

Open Access Journal of Pharmaceutical Sciences and Drugs

The Mental Health of Grade 9 Learners Presenting with Aggressive Behaviour in the Ekurhuleni North District of Gauteng

Eunice Sekgobela*University of Johannesburg, South Africa***Corresponding author**

Eunice Sekgobela, University of Johannesburg, South Africa.

Received: December 12, 2025; **Accepted:** December 22, 2025; **Published:** December 29, 2025**ABSTRACT**

Background: Aggressive behaviour among secondary school learners is a tenacious global concern with significant psychological, social, and educational implications. In South Africa, aggression is prevalent and has significant effects on learners' mental health, development, and academic outcomes.

Objective: This study explored personal psychological factors associated with aggressive behaviour among Grade 9 learners, considering psychological, familial, educational, and socio-economic areas.

Methods: The study employed a qualitative design with content analysis. Nine Grade 9 learners (aged between 12–15) from a mainstream public school in Gauteng were selected via purposive sampling. Data encompassed semi-structured interviews, psychological profiling (CYMHPS), ACE questionnaire, SDQ, DSM-V screening, and learner collages. Audio-recorded interviews were transcribed verbatim and analysed thematically, with sampling continuing until data saturation.

Results: Four themes emerged: (1) psychological factors (psychiatric symptoms, rejection, jealousy, dominance); (2) family-related factors (conflict, parenting styles, lack of supervision, exposure to violence); (3) educational factors (teacher attitudes, peer influence, lack of school support); (4) socio-economic factors (poverty, impatience, neighbourhood violence, intolerance). Risk and resilience factors were identified across domains.

Conclusion: Adolescent aggression is multidimensional and entrenched in psychological, familial, educational, and socio-economic environments. Interventions should target mental health support, positive parenting, teacher training, and socio-emotional skills like patience and self-regulation.

Keywords: Aggression, Adolescents, Mental Health, Qualitative Research, School Violence

Introduction**Background**

Aggressive behaviour among adolescents is recognized as deliberate actions aimed at harming others, comprising of physical, verbal, and relational aggression [1]. Globally, school aggression has become a grave concern due to its long-term psychological, social, and academic consequences (Jacquin, 2023). South Africa ranks among countries with great youth violence, with studies showing approximately 22% of secondary learners undergoing school-based aggression annually [2].

Aggression affects scholastic achievement, mental health, peer relationships, and overall wellbeing [3]. Victims often present with depression, anxiety, psychosomatic complaints, and suicidal ideation [4]. International occurrence ranges from 4% to 45%, while some local studies report higher rates in precise contexts (Garmaroudi et al., 2012) [5].

Theoretical Framework

This study assumes a dual-theoretical framework integrating Nsamenang's Social Ontogenesis Theory and Bronfenbrenner's Ecological Systems Theory to examine the mental health of Grade 9 learners presenting with aggressive behaviour in the Ekurhuleni North District. Nsamenang's theory provides a native African lens, emphasizing that adolescent behaviour

Citation: Eunice Sekgobela. The Mental Health of Grade 9 Learners Presenting with Aggressive Behaviour in the Ekurhuleni North District of Gauteng. Open Access J Pharma Sci and Drug. 2025. 1(2): 1-3. DOI: doi.org/10.6144/OAJPSD.2025.v1.27

emerges from culturally embedded socialization processes and the learner's participation in communal life. Bronfenbrenner's ecological model balances this by illustrating how multiple environmental systems such as: Family, school, community, and broader sociocultural structures interact to influence mental health outcomes. Together, these frameworks allow for a culturally grounded and contextually comprehensive understanding of the factors contributing to aggressive behaviour among adolescents in this particular district.

Problem Statement

Despite extensive research that brings about qualitative experiences, adolescent mental health of learners presenting with aggression remains underexplored. Quantitative studies alone are unable to capture personal narratives, coping mechanisms, and contextual influences that drive aggressive behaviour.

Research Objectives

This study aimed at

- Exploring psychological, educational, familial, and socio-economic factors associated with aggression among Grade 9 learners.
- Identifying risks and resilience factors influencing aggressive behaviour.
- Informing school-based interventions to mitigate aggression and improve mental health outcomes.

Methods

Study Design

A qualitative content analysis approach was utilized, which enabled the identification of patterns, categories, and themes within learner narratives [6].

Research Setting

This study was conducted at a public secondary school in the Ekurhuleni North district, of Gauteng Province, South Africa.

Participants and Sampling

Purposive sampling was utilized where nine Grade 9 learners (6 males, 3 females, aged 12–15) displaying aggressive behaviours were selected. Selection criteria warranted demographic diversity

in age, gender, socio-economic status, and neighbourhood context, and data saturation determined final sample size.

Ethical Considerations

Ethical clearance was obtained from the University of Johannesburg, and written consent from caregivers as well as assent from learners were obtained. Participants were assured of confidentiality, anonymity, and withdrawal rights. Psychological provision was available during and after data collection.

Data Collection

Data was collected through: - Semi-structured interviews (60–90 minutes), covering family dynamics, school experiences, and personal coping strategies. - Child and Youth Mental Health Profiling System (CYMHPS) for psychological assessment. - Adverse Childhood Experiences (ACE) questionnaire to identify trauma exposure. - Strengths and Difficulties Questionnaire (SDQ) to screen emotional and behavioural difficulties. - DSM-V aligned screening tools for psychiatric symptoms. - Learner-created collages depicting personal experiences and school life. Researcher reflexivity was maintained to account for positionality and potential bias.

Data Analysis

Thematic analysis followed Roller and Lavrakas' (2015) eight-step approach: coding, categorisation, theme development, and interpretation. Manual coding and triangulation with quantitative screening data ensured analytic rigor.

Trustworthiness

Credibility, transferability, confirmability, and dependability were ensured (Lincoln & Guba, 1985) through prolonged engagement, member checking, and detailed documentation.

Results

Participant Characteristics

Participants' ages ranged between 12–15 years; six were male, three females. Family structures varied (single-parent, nuclear, extended). ACE scores ranged from 2–6, demonstrating moderate exposure to adverse experiences. SDQ scores indicated elevated difficulties in conduct and peer problems.

| Participant | Age | Gender | ACE Score | SDQ Total Difficulties | Household Type |
|-------------|-----|--------|-----------|------------------------|----------------|
| P1 | 13 | M | 4 | 18 | Single-parent |
| P2 | 15 | F | 2 | 14 | Nuclear |
| ... | ... | ... | ... | ... | ... |

Emergent Themes

Psychological Factors

- **Psychiatric symptoms:** ADHD, anxiety, and depression contributed to impulsivity and aggression.
- **Rejection by teachers:** Discriminatory treatment triggered retaliatory behaviour.
- **Jealousy:** Competition over academic and material possessions led to conflicts.
- **Dominance and control:** Learners used physical or social strength to assert authority.

Family-Related Factors

- **Caregiver conflict:** Exposure to domestic violence normalized aggression.
- **Parenting styles:** Authoritarian or permissive approaches influenced aggression.
- **Lack of supervision:** Parents' absence reduced monitoring of peer interactions.

Educational Factors

- **Teacher attitudes:** Negative modelling reinforced aggressive behaviours.

- **Peer influence:** Peers could aggravate or discourage aggression.
- **School support:** Limited counselling contributed to unresolved conflict.

Socio-Economic Factors

- Poverty and resource competition increased bullying.
- Neighbourhood violence normalized aggressive coping.
- Impatience and intolerance emerged in fast-paced, low-resource environments.

Discussion

Psychological vulnerabilities (ADHD, anxiety, impulsivity) align with prior studies linking mental health disorders to aggression (Vaillancourt et al., 2008) [7]. Family conflict and inconsistent parenting increase aggression risk [8]. Schools act as critical environments; teacher attitudes and peer dynamics either buffer or exacerbate aggression [9]. Socio-economic stressors intensify behavioural risks, while patience, self-regulation, and resilience serve as protective factors [10].

Conclusion

Aggression among Grade 9 learners is multidimensional, influenced by individual, family, school, and socio-economic factors. Effective interventions require multi-systemic approaches encompassing mental health support, positive parenting, teacher training, and socio-emotional learning programmes.

Recommendations

1. **Parental workshops:** Promote positive parenting and monitoring strategies.
2. **School-based interventions:** Evidence-based anti-aggression programs and teacher training.
3. **Policy implications:** Integration of psychological services in schools.
4. **Future research:** Mixed-methods studies exploring cultural and contextual differences.

Limitations

- Small sample size limits generalizability.
- Findings reflect a single school context.
- Self-reported data may be subject to social desirability bias.

References

1. Ames DR, Fiske ST. Intentional harm: Aggression in social contexts. *Social Psychology Quarterly*. 2013. 76: 89-108.
2. Malan M. School aggression in South Africa: Prevalence and patterns. *South African Journal of Education*. 2016. 36: 1-9.
3. Bouton K, Kessler R, McLean S. School aggression and mental health. *Journal of School Health*. 2008. 78: 123-130.
4. Klomek AB. Childhood bullying and suicide risk. *Journal of the American Academy of Child & Adolescent Psychiatry*. 2009. 48: 254-261.
5. Fleming LC, Jacobsen KH. Bullying and symptoms of depression in Chilean middle school students. *Journal of School Health*. 2009. 79: 130-137.
6. Graneheim UH, Lundman B. Qualitative content analysis in nursing research. *Nurse Education Today*. 2004. 24: 105-112.
7. Costello EJ, Egger HL. Developmental epidemiology of anxiety disorders. *Child and Adolescent Psychiatric Clinics*. 2005. 14: 631-648.
8. Lereya ST, Samara M, Wolke D. Parenting and risk of bullying: A meta-analysis. *Child Abuse & Neglect*. 2013. 37: 1091-1108.
9. McEvoy A. Teachers who bully students: Patterns and policy implications. Wittenberg University. 2005.
10. Chui WH, Chan HC. Self-control and school bullying behaviours. *Child Abuse & Neglect*. 2013. 37: 237-242.