participant, or if I am concerned about an aspect of the study or the researchers then I may contact:

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION
Research Office, Westville Campus
Govan Mbeki Building
Private Bag X 54001
Durban
4000
KwaZulu-Natal, SOUTH AFRICA
Tel: 27 31 2604557 - Fax: 27 31 2604609
Email: HSSREC@ukzn.ac.za

Signature of Participant

Date

Signature of Witness

Date

APPENDIX B

UKUTHOLA IMVUME

Iphepha lemininingwane kanye nemvume yomhlanganyeli wocwaningo.

Ngiyakubingelela mhlanganyeli wocwaningo

Igama lami ngingu Ayanda Prince Zuma, ngingumfundi wemfundo ephakeme kweze Social Sciences (Clinical Psychology) esikhungweni sezemfundo ze Applied human science of KwaZulu-Natal. Ngiyatholakala kumakhalekhukhwini kulenombolo-0781988345 noma nge-email ethi: Zamapa21@gmail.com. Umphathiwamingu-A.Nwoye utholakala kulenombolo 033-260-5100 noma ku-email ethi: (nwoye@ukzn.ac.za).

Uyacelwa ukuba ubambe iqhaza esifundweni esiphathelene nocwaningo lezokuqondisisa. Usizo lokubheka indlela yokuziphatha kwentsha yasemakhaya, eMashingeni, engasibona abafundi basenyuvesi yaKwaZulu-Natali, eNingizimu Afrika. Umongo nenhloso yalolucwaningo ukuhlaziya izinkinga eningahlangabezana nazo njengabantu abasha bokuhlala eMashingeni KwaZulu-Natali; izinhlobo zosizo ongaziqoka kanye nezindlela zokuziphatha maqondana nosizo ngokwelulekwa ngokwengqondo. Lesi sifundo sidinga intsha yaseMashingeni engama-60, eneminyaka esukela kweyi-18 kuya kwengama-29.

Lokhu kuhambisana nokugcwaliswa ngokuphendula imibuzo engamakhasi amahlanu. Ukuzibandakanya kwakho uma ukhetha ukubamba iqhaza kulolucwaningo kuzolindeleka ukuba uchithe imizuzu engamashumi amabili (20minutes) kuya emizizwini engamashumi amathathu (30minutes) ukuphendula imibuzo eyizingxenye ezintathu. Lemibuzo ihlukene izingxenye ezintathu. Ingxenye yokuqala imayelana nemininingwane yakho ngaphandle kwegamalakho lona alidingeki. Lokhu kwenzelwa ukuthi kuqinisekise ukuzifihla kanyenemfihlo. Ingxenye yesibili kanye neyesithathu inezihloko ezihamba nemibuzo kanye nezimpendulo ongakhetha kuzo.

Noma iluphi ucwaningo kungabakhona izingozi ezingalindelekile kulabo abaziba ndakanya kulolu cwano. Noma kunjalo akukho okuzokwenzeka kuwe ngokuzibandakanya kulolucwaningo. Uma

kwenzeka ngesikhathi ugqwalisa noma uphendule imibuzo ungazizwa kahle, noma kukhona okungakuphathi kahle uvumelekile ukuhoxa noma ngabe kunini. Uma unemibuzo noma udinga ukucaciselwa mayelana nokugqwalisa noma ukuphendula imibuzo uvumelekile ukubuza ukuze ucaciseleke. Lolu cwaningo kungenzeka lungabi nomvuzo ngokushesha kodwa imiphumela yocwaningo izo lekelela kakhulu kwezolwazi. Lolu cwaningo luzoshicilelwa lube umbhalo onobuhlakani weziqu zaseNyuvesi mhlambe futhi lingacini lishicilelwe libe ijenali. Okuhlanganiswe kwafingqwa yikhona kuphela okuzoshicilelwa.

Lolucwaningo luhlolisisiwe abenkambo elungileyo lwaphasiswa i-UKZN Humanities kanye ne Social Sciences Research Ethics Committee (inombolo yekomidi: HSS/0888/016M).

Umakwenzeka kuvela noma iyiphi inkinga ukungaphatheki kahle kanye nemibuzo ongaba nayo ungathinta iNyuvesi yaKwaZulu-Natal, emkhakheni wakwaHumanities and Social Sciences Research Ethics Committee, kuleli kheli elilandelayo;

HUMANITIES AND SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION

Research Office, Westville Campus
Govan Mbeki Building
Private Bag X54001
Durban 4000
KwaZulu-Natal
SOUTHAFRICA

Tel: 27312604557

Fax:27312604609

Email:HSSREC@ukzn.ac.za

Ngokugqwalisa uphendule lemibuzo uzobe uvumelana nokuzibandakanya kulolucwaningo. Lokho kuzobe kusho ukuthi uyayiqonda imvelaphi yalolucwaningo, uyazinikela futhi uyavuma ukubamba iqhaza kulolucwaningo.

IMVUME (ukuhlela njengoba kudingeka)

Mina _____ ngazisiwe
ngocwaningo olumayelana (indlela yokuzizwa mayelana nosizo lokubheka indlela yokuziphatha kwentsha yasemakhaya engasibo abafundi baseNyuvesi ehlala eMashingeni, KwaZulu-Natali, eNingizimu Afrika) ngu-Ayanda Prince Zuma.

Ngiyayiqonda inhloso nemibandela yocwaningo, okufaka ukuphendula imibuzo, ukunikeza ulwazi ngezinkinga engihlangabezana nazo njengomuntu omusha, yiziphi izinhlobo zosizo ezingaba isixazululo kulezinkinga kanye nokuziphatha kwami maqondana nosizo kwezengqondo.

Nginikeziwe ithuba lokubuza imibuzo mayelana nocwaningo ngathola nezimpendulo ezigculisayo.

Ngiyavuma ukuthi ukubandakanyeka kwami kulolucwaningo kuwukuzinikela futhi ngiyakwazi ukuhoxa noma ingasiphi isikhathi ngaphandle ngokuphazamiseka kwemivuzo yami.

Uma kwenzeka ngiba nemibuzo noma ngidinga ukucaciseleka okuthile okumayelana nalolucwaningo, ngiyaqonda ukuthi ngingathinta umcwaningi kulenombolo 0781988345 nalapha zumapa21@gmail.com.

Uma kunemibuzo noma ukucaciseleka ngamalungelo ami njengomunye wababandakanyeka kulolucwaningo, noma uma ngidinga ukucaciseleka ngocwaningo noma ngomucwaningi ngingathintana nabezomnyango lapha:

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION

Research Office, Westville Campus

Govan Mbeki Building

Private Bag 54001

Durban 4000

KwaZulu-Natal

SOUTH AFRICA

Tel: 27312604557

Fax: 27312604609

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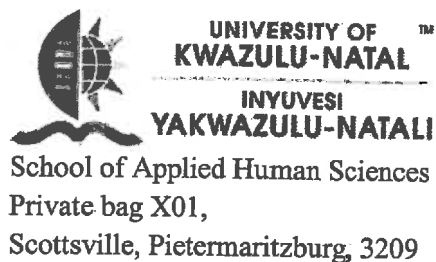
sayina

Usuku

Kusayina ufakazi

Usuku

APPENDIX C



The ward Councillor
Ward 8, eMashingeni
Pietermaritzburg,
3209
10 May 2016

Dear Mr Ndlovu

REQUEST FOR GATE KEEPER PERMISSION TO CONDUCT RESEARCH AT EMASHINGENI

I am a registered Master's student in the Department of Psychology at the University of KwaZulu-Natal. My supervisor is Professor Augustine Nwoye.

The proposed topic of my research study is: **Help seeking attitudes of non-University rural youth at eMashingeni, KwaZulu-Natal, South Africa.** The objectives of the study are:

- (a) To explore the problems facing the youth of eMashingeni, KwaZulu-Natal.
- (b) To determine the sources of help the youth prefers when seeking help.
- (c) Identify the attitudes of the youth towards seeking psychological help.

The purpose of this letter is to seek for your permission to conduct my research with young people from eMashingeni. To assist you in reaching a decision concerning this, I have attached to this letter:

- (a) A copy of the research instruments which I intend to use conducting the research.

Should you require any further information, please do not hesitate to contact me or my supervisor. I can be contacted on 0781988345 and Zumapa21@gmail.com. My supervisor, Professor A. Nwoye, can also be contacted on 033-260-5100 (nwoye@ukzn.ac.za).

Your permission to conduct this study will be greatly appreciated.

Yours sincerely,

Ayanda Zuma
Name

OFFICE OF THE MAYOR
UMNGENI MUNICIPALITY
TEL 033 239 9200
FAX 033 330 4183
Email: mayor@umngeni.gov.za
Signature

I Sipho ndlovu grant permission to the study mentioned above to be done at eMashingeni.

[Signature]
Signature

15 - 05 - 2016
Date

APPENDIX D

01 July 2016

Mr Ayanda Prince Zuma 210506347
School of Applied Human Sciences
Pietermaritzburg Campus

Dear Mr Zuma

Protocol reference number: HSS/0888/016M

Project Title: Help seeking attitudes of non-University rural youth at eMashingeni, KwaZulu-Natal, South Africa

Full Approval – Expedited Application

In response to your application received 14 June 2016, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol has been granted **FULL APPROVAL**.


Any alteration/s to the approved research protocol i.e. Questionnaire/interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment /modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully



.....
Dr Shenuka Singh (Chair)
Humanities & Social Sciences Research Ethics Committee

/pm

Cc Supervisor: Professor Augustine Nwoye
Cc Academic Leader Research: Professor D Wassenaar
Cc School Administrator: Ms Nondumiso Khanyile

Humanities & Social Sciences Research Ethics Committee


Dr Shenuka Singh (Chair)

Westville Campus, Govan Mbeki Building

Postal Address: Private Bag X54001, Durban 4000

Telephone: +27 (0) 31 260 3587/8350/4557 Facsimile: +27 (0) 31 260 4609 Email: ximbap@ukzn.ac.za / snymann@ukzn.ac.za mohunp@ukzn.ac.za

Website: www.ukzn.ac.za


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