

***TEACHERS' KNOWLEDGE OF THEIR LEARNERS' PSYCHOLOGICAL WELL-
BEING AT A SPECIAL SCHOOL IN UTHUNGULU DISTRICT***

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DECLARATION OF ORIGINALITY

I hereby declare that this is my own work, and that all the sources I have used or quoted have been indicated and acknowledged by means of complete references.

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January 2015

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ABSTRACT

One of the objectives of setting up a special needs school system in South Africa (SA) was to ensure that children with learning disabilities and special needs are part of a full service, inclusive education system. In SA, special needs education can be traced back to the Apartheid during which learners were segregated on the basis of their race, colour, ethnicity and disability. The apartheid policy allowed for well-resourced schools for white disabled learners and very few under-resourced schools for disabled learners from other population groups i.e. Blacks, Indian and Coloured. Children with learning disabilities (LD) have problems beyond reading, writing, mathematics, memory and organisational skills, to mention a few. Problems may include a deep sense of anger, sadness, shame and frustration which could lead to poor psychological well-being. Often affected learners present with anxiety, depression, low self-esteem and other psychological concerns.

Teaching learners with special needs require skills which include proper knowledge about learners, wants and aspirations. The differences may also include cultural, gender, social and economic background. These differences influence how each learner relates and adapts to developmental milestones, cognitive & language development and psychological well-being. It should then be emphasised that every teacher, especially those who deal with learners with disabilities, needs assistance or information that will help them develop instructional programmes that enhance maximum functionality of each learner, particularly those with disabilities.

The aims of the study were to assess teachers' knowledge about the psychological well-being of their learners; and also to establish whether or not there is a relationship if any, between teachers' demographical data and levels of knowledge. This study sampled thirty (30) teachers teaching at the special needs school, using a standardized structured quantitative questionnaire. The conclusions reached were that teachers at a special needs school did not possess adequate levels of knowledge about their learners' psychological well-being. It was also established that there was a statistical significant association between their selected demographics and knowledge level of teachers.

Key words: psychological well-being, special needs school, teachers, learners, learning disabilities, inclusive education system.

LIST OF ACRONYMS AND ABBREVIATIONS

- (LD) Learning Disabilities
- (WHO) World Health Organisation
- (SEL) Social Emotional Learning
- (PATHS) Promoting Alternate Thinking Strategies
- (SCT) Social Cognitive Theory

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CHAPTER ONE

1.0 INTRODUCTION

1.1 Background

In 2001, the South African Government gazetted a national policy based on Education White Paper 6 on Special Needs Education entitled Special Needs Education: Building and Inclusive Education and Training System. The basis on this policy was a radical departure from the apartheid era South Africa (SA) which was still in practice even beyond 1994 (Department of Education, 2001). The existence of this historical antecedence of special needs education which can be traced back to the Apartheid era allowed for learners' to be segregated on the basis of their race with extension to include segregation of learners on the basis of their disability (Department of Education, 2001). The policy also allowed for an extremely well-resourced schools for white disabled learners and very few under-resourced schools for the disabled learners of black African population groups. Learners with disability experienced great stress in getting placements in special schools of which learners with poor economic background could hardly afford such educational support system (Department of Education, 2001).

The expectation of the policy was the placement of support to learners through full-service schools such that they will have a bias towards particular disabilities depending on need and support available. Some of the objectives of the South African White Paper 6 provided policy framework that ensures that facilities were set up with appropriate accessibility, provision of resources, psycho-social supports and guidelines on how learners' with disabilities will be assessed and incorporated into special, full service and ordinary schools in an incremental manner (Department of Education, 2001). Psychological well-being is that state of physical, social, cultural, religious and economic stability and wellness in a person (Diener, 2009). It also includes self-acceptance, positive relations with others and environmental

interrelationships (Diener, 2009). The World Health Organisation (WHO), projected that 2.2% to 2.6% of learners with disabilities or impairments can be found in any given school population system of any country (Department of Education, 2001). Children with learning disabilities (LD) have problems beyond reading, writing, mathematics, memory and organisational skills, amongst others. Problems include a deep sense of anger, sadness, shame and frustration which ultimately leads to poor psychological well-being characterized by anxiety, depression, low self-esteem, substance abuse and other related behavioural concerns (Broatch, 2011). These problems have been noted to greatly outweigh the problems of mathematics, reading and writing amongst others, which learners with disabilities are associated with. The problems also trigger a repeated sense of failure or underperformance amongst learners despite their efforts and the teachers' promptings to 'try harder' (Broatch, 2011). If this situation continues it can lead to negative or little positive feedback from peers, family members and teachers alike, which further deepens the low self-esteem, thereby forcing the learner to stop trying. When learners cease to try, self-learned helplessness with further deeper emotional damage can result (Broatch, 2011).

Generally psychological well-being is referred to as an age expected achievement, an expected developmental milestone and the actualization of effective coping skills and positive social relationships (Wallace, Holloway, Woods, Malloy, & Rose, 2011). Poor psychological well-being results in internalizing behaviours, for example anxiety and depression which is more prevalent amongst girls than boys, and externalizing behaviours for example aggressiveness, and disruptive behaviour amongst boys (Wallace et al., 2011). By implication, lack or poor psychological well-being should be viewed as a concern that warrants attention. Anybody can have or develop a problem with his/her psychological well-being, be it transient or prolonged with consequences. It is vital to appreciate that psychological problems and the associated ill-health can affect all persons of different race and age groups. This also means that children or learners with learning disabilities can also have psychological problems, given the fact that they are already challenged and probably neglected or abused, and may have difficulty in expressing their feelings. This concern includes the likelihood that their efforts or situations can easily be confused with their current diagnosis or behaviours in relation to their learning disabilities.

Seventy five percent (75%) of learners with LD experience social difficulties such as making and keeping friends, such that both social and psychological issues can influence each other in a vicious cycle (Broatch, 2011). The difficulties show in the form of peer rejection and less acceptance by adults, and occasionally teachers, resulting in withdrawal into loneliness which ultimately may further damage the child's ego. Such damage often prevents appropriate development into an adult ego thereby breeding a cognitively or mentally disturbed adult member of society (Broatch, 2011).

Learners attending special schools are more likely to suffer from poor psychological well-being. This is not only a problem for them but also a huge challenge to the society of which the learners belong. The learners' physical, social or daily life events, be it house chores, school work, exercise and proper feeding, all contribute to their overall success in school and life. Learners' with disabilities as well other learners' undergo timely progressive assimilation from their environment based on their intellectual capabilities. Hence, time is a critical factor for each learner with disability to achieve their possible best outcome. The South African White Paper 6 provided a time frame of 20 years for the implementation of the inclusive education and training system (Department of Education, 2001). The time frame provided 3 steps time processes: short term (2001 – 2003), medium term (2004 – 2008) and long term (2009 – 2021) steps to achieve the final target of establishing 380 special schools, 500 full service schools and colleges and district support teams and the enrolment of 280,000 out of school children and youths (Department of Education, 2001).

It is the opinion of this study, that the intervention strategies of the White Paper 6 did mention the reasons why it is critical to provide psycho-social support for the learners' nor did the policy emphasize the prioritization and implementation of such support. This study also opined that the quality of training and actual practice of the teachers' to handle the school curriculum and the implementation of the White Paper 6 strategies and recommendations has not being evaluated. The ability of the educators in the Special Needs School at UThungulu district in SA to identify and manage

aspects of the learners' psychological well-being which influences their overall outcome has not been looked into and could certainly be a problem. Poor outcomes can be related to the state of psychological wellness which may be beyond the existing academic curriculum at the special schools. The teachers themselves need to be acquainted with the knowledge of psychological wellness in order to assist them towards favourable outcomes for their students and greater good of their households. This is understandable because teachers themselves have families and are part of the wider society, and are expected to interact positively with other people as well. The teachers' quality of knowledge on issues of their learners' psychological well-being is critical, and can be nurtured to contribute positively towards the learners' success in going forward.

It is however critical to consider evaluating the special needs schools staffs by checking if the teachers are appropriately trained to deal with the above dynamism in the special needs school system. This concern is over and above the fundamental problem relating to the learners' learning disabilities. It is critical to appreciate this in the light of the fact that most teachers in special schools may not have received formal training on health matters, or been trained as psychologists or health care workers. Additionally, there is no system to ensure that the learners attending special schools receive regular mental well-being assessments. The wishful expectation is to have a setting that will emphasise the structured curriculum, and which aims to enhance a learner's ability to understand, read, speak and write. If we intend to achieve some of the objectives especially the provision of psycho-social support to learners' in the special needs schools, it is necessary to also engage on the issue of the learner's psychological well-being through equipping their teachers' with necessary skills to do so.

The study was contextualized on the special needs school with emphasis on building full service schools denoted as inclusive education system in South Africa. This study explored teachers' knowledge of the psycho-social issues affecting learners with disabilities in a special needs school in UThungulu district of KwaZulu-Natal South Africa. According to this Special Needs School, they manage learners with diverse

intellectual disabilities; and also serves as the National and Provincial department of Education Resource Centre for the provision of training and support to other schools that deals with learners with intellectual disabilities ("Our Story", 2015). The data was collated using questionnaire, which was designed to provide the participants with the choice of different pre-determined responses. Study data was analysed using the SPSS statistical programme.

The theoretical framework of this study was based on the Albert Bandura's Social Cognitive Theory (SCT). This theory emphasises behaviour change, resulting in good outcomes, and is influenced by a knowledge of environmental influences, personal factors and attributes of behaviour itself (Crothers, Hughes, & Morine, 2008). The above theory formed the theoretical background of this study which seeks to show that a teachers' behaviour or response towards learners, through appropriate knowledge and with the influence of the environment and personal factors, will allow learners to achieve more positive outcomes. A learner who is taught in a balanced environment is a learner who went through a full service inclusive education system. It is therefore expected that such learner will achieve relatively sustainable successes to the benefit of the households, families, communities and the society at large.

This study addressed the following research questions:

- 1 Are teachers sufficiently trained to teach in a special school?
- 2 Is there an association between the teachers' biographical data and their knowledge level?

1.2 Aims of the study

1. To assess the teachers' level of knowledge about the psychological well-being of their learners.

2. To establish whether or not there is a relationship if any, between teachers' demographical data and levels of knowledge.

1.3 Research hypotheses

1. Teachers teaching at a special needs school will have adequate knowledge about the psychological well-being of learners.
2. There will be a relationship between teachers' demographics and levels of knowledge.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Psychological well-being

Psychological well-being is critical for achieving self-satisfaction and an increased or enhanced frequency of feeling good (Diener & Ryan, 2009). Self-satisfaction and a sense of feeling good will assist the learners to become participants in their community, rather than being at the mercy of more able bodied and able minded individuals. Teachers in all schools, but more especially the special schools, are key in championing this course, and they can only do so if they themselves have sufficient knowledge and skill to provide and sustain all necessary information towards assisting learners.

Psychological wellness of each individual in the family determines the psychological and mental health of that household, which in turns contributes to the outlook of the community that makes up the society. The society needs each individual in each family to be in good health and also seeks to achieve a stable psychological state of well-being. There is a positive correlation between subjective psychological well-being and self-esteem (Sola-Carmona, Lopez-Liria, Padilla-Gongora, Daza, & Sanchez-Alcoba, 2013) and the positive psychological well-being of learners prevents secondary vicarious self-stigma which is likely in the face of already existing learning disabilities. Self-stigmatization will lead to self-blame and low self-esteem which further prevents an individual seeking help. The resulting vicious cycle may ultimately trigger mental health problems (Vinjevid, 2011).

2.2 Special needs schools

The overall objective of setting up a special education school in developed societies is to optimize the educational awareness of children with learning disabilities to such an extent that they are able to become part of the general education system (Foorman, Francis, Fletcher, Schatschneider, & Mehta, 1998). In SA, the overall objective for

special needs school is to provide a system that will seek to achieve a full service inclusive education system (Department of Education, 2001). Some of the objectives also includes amongst others to provide on ongoing basis, analyses of the effect of HIV/AIDS and other infectious disease on the education system and develop programmes to combat such (Department of Education, 2001). Learners attending special schools usually come from diverse family, cultural, social, religious, economic and medical backgrounds (Cole, 2013). This statement underscores the importance of the unique individuality of each learner taught in all special needs school and also in the general inclusion school system. This uniqueness is critical in many ways when it comes to how and where the children should be placed. For each individual the type of teacher needed, and the type of environment envisaged to achieve a maximum result in line with the set objectives of such schools in South Africa, is essential. This objective does not necessarily mean that the learners will have to be introduced to the general education system in accordance with the normal level of their school age placements, but rather in accordance with their level of cognition and ability going forward (Foorman et al., 1998).

Accordingly, before any child is placed in a special school, there are almost always preschool/school assessments which may not include a psychological assessment, especially if the child is diagnosed as having learning disabilities. It is likely that children within a spectrum of learning disabilities, with other cognitive problems and health related issues, could be misdiagnosed and placed in an unsuitable school. The attendant consequences of this situation is having children in the school environment with varied issues, including problems arising from the fact that they may have come from different social, economic, religious, and cultural backgrounds. The consequence may also create a spectrum of heterogeneous dynamism within the inclusive education system, resulting in complex management systems. It is necessary to state that psychological wellness and placement in an appropriate school needs to be considered as a standard key element. This assessment however will need to be contextualized in keeping with the child or learner's social, cultural, religious and economic background.

In the 1980s and early 1990s, information was scanty on the psychological well-being of learners with learning disabilities (LD), or other special education needs (Huntington & Bender, 1993). In USA in 1993, researchers were able to report that issues of anxiety, depression and even suicide were identified amongst adolescents with special education needs. They also concluded that learners with learning disabilities are invariably at greater risk for severe depression and suicide (Huntington & Bender, 1993). A report from a study in Canada in 1999 also showed that there were significant difficulties among learners with special education needs in terms of their daily living, social isolation and also damage to their emotional health (Shessel & Reiff, 1999). The commonest factors that impact on a learner's psychological well-being and mental health include the following:

- Poor physical health.
- Body dissatisfaction and disordered eating.
- Changes in family components and structures.
- Economic deprivation.
- Rapid social and cultural changes in school settings, or any other environment.

(Wallace et al. 2011).

Schools are recognised as important avenues for addressing a learner's psychological well-being (Wallace et al., 2011). Most learners of school age spend the greater part of their day at school, therefore the relative benefits of the school environment is that it is a familiar place for the learners, their parents or guardians, and certainly the teachers (Wallace et al., 2011). It is therefore pertinent that teachers who, by their position, are the gatekeepers to mental health services must fully comprehend their role and by doing so must fully understand and appreciate the link between the concept of psychological well-being and mental health or disorders (Sisask et al., 2013). They will then have the opportunity to provide a first line of support for the learners, and also be in a position to refer them to a psychologist or other mental health specialist. Studies have shown that teachers acknowledge their role as potential helpers, but they appear to lack confidence and would like to acquire more knowledge about learners' psychological well-being and/or mental health as a whole (Rothi, Leavey, & Best, 2008).

2.3 Teachers' role and profile

It is however critical to consider evaluating the special needs schools staffs by checking if the teachers are appropriately trained to deal with the above dynamism in the special needs school system. This concern is over and above the fundamental problem relating to the learners' learning disabilities. It is critical to appreciate this in the light of the fact that most teachers in special schools may not have received formal training on health matters, or been trained as psychologists or health care workers. Additionally, there is no system to ensure that the learners attending special schools receive regular mental well-being assessments. The wishful expectation is to have a setting that will emphasise the structured curriculum, and which aims to enhance a learner's ability to understand, read, speak and write. If we intend to achieve some of the objectives especially the provision of psycho-social support to learners' in the special needs schools, it is necessary to also engage on the issue of the learners' psychological well-being through equipping their teachers' with necessary skills to do so.

The psychological well-being of any individual is unique and uncompromising. A meta-analysis of fifty eight studies reported on issues of school-age learners with learning disabilities or special education needs, with concurrent anxious symptomatology in comparison to their non-LD peers. The outcome of the analysis concluded that learners with LD had higher mean scores on anxiety in comparison to the non-LD learners (Nelson & Harwood, 2011).

Children with learning disabilities who requires specialized needs within the education system, will also require greater attention to achieve psychological well-being. This attention is largely in the hands of parents, teachers, other responsible adults and also their intellectually capable peers. The requirement of a specialized skill to manage these children certainly rests upon the parents, but is also a major responsibility of the teachers as the quality of a learners' health, is enshrined in the Constitution of the

Republic of South Africa under the Mental Health Care Act and also the Schools Act (Department of Health, 2012 & Republic of South Africa, 2011).

There has been a varied view in the reports as to the relationship of distressful or poor psychological well-being and mental health trends amongst young people. The noted trends are invariably related to the way mental health problems are measured, and the methodology used by different researchers (Wallace et al., 2011). Childhood and adolescence are particularly important stages for the development of positive psychological well-being and consequently good mental health. Significant lifetime psychiatric disorders usually develop at a young age, with half of the cases occurring by age 14 years, and three quarters by age 24 years (Kessler et al., 2005). One in every 4 to 5 young people suffer from at least one psychiatric disorder in the general population at any given year (Kessler et al., 2005). It is therefore paramount to anticipate and deal with problems relating to mental health at an early stage and to consider young people, and more especially learners or children with disabilities as a vital target group both for prevention and early intervention.

Psychological well-being, by all standards, is not an entirely and absolutely measurable concept, but can reasonably be assessed. For measurement to be possible and be of significant value, awareness by the responsible adults (teachers) is critical. With awareness comes the application of a set of activities, patterns of care or plans to collaborate with other relevant skilled personnel to assist these children or learners towards the achievement of good psychological well-being. It is the opinion of this study that if the teachers in the special schools have a poor knowledge, or are indifferent, or have negative attitudes towards their learners' psychological well-being, then the overall outcome of their academic interventions may not be successful. It will be akin to expecting a parent with a blunt affect to nurture and provide sufficient emotional support to a child to enable him/her to function in society.

Within the Autism spectrum, it has been noted that there exists a relationship between maternal well-being and the level of maternal support towards the growing child as a

risk factors for later child behavioural problems (Totsika et al., 2013). Such a parent would need assistance to develop proper and appropriate skills necessary to provide appropriate emotional support to a child or learner with disabilities. The same applies to teachers who are struggling to contend with the curriculum in the complex structure of a special school, and who must also help and support the psychological well-being of these special needs children.

Different models of approach towards observing and assisting learners' well-being has been discussed in various reviewed literatures. The aim of most approaches is to contextualize the efforts to suit the learners and allow for sustained development and growth beyond that stage in school. The World Health Organisation (WHO) adopted a health promotion which focused on the psychological well-being of students in the education system and in the school community at large (Wallace et al., 2011). The focus led to several intervention models including the social emotional learning (SEL) and the FRIENDS model. The approaches allowed for selective and targeted interventions towards learners and children at risk of developing emotional disorders, or those already diagnosed or identified as having emotional disorders (Wallace et al., 2011).

A review of an examination of an intervention model called the Promoting Alternate Thinking Strategies (PATHS) curriculum amongst school-age learners with special needs in Washington USA, reported that teachers who received training with on-going consultations, were able to recognize and respond appropriately towards the psychological needs of the learners. The review also showed that there was a sustained reduction in depressive symptoms reported by the learners (Greenberg & Kusche, 2004).

Lucas and Soares (2013), reaffirmed that Bibliotherapy has been used by teachers as a projective indirect intervention, using selected thematic books or reading materials of any kind. Examples are short stories, novels and poems which can help learners cope with changes, and emotional or mental health related problems. These

interventions require the skill of trained teachers because the therapy involves both reading and reflection in a coherent manner (McCulliss, 2012). Bibliotherapy has been described as a four stage process, beneficial in the hands of a teacher who has an understanding of the implication for the learner's psychological well-being, and the extent of its objective, positive outcome goals, beyond the usual basic school curriculum framework (Lucas & Soares, 2013). This projective therapy promotes interactive instructiveness which challenges the learners to recognize that life is a challenge and that resiliency can be learned through other people's experiences (Rozalski, Steward, & Miller, 2010). The outcome is an enlightened learner who by gaining insight into other learners' situations and experiences is guided towards promoting a sense of belonging, emotional maturity, problem solving skills and reduction in stress (McCulliss, 2012; Rozalski et al., 2010).

Educators in general are vital when achieving the fundamental right to basic education for all South Africans. They are the core foundation in the effort to achieve a successful education system. The improvement and sustainability of a teacher's knowledge and skills are critical, but further emphasis is needed towards a flexible curriculum, the recruitment of new teachers, continuous structured assessment and developmental appraisals for all teachers within the inclusive education system (Department of Education, 2001). Teachers' psychological well-being has a very huge impact on their actual behaviour in classrooms. This behaviour has both a direct and indirect bearing on their demographical dispensation which is a variable in this study, and also has a bearing on the outcome behaviour of the learners, especially those learners who are at risk and/or already experiencing poor psychological well-being and/or mental health issues (Sisask et al., 2013). Kidger et al. (2010), documented that to neglect teachers' own psychological well-being will only result in their (teachers) inability to look out for, or consider the psychological well-being of the learners under their care. The resultant effect is a vicious cycle of emotional distress for the learners and teachers alike with disastrous psychological conditions and/or mental ill health.

Ultimately, to be a teacher means to teach, and teaching requires skills which include proper knowledge about students, to include amongst others: their needs, character

and differences (Elliot, Kratochwill, Cook, & Travers, 2000). The differences may also include culture, gender, social and economic backgrounds. These differences affect how each learner relates and adapts to developmental milestones, cognitive, language development and psychological well-being (Elliot et al., 2000). It should then be emphasised that every teacher, especially those who deal with learners with disabilities, needs assistance or information that will help them develop instructional programmes to enhance the maximum functionality of each student, including those with disabilities.

Therefore it is a reasonable expectation that teamwork is a virtue and paramount in achieving a learner's ultimate positive psychological well-being (Mendes, 2008). The wishful expectation is that the members of the team will include amongst others: the caregivers, teachers and psychologists. The viable interaction between these team members within the school or home-school framework allows for learners to grapple with how to be a person who makes appropriate decisions as they journey in life.

2.4 Teachers' attitudes and the inclusive education system

The White Paper 6 policy document also made provision that requires additional strategies and interventions that will assist educators to cope with the diversity of learning and teaching needs so as to ensure that transitory learning difficulties are ameliorated (Department of Education, 2001). It further recommended that schools must receive physical and material resources, as well as professional development for school staffs (Department of Education, 2001). For these strategies to be effective and efficiently implemented, the trainee teachers' and the existing staffs in general, would need to have a progressive and positive mind shift. They will enable them to change their attitudes and behaviours towards the support of the inclusive education system as a vehicle that supports achievement of the provision of education for all disabled learners' in South Africa, in keeping with the United Nations mandate (Department of Education, 2001). Shaukat (2013) in Pakistan, documented that teachers' demographics, including their level of qualification, disability, knowledge, and experience, and confidence level have a significant correlation with support for

inclusive education as a model that will benefit learners with disabilities. Also teachers who were trained to teach in special schools were also found to hold significantly higher efficacy beliefs towards inclusive education as a system that will benefit learners with disabilities when compared with their colleagues trained for the regular school education system.

In the South African setting, a 2011 survey published in March 2013, indicated that learners enrolled in the school system total about 12,287 994 (Soobrayan, 2013). It was also suggested that at least 307,199 learners within the entire education system in the entire country of South Africa have some form of disability; meanwhile only about 108,240 are enrolled within the special need school in South Africa. Of these learners with special needs totalling 108, 240 in South Africa, the province of KwaZulu-Natal accounts for 15,955 of such learners requiring a special needs education system (Soobrayan, 2013). The consequence of this realization is that about two thirds of the learners' requiring special needs education are not accommodated in the special needs education system.

According to the same survey published in March 2013, the number of special needs schools in South Africa is about 442, out of which 74 are located in the province of KwaZulu-Natal. Many of the schools in suburbs nationwide experienced a rapid growth in the number of students who are socially, economically, culturally and linguistically diverse from the majority of the white students. This diverse integration occurs throughout the entire globe as global migration is occurring rapidly due to economic and political migrations, and poses serious concerns to teachers who were previously used to teaching a particular group of students (Howard, 2007). The first priority for teachers and schools is to build trust amongst the diverse learners. This is facilitated by the acknowledgement that challenges do exist with the integration of the existing curriculum in such a way as to allow it to reflect a different approach to the evaluation and viewing of outcome variables for different students as a progressive reflection of the diversity (Howard, 2007). Also the teachers, and the education system need to deal with the idea of social dominance and social justice by which certain demographic groups are served well while others languish in failure or mediocrity

(Howard, 2007). To achieve this paradigm shift all educators will require cultural competence skills, a changing of attitudes, beliefs and practices to allow the effective transformation in schools, and giving learners with special needs the specific individual or cultural attention they require within the standard homogeneous education system (Howard, 2007).

There is significant information in the area of special education globally, but limited information from researchers in terms of evaluating the existing knowledge of teachers in special education areas, or identifying the gaps in knowledge. Tyagi (2013) reported that demographic characteristics which included: social background, marital status, school teaching experience, teaching subjects and qualifications influenced different dimensions of a teacher's teaching effectiveness. It should easily be appreciated that learners attending special schools are more likely to suffer from poor psychological well-being because of their existing disabilities which limits their performances. This is not only a problem for them but also a huge challenge to the society to which the learners belong. The learners' physical, social or daily life events, be it house chores, school work, exercise and proper feeding, all contribute to their overall success in school and life.

2.5 Study motivation

The literatures reviewed did not provide any past evaluation of the quality of training and actual practice of the educators to handle the Special Needs School curriculum in South Africa. The ability of the educators to identify and manage aspects of the learners' psychological well-being which influences the overall outcome has not been looked into and could certainly be a problem. Poor outcomes can be related to the state of psychological wellness which may be beyond the existing academic curriculum at the special schools. The teachers themselves need to be acquainted with the knowledge of psychological wellness in order to assist them towards favourable outcomes for their students, and the greater good of their households. This is understandable because teachers themselves have families, are part of the wider society, and are expected to interact positively with other people as well.

The teachers' knowledge of their learners' psychological well-being is critical, and can be nurtured to contribute positively towards the learners' ability to adapt within their schools and communities. As such the teachers need to be appraised for such skills, but first will need an assessment on their level of knowledge about the psychological well-being of their learners. Beyond this stage, further evaluation and support will be provided to bridge gaps or expand knowledge for the overall good of both the learners and their teachers.

This study also postulated that teacher's demographics (marital status, age and level of experience, amongst others) play a role in several aspects of teachers and teaching life, especially their level of knowledge. Chaturvedi and Purushothaman (2009) reported that age, marital status, and level of experience has a significant determinant effect on stress-coping, and does not have a relationship with the level at which the teachers are teaching. Kessell, Wingenbach, and Lawver (2009) reported a statistically significant relationship between student teachers' special education knowledge, and age and time spent with a person with special needs outside academic settings. However, no study reported on a teachers' level of knowledge, and/or the relationship between age, marital status, academic achievements, disabilities, years of teaching experience and special education qualifications, and the levels of knowledge on psychological well-being of learners with disabilities.

2.6 Study setting

UThungulu district is located on the north coast of KwaZulu-Natal, South Africa, and accommodates a mixture of white, African, Indian and Coloured populations. The special needs school is not adequate to accommodate all learners as it caters for more

than a 1 million catchment area, which is a problem for the numerous learners who need a structured school environment for stimulation and improvement. This special needs school, and other special needs schools including all ordinary schools within the education system of KwaZulu-Natal Province, are expected to provide holistic care, which includes early attention to the psychological well-being of the learners for both prevention and early management of any negative outcomes.

CHAPTER THREE

3.0 METHODOLOGY

3.1 Type of research

This is a quantitative study.

3.2 Study design

The study was designed as a cross sectional study with an analytical and descriptive components. The cross section view allowed for the exploration of the existence and magnitude of associations between the study independent variables and dependent variables over a given point of time.

3.3 Target population

Teachers working at special needs schools (inclusive education system) in South Africa.

3.4 Study population

Teachers working at a special needs school in UThungulu district of KwaZulu-Natal South Africa.

3.5 Sample size

The sample size was thirty (30) participants which was limited to all the available teachers within the sampled special needs school.

3.6 Research instrument

The study utilized a questionnaire to collect data. The questionnaire was divided into three parts:

- Section A: covered the biographic data and Educational Experiences data.

- Section B: covered set of questions for the teachers. The questions included subjects covering the teachers' knowledge of psychological well-being and the teachers' level of understanding on how it relates to learners, especially those with learning disabilities or in a special needs school.
- Section C: covered teachers' attitude towards the subject of psychological well-being and the inclusive education system.

3.7 Inclusion and Exclusion criteria

Inclusion –

- Teachers who willingly consent to participate in the study.

Exclusion –

- Teachers who by their own choice declined to participate in the study.

3.8 Method of data collection

The researcher and the research assistant met participants in their natural setting. This study was undertaken between September and November 2014. The research assistant was trained to administer the questionnaire to the participants. The questionnaire was divided into three sections: section A contains questions relating to the participants biography and educational details while section B contains a set of questions which seeks to evaluate six (6) different aspects of knowledge, and section C which covered the last three (3) attitudinal questions relating to psychological well-being of their learners and inclusive school system. All the teachers agreed to participate in this study. The questionnaire was completed on site in the presence of the research assistance who provided clarity where necessary during their completion of the questionnaires. No participant was allowed to go home or leave with the

questionnaire, but rather arrangements were made to accommodate some of the participants' on different dates. All the questionnaires were fully completed and all were (hundred percent, 100%) returned. The participants were teachers, and the majority were women and of black African ethnicity in origin.

3.9 Data analysis

The data was analyzed by the Researcher using SPSS version 15.0 (SPSS Inc., Chicago, Illinois, USA). Appropriate statistical models such as descriptive statistics, cross tabulation, logistic regression ANOVA table, and pairwise comparisons will be used for data analysis. The variables considered were the socio-demographic characteristics and the teachers' specific and related knowledge about the subject of the study. A p-value of < 0.05 was considered significant. The Likert scale used for the knowledge questions (Section B) included: I know more than a lot, coded as 1. I have a lot of knowledge, coded as 2. I know very little, coded as 3 and I know nothing, coded as 4. The Likert scale for the last 3 questions on attitude (Section C) included: I strongly agree, coded as 1. I agree, coded as 2. Strongly disagree, coded as 3. I disagree, coded as 4 and I do not know, coded as 5.

The knowledge questions were grouped under six (6) different aspects of knowledge for easy reference and presentations:

- (1) Core knowledge about psychological well-being.
- (2) Significant others in learner's life that influences their psychological well-being.
- (3) Negative effects of poor state of psychological well-being.
- (4) Psycho-Medical disorders associated with prolonged poor state of psychological well-being.
- (5) Benefits of healthy state of psychological well-being.
- (6) Role and profile of teachers that influence learners' psychological well-being.

3.10 Measures to ensure validity

Stratification and multivariate analysis of the data and proper design and administering of the questionnaire increase the validity of the study. This is a cross sectional study of which all the available teachers participated thereby ensuring an adequate sampled size. Also using a well-structured questionnaire and trained research assistant, as well as asking for honest responses from the participants hopefully reduced the margin of error. Pilot questionnaires that involved 10 participants was sampled, and thereafter a Reliability Analysis Scale of the questionnaires and the response scales were obtained using an SPSS programme. The pilot afforded some adjustments in the content of the questionnaire which informed the final version of the study questionnaire.

Pilot Questionnaire Analysis:

N of Cases = 10.0 for N of Items =3 with Alpha = .6087, and also

N of Cases =10.0 for N of Items =43 with Alpha= .2850 (statistical multiple factors analysis for Section B Likert scale was considered).

3.11 Generalizability

This was a cross sectional study of participants over a given point in time; so it can only be generalized to a setting similar to the sampled population over a particular given time.

3.12 Ethical consideration

This study was submitted to the department of Educational Psychology, Faculty of Education, and to the Chair of the Higher Degrees Committee of the University of Zululand and also to the University of Zululand Ethics Committee for ethical clearance

(reference number: UZREC 171110-030-RA Level 01 PGM 2014/110). Also permission was obtained from the department of Education KwaZulu-Natal.

Permission was granted to proceed with the study with further permission obtained from the Principal of the Special needs school and the Department of Education before commencement of this study. Ethically, the participants were provided with a participant information sheet and consent forms before commencement of the study. The participants who were recruited teachers were also informed about their right to withdraw from the study at any given time if they so wish. The data was made anonymous so as to protect personal particulars of the participants during publication of this study or its findings. Every effort was made to ensure that plagiarism was avoided in this study.

3.13 Budget

The funding for this study was provided by the Research Committee of the University of Zululand:

Printing = R1000, Research assistant = R9030, Statistician = R5000, Editing=R1600, Binding = R3070, Memory stick = R370.

CHAPTER FOUR

4.0 PRESENTATION AND ANALYSIS OF RESULTS

Data was obtained from the 30 participants who participated in the study between June and August 2014, entered into SPSS and analysed using both descriptive and other statistical methods. Results are presented in tables.

4.1 Biographical details

4.1.1 Race, gender and disability

The majority (28, 93%) of the respondents were African as indicated in Table 1 below. The table also showed the gender and the disability status distribution in relation to the racial group. Of the 30 respondents, the majority (25, 83%) were females of which the majority (23, 76%) of these 25 females were Africans, and none of the respondents were disabled (Table 1).

4.1.2 Marital status and age distribution

Three categories of marital status and four age categories were displayed in Table 1 below. The majority (18, 60%) of the respondents were single with only 11 (37%) indicating that they were married. One respondent out of the 30 participants was a widow. Eleven (36%) of the respondents were between the ages of 31 and 40 years, followed closely by those between the ages of 41 and 50 years (9, 30%). Those between ages of 21 and 30 years were 5 (16.7%), and also those between 51 and 60 years were 5 (16.7%) in number (Table 1).

Table 1: Participants' biography (N= 30)

Gender	Frequency	Percentage %
Female	25	83.3%
Male	5	16.7%
Total	30	100%
Race		
African	28	93.3%
White	2	6.7%
Total	30	100%
Age category (years)	Frequency	Percentage
21 - 30	5	16.7%
31 - 40	11	36.7%
41 – 50	9	30. 0%
51 – 60	5	16.7%
Total	30	100%
Marital status	Frequency	Percentage
Married	11	36.7%
Single	18	60.0%
Widowed	1	3.3%
Total	30	100%
Disability status	Frequency	Percentage
Yes	0	0%
No	30	100%

4.2 Educational experience

4.2.1 Level of educational qualifications

The level of education of the participants was examined as shown in Table 2 below. The data indicates that the majority (9, 30%) had a matric qualification, followed by 7 (23%) who had a university diploma, while 5 (17%) had a college certificate, and 5 (17%) had post graduate qualifications. Those who had college diploma were 3 (10%) while the least (1, 3%) were those who had junior degree (Table 2).

4.2.2 Years of experience in special school

Table 2 below shows the range of years the participants have spent as educators in a special education school system. The majority (10, 33%) of the respondents has spent between 4 and 6 years, followed by those who have spent between 10 years and over (9, 30%). Those who have spent between 7 and 9 years (6, 20%) were in the minority while the least (5, 17%) were those who have spent between 0 and 3 years (Table 2).

4.2.3 Total years of experience as educator

Six categories of overall years of experience as educators were displayed in Table 2, with the majority (12, 40%) of the respondents having between 3 and 5 years, followed by those who had spent between 15 years and over (11, 37%). Respondents with the fewer number of years (3, 10%, 2, 7%) were those between 6 and 8 years, and between 9 and 11 years respectively while those who had between 0 and 2 years (1, 3%), and those between 12 and 14 years (1, 3%) were the least (Table 2).

4.2.4 Additional special education qualifications

Five (5, 17%) respondents possessed additional special education qualifications, of which the majority (3, 10%) possessed a certificate in inclusive education (see Table 2).

Table 2: Education experiences of the participants (N=30)

Level of education	Frequency	Percentage %
Matric	9	30
College certificate	5	17
College diploma	3	10
University diploma	7	23
Junior degree	1	3
Post graduate qualification	5	17
Total	30	100%
Years of teaching at a special education school	Frequency	Percentage %
0 – 3 years	5	17
4 – 6 years	10	33
7 – 9 years	6	20
10 years and above	9	30
Total	30	100%
Overall total years of experience as an educator	Frequency	Percentage
0 – 2 years	1	3
3 – 5 years	12	40
6 – 8 years	3	10
9 – 11 years	2	7
12 – 14 years	1	3
15 years and above	11	37
Total	30	100%
Additional special education qualifications	Frequency	Percentage
Yes	5	16.7%
No	25	83.3%
Total	30	100%

4.3 Knowledge of psychological well-being

4.3.1 Core knowledge

The majority of the participants knew very little, or knew nothing, about the questions cited under this aspect of knowledge (Table 3). However 20 (66%) reported that they have sufficient knowledge about the reality of a state of psychological well-being.

Table 3: Participants' core knowledge of the psychological well-being of learners (N=30)

Knowledge cited.	I know more than a lot	I have a lot of knowledge	I know very little	I know nothing	Total
Have you ever heard about the phrase psychological well-being	2 (7%)	9 (30%)	16 (53%)	3 (10%)	30 (100%)
A state of psychological well-being of learners in special schools is a reality	1 (3%)	19 (63%)	7 (23%)	3 (10%)	30 (100%)
Do you know why it is important for teachers to know the psychological well-being of learners	1 (3%)	9 (30%)	14 (47%)	6 (20%)	30 (100%)
How to check for psychological well-being of a learner	1 (3%)	2 (7%)	13 (43%)	14 (47%)	30 (100%)

4.3.2 Knowledge of the significant others

This aspect of knowledge cited indicated that the majority of the participants knew very little, or knew nothing, about the knowledge cited (Table 4).

Table 4: Participants' level of knowledge of the significant others that influence learners psychological well-being (N=30)

Knowledge tested.	I know more than a lot	I have a lot of knowledge	I know very little	I know nothing	Total
Do you know how mother's well-being and affection can have a positive influence on the outcome of a learner's psychological well-being.	2 (7%)	5 (17%)	4 (13%)	19 (63%)	30 (100%)
Do you know how the teachers psychological well-being is related to the thoughts about how parents view the learners	2 (7%)	1 (3%)	8 (27%)	19 (63%)	30 (100%)
About how the teachers view the learners	2 (7%)	1 (3%)	8 (27%)	19 (63%)	30 (100%)
About how the friends view the learners	2 (7%)	1 (3%)	8 (27%)	19 (63%)	30 (100%)

4.3.3 Knowledge about the negative effects

The majority of the participants indicated that they knew very little, or knew nothing, about this aspect of knowledge cited (Table 5). However, sixteen participants (54%) reported that they knew more than a lot, or that they have a lot of knowledge, about why learners with learning disabilities suffer social rejection.

Table 5: Participants' level of knowledge about the negative effects of poor state of psychological well-being of learners (N=30)

Knowledge tested.	I know more than a lot	I have a lot of knowledge	I know very little	I know nothing	Total
Do you know why learners with learning disabilities can easily withdraw themselves?	8 (27%)	3(10%)	10(33%)	9(30%)	30 (100%)
Blame themselves?	8 (27%)	3(10%)	6(20%)	13(43%)	30 (100%)
Have low self-esteem?	9 (30%)	2(7%)	15(50%)	4(13%)	30 (100%)
Suffer social rejection?	2(7%)	14(47%)	11(37%)	3(10%)	30 (100%)
Have sense of failure?	2(7%)	8(27%)	12(40%)	8(27%)	30 (100%)
Negative school performance?	1(3%)	10(33%)	15(50%)	4(13%)	30 (100%)

4.3.4 Knowledge about the psycho-medical disorders

The majority of the participants indicated that they knew very little, or knew nothing, about this aspect of knowledge cited (Table 6).

Table 6: Participants' level of knowledge about the psycho-medical disorders associated with a prolonged poor state of psychological well-being of learners (N=30)

Knowledge tested.	I know more than a lot	I have a lot of knowledge	I know very little	I know nothing	Total
Lack of healthy psych well-being could lead to anxiety	0	11(37%)	1(3%)	18(60%)	30 (100%)
Depression	0	11(37%)	1(3%)	18(60%)	30 (100%)
Aggressiveness	1(3%)	10(33%)	9(30%)	10(33%)	30 (100%)
Disruptive behaviour	2(7%)	9(30%)	15(50%)	4(13%)	30 (100%)
Mental ill health	0	12(40%)	13(43%)	5(17%)	30 (100%)

4.3.5 Knowledge of the benefits of a healthy state

The majority of the participants indicated that they knew very little or knew nothing about this aspect of knowledge cited (Table 7).

Table 7: Participants' level of knowledge about the benefits of a healthy state of psychological well-being of learners (N=30)

Knowledge tested.	I know more than a lot	I have a lot of knowledge	I know very little	I know nothing	Total
Reduces developmental problems	1(3%)	1(3%)	9(30%)	19(63%)	30(100%)
Reduces emotional problems	2(7%)	10(33%)	7(23%)	11(37%)	30(100%)
Reduces behavioural problems	1(3%)	10(33%)	7(23%)	12(40%)	30(100%)
Reduces physical problems	2(7%)	2(7%)	8(27%)	18(60%)	30(100%)

4.3.6 Knowledge of the role and profile of teachers

Twenty four (80%) of participants indicated that they have sufficient knowledge about how teachers' special education experience is related to the knowledge of psychological well-being (Table 8). Also 23 (77%) of the participants indicated affirmative positive knowledge about the teachers' overall years of experience as an influence on the level of knowledge of the psychological well-being of learners. The majority however reported that they do not have sufficient knowledge about the remaining two knowledge questions (Table 8).

Table 8: Participants' level of knowledge of the role and profile of teachers that influence learners psychological well-being (N=30)

Knowledge tested.	I know more than a lot	I have a lot of knowledge	I know very little	I know nothing	Total
Teachers are forerunners in achievement of learners	1(3%)	8(27%)	15(50%)	6(20%)	30(100%)
Culture sensitive teachers will assist learners	1(3%)	11(37%)	7(23%)	11(37%)	30(100%)
Special education experience is related to level of knowledge	1(3%)	23(77%)	6(20%)		30(100%)
Overall total years of experience is related to level of knowledge	2(7%)	21(70%)	7(23%)		30(100%)

4.4 Demographics and knowledge of psychological well-being

The respondents who knew more than a lot, or those who knew a lot, were reported as affirmative responses. Other responses included: I know very little, and I know nothing were reported as zero (0). Five demographic variables were cross-tabulated with 6 aspects of knowledge cited:

(1) Age. (2) Marital status. (3) Level of educational qualification. (4) Overall total years of experience as an educator. (5) Additional special education qualifications.

4.4.1 Age categories and core knowledge

Participants' core knowledge of psychological well-being was assessed (see Table 9). The majority (4, 80%) of the respondents, between the ages of 51 and 60 years, indicated that they have heard of the phrase 'psychological well-being', followed by those between the ages of 41 and 50 years (4, 44%). All (9, 100%) of the respondents between the ages of 41 and 50 years indicated that they knew that psychological well-being is a reality, followed closely by those between the ages of 51 and 60 years (4, 80%), and those between the ages of 21 and 30 years (3, 60%). The majority (4, 80%) of those between the ages of 51 and 60 years indicated that they knew why it is important for teachers to know the psychological well-being of their learners. Of concern is that only three respondents knew how to check for psychological well-being. There were variable knowledge gaps across all ages with those between ages of 21 and 30 years having the least core knowledge cited (Table 9).

Table 9: Cross tabulation of age categories of participants and core knowledge of psychological well-being (N=30)

Knowledge tested	Affirmative responses to knowledge cited in relation to age categories				
	21-30 (5)	31-40 (11)	41-50 (9)	51-60 (5)	P value
Phrase psychological well-being?	0	3(27%)	4(44%)	4(80%)	.042
Psychological well-being is a reality?	3(60%)	4(36%)	9(100%)	4(80%)	.009
Important for teachers to know psych well-being of learners?	0	2(18%)	4(44%)	4(80%)	.005
How to check for psych well-being?	0	0	1(11%)	2(40%)	.000

4.4.2 Age categories and knowledge of the significant others

Participants' knowledge about how significant others in learners' life affects their psychological well-being was assessed (Table 10). The majority (4, 80%) of the respondents between the ages of 51 and 60 years indicated that they knew how a mother's well-being and affection can affect a learner's psychological well-being. Less than half (2, 40%) of the respondents, between the ages of 51 and 60 years, reported that they knew how a parent's view of a learner, a teacher's view of the learner and a friend's view of the learner affects the psychological well-being of a learner (Table 10).

Generally, there were knowledge gaps amongst all the age categories for most of the knowledge cited; with those between the ages of 21 and 30 years, and also those between the ages of 31 and 40 years having the least knowledge of how significant others affect learners' psychological well-being (Table 10).

Table 10: Cross tabulation of age categories of the participants and knowledge of the significant others in learners' psychological well-being (N=30)

Knowledge tested	Affirmative responses to knowledge cited in relation to age categories				
	21-30 (5)	31-40 (11)	41-50 (9)	51-60 (5)	P value
Mother's well-being and affection affects learners' psych well-being?	0	0	3(33%)	4(80%)	.000
Parents' view of the learner?	0	0	1(11%)	2(40%)	.014
Teachers' view of the learner?	0	0	1(11%)	2(40%)	.014
Friends' view of the learner?	0	0	1(11%)	2(40%)	.014

4.4.3 Age categories and knowledge of the negative effects

Table 11 shows the relationship between the participants of different age categories and the knowledge of the negative effects of a poor state of psychological well-being amongst learners with learning disabilities. All (5, 100%) of the respondents between the ages of 51 and 60 years knew why learners with learning disabilities can withdraw themselves, blame themselves, have low self-esteem and suffer social rejection.

The majority (4, 80%) of those between the ages of 51 and 60 years also stated that they knew why learners with learning disabilities can have a sense of failure, and also why they perform negatively in school. Those between the ages of 41 and 50 years (8, 89%) indicated that they knew why learners with learning disabilities suffer social rejection. There are knowledge gaps amongst most of the respondents between the ages of 31 and 40 years, 41 and 50 years; with those between the ages of 21 and 30 years having the least knowledge (Table 11).

Table 11: Cross tabulation of age categories and knowledge of the negative effects of a poor state of psychological well-being amongst learners with disabilities (N=30)

Knowledge tested	Affirmative responses to knowledge cited in relation to age categories				
	21-30 (5)	31-40 (11)	41-50 (9)	51-60 (5)	P value
Withdraw themselves?	0	2(18%)	4(44%)	5(100%)	.003
Blame themselves?	0	2(18%)	4(44%)	5(100%)	.009
Have low self-esteem?	0	2(18%)	4(44%)	5(100%)	.012
Suffer social rejection?	0	3(27%)	8(89%)	5(100%)	.000
Have sense of failure?	0	2(18%)	4(44%)	4(80%)	.104
Negative school performance?	0	3(27%)	4(44%)	4(80%)	.025

4.4.4 Age categories and knowledge of psycho-medical disorders

Knowledge of various psychological or medical disorders was assessed as indicated in Table 12. The majority of the respondents between the ages of 51 and 60 years knew that the prolonged lack of healthy psychological well-being can lead to anxiety (4, 80%), depression (4, 80%), aggressiveness (4, 80%) and disruptive behaviour (4, 80%). The majority of those between the ages of 41 and 50 years also reported they knew about anxiety (6, 67%), depression (5, 56%), aggressiveness (5, 56%), and disruptive behaviour (6, 67%). The biggest knowledge gap was noted amongst those between the ages of 21 and 30 years (Table 12).

Table 12: Cross tabulation of age categories of the participants and knowledge of psycho-medical disorders associated with a poor state of psychological well-being (N=30)

Knowledge tested	Affirmative responses to knowledge cited in relation to age categories				
	21-30 (5)	31-40 (11)	41-50 (9)	51-60 (5)	P value
Lack of healthy psych well-being could lead to Anxiety	0	2(18%)	6(67%)	4(80%)	.003
Depression	0	2(18%)	5(56%)	4(80%)	.003
Aggressiveness	0	2(18%)	5(56%)	4(80%)	.000
Disruptive behaviour	0	2(18%)	5(56%)	4(80%)	.011
Mental ill health	0	2(18%)	6(67%)	4(80%)	.004

4.4.5 Age categories and knowledge of the benefits

The majority (5, 100%) of the respondents between the ages of 51 and 60 years indicated that they knew the benefits of a healthy state of psychological well-being which includes: 5 (100%) prevention of emotional problems; and 5 (100%) prevention of behavioural problems (Table 13). There were variable knowledge gaps amongst all the age groups about the knowledge of the relationship between a healthy state of psychological well-being and learners' developmental and physical problems (Table 13).

Table 13: Cross tabulation of age categories of the participants and knowledge of the benefits of a healthy state of psychological well-being (N=30)

Knowledge tested	Affirmation responses to knowledge cited in relation to age categories				
	21-30 (5)	31-40 (11)	41-50 (9)	51-60 (5)	P Value
Reduces developmental problems	0	0	1(11%)	1(20%)	.123
Reduces emotional problems	0	3(27%)	4(44%)	5(100%)	.000
Reduces behavioural problems	0	2(18%)	4(44%)	5(100%)	.000
Reduces physical problems	0	1(9%)	1(11%)	2(40%)	.016

4.4.6 Age categories and knowledge of teachers role and profile

The participants' were asked if they understood that teachers are critical in learners' psychological well-being (see Table 14). The majority (4, 80%) of those aged between 51 and 60 years knew that teachers are the forerunners in learners' achievements, and that culture sensitive teachers will be of value towards assisting learners to achieve a healthy state of psychological well-being. Respondents across all ages acknowledged that teachers with special education qualifications, and their years of teaching as influencing factors in learners' achievement of psychological well-being (see Table 14).

Table 14: Cross tabulation of age categories of the participants and knowledge of teachers' role and profile that influences learners psychological well-being (N=30)

Knowledge tested	Affirmation responses to knowledge cited in relation to age categories				
	21-30 (5)	31-40 (11)	41-50 (9)	51-60 (5)	P value
Teachers are forerunners in achievement of learners	0	1(9%)	4(44%)	4(80%)	.001
Culture sensitive teachers will assist learners	0	2(18%)	6(67%)	4(80%)	.000
Special education experience is related to level of knowledge	3(60%)	7(63%)	9(100%)	5(100%)	.056
Overall total years of experience is related to level of knowledge	3(60%)	7(63%)	8(89%)	5(100%)	.119

4.4.7 Marital status and core knowledge

Table 15 shows the relationship between marital status and some core knowledge of psychological well-being. The majority (8, 73%) of the respondents who were married affirmed that they had heard about the phrase 'psychological well-being'. Seven (64%) of the married respondent also stated that psychological well-being is a reality, and only 2 (18%) knew how to check for it. A variable knowledge gap was identified amongst the respondents who were single even though more than fifty percent (12, 67%) of them indicated that psychological well-being is a reality (Table 15).

Table 15: Cross tabulation of marital status of the participants and core knowledge of psychological well-being (N=30)

Knowledge tested	Affirmation responses to knowledge cited in relation to marital status			
	Married (11)	Single (18)	Widowed (1)	P value
Phrase psychological well-being	8(73%)	3(17%)	0	.022
Psychological well-being is a reality	7(64%)	12(67%)	1(100%)	.829
Is it important for teachers to know psych well-being of learners	7(64%)	2(11%)	1(100%)	.011
How to check for psych well-being	2(18%)	1(16%)	0	.347

4.4.8 Marital status and knowledge of significant others

The knowledge cited in Table 16 indicated that there were knowledge gaps amongst all the respondents for all the knowledge cited. Respondents appeared not to understand why a mother's well-being and her affection will influence a learner's psychological well-being, amongst other responses (Table 16).

Table 16: Cross tabulation of marital status of the participants and knowledge of the effects of significant others in learners psychological well-being (N=30)

Knowledge tested	Affirmative responses to knowledge cited in relation to marital status			
	Married (11)	Single (18)	Widowed (1)	P value
Mother's well-being and affection affects learners psych well-being	5(45%)	2(11%)	0	.031
Parents view of the learner	2(18%)	1(6%)	0	.136
Teachers view of the learner	2(18%)	1(6%)	0	.136
Friends view of the learner	2(18%)	1(6%)	0	.136

4.4.9 Marital status and knowledge of the negative effects

Table 17 shows that there were positive relationships between respondents who were married and all the knowledge cited: 8 (73%) learners withdraw themselves, 8 (73%) blame themselves, 8 (73%) have low self-esteem, 9 (82%) suffer social rejection (9, 82%, 7 (64%) have a sense of failure, and 8 (73%) show negative school performance (Table 17).

Table 17: Cross tabulation of marital status of the participants and knowledge of the negative effects of a poor state of psychological well-being (N=30)

Knowledge tested	Affirmative responses to knowledge cited in relation to marital status			
	Married (11)	Single (18)	Widowed (1)	P value
Withdraw themselves	8(73%)	3(17%)	0	.058
Blame themselves	8(73%)	3(17%)	0	.021
Have low self-esteem	8(73%)	3(17%)	0	.011
Suffer social rejection	9(82%)	6(33%)	1(100%)	.050
Have sense of failure	7(64%)	3(17%)	0	.060
Negative school performance	8(73%)	2(11%)	1(100%)	.001

4.4.10 Marital status and knowledge of psycho-medical disorders

The relationship between marital status and knowledge of psycho-medical disorders were assessed (see table 18). The majority of the married participants affirmed that a lack of healthy psychological well-being could lead to anxiety (7, 64%), depression (7, 64%), aggressiveness (7, 64%), disruptive behaviour (7, 64%) and mental ill health (8, 73%).

Table 18: Cross tabulation of marital status and knowledge of psycho-medical disorders associated with a poor state of psychological well-being (N=30)

Knowledge tested	Affirmative responses to knowledge cited in relation to marital status			
	Married (11)	Single (18)	Widowed (1)	P value
Lack of healthy psych well-being could lead to anxiety	7(64%)	3(17%)	1(100%)	.005
Depression	7(64%)	3(17%)	1(100%)	.005
Aggressiveness	7(64%)	3(17%)	1(100%)	.082
Disruptive behaviour	7(64%)	3(17%)	1(100%)	.006
Mental ill health	8(73%)	3(17%)	1(100%)	.020

4.4.11 Marital status and knowledge of the benefits of a healthy state

The majority of married respondents indicated that the benefits of a healthy state of psychological well-being includes prevention or reduction of emotional problems (9, 82%), and behavioural problems (8, 73%). It is interesting that very few respondents could understand the relationship between healthy psychological well-being and prevention or reduction of developmental problems: (1(9%) married, 1(6%) single) and physical problems (2 (18%) married, 2 (11%) single) (see Table 19).

Table 19: Cross tabulation of marital status of the participants and knowledge of the benefits of a healthy state of psychological well-being (N=30)

Knowledge tested	Affirmative responses to knowledge cited in relation marital status			
	Married (11)	Single(18)	Widowed (1)	P value
Reduces developmental problems	1(9%)	1(6%)	0	.310
Reduces emotional problems	9(82%)	3(17%)	0	.006
Reduces behavioural problems	8(73%)	3(17%)	0	.047
Reduces physical problems	2(18%)	2(11%)	0	.063

4.4.12 Marital status and knowledge of teachers role and profile

Table 20 shows that seven (64%) of the respondents who were married, acknowledged that teachers are the forerunners of learners' achievements, and also seven (64%) agreed that culture sensitive teachers will be able to assist learners in achieving a healthy state of psychological well-being. Overall total years of teaching as an educator (9, 82% married, 14, 78% single respondents) and having special education qualification (9, 82% married, 14, 78% single respondents) were cited as influencing factors towards learners' healthy psychological well-being (Table 20).

Table 20: Cross tabulation of marital status of the participants and knowledge of teachers role and profile in influencing learners psychological well-being (N=30)

Knowledge tested	Affirmative responses to knowledge cited in relation to marital status			
	Married(11)	Single(18)	Widow(1)	P value
Teachers are the forerunners in the achievement of learners	7(64%)	1(6%)	1(6%)	.023
Culture sensitive teachers will assist learners	7(64%)	5(28%)	0	.102
Special education experience is related to level of knowledge	9(82%)	14(78%)	1(6%)	.936
Overall total years of experience is related to level of knowledge	9(82%)	14(78%)	0	.269

4.4.13 Level of education qualifications and core knowledge

Respondents who had postgraduate educational qualifications (5, 100%) affirmed that they had heard of psychological well-being (Table 20). Also the respondents who had post graduate qualifications (5, 100%), university diploma (5, 100%), and the majority of those with college certificates (4, 80%), and college diplomas (2, 67%) stated that psychological well-being is a reality. However, the ability to check for psychological well-being appeared not to have the same consistency amongst all the levels of educational qualifications, with teachers with matric as highest qualification being the least knowledgeable across all the knowledge cited (Table 20).

Table 20: Cross tabulation of level of education qualifications of the participants and core knowledge of psychological well-being (N=30)

Knowledge tested	Affirmative responses to knowledge cited in relation to level of education qualification						
	Matric (9)	College cert. (5)	College diploma (3)	Univ. diploma (7)	Junior degree (1)	Postgrad Qualif. (5)	p value
Phrase psychological well-being	0	1(20%)	2(67%)	2(29%)	1 (100%)	5(100%)	.004
Psychological well-being is a reality	2 (22%)	4(80%)	2(67%)	7(100%)	1 (100%)	4(80%)	.006
Important for teachers to know psych well-being of learners	0	0	2(67%)	2(29%)	1(100%)	5(100%)	.000
How to check for psych well-being	0	0	2(67%)	1(14%)	0	0	.000

4.4.14 Level of educational qualifications and knowledge of significant others

All the respondents with college diplomas (3,100%) indicated that they knew how mothers' well-being and affection is beneficial to learners', followed by the majority (3, 60%) of those who had post graduate qualifications (Table 21). Also a majority (2, 67%) of those who had a college diploma also knew why it was important for teachers and friends to view learners' positively in order to enhance a healthy state of psychological well-being. Gaps in knowledge in these areas are very striking amongst all levels of education, especially amongst those who had matric and college certificates (see Table 21).

Table 21: Cross tabulation of level of educational qualifications of the participants and knowledge of the effects of significant others in learners psychological well-being (N=30)

Knowledge tested							P value
	Matric (9)	College cert. (5)	College diploma (3)	Univ. diploma (7)	Junior degree (1)	Post grad qualify (5)	
Mother's well-being and affection affects learner's psych well-being	0	0	3(100%)	1(14%)	0	3(60%)	.000
Parents' view of the learner	0	0	2(67%)	1(14%)	0	0	.007
Teachers' view of that learner	0	0	2(67%)	1(14%)	0	0	.007
Friends' view of the learner	0	0	2(67%)	1(14%)	0	0	.007

4.4.15 Level of educational qualifications and knowledge of the negative effects

Participants' level of educational qualifications and how it relates to the knowledge of negative effects of a poor state of psychological well-being was assessed (Table 22). The results indicated that all (5, 100%) the respondents who had post graduate qualifications knew all the negative effects cited. Those respondents who had a college diploma responded as follows: withdraw themselves (3, 100%), blame themselves (3, 100%), have low self-esteem (3, 100%), suffer social rejection (3, 100%), have a sense of failure (2, 67%), and negative school performances (2, 67%). Those with least knowledge belonged to those who had matric certificates and those who had college certificates (see Table 22).

Table 22: Cross tabulation of level of educational qualifications of the participants and knowledge of the negative effects of poor state of psychological well-being (N=30)

Knowledge tested	Affirmative responses to knowledge cited in relation to level of educational qualification						
	Matric (9)	College cert.(5)	College diploma (3)	Univ. diploma (7)	Junior degree (1)	Post grad qualif. (5)	P value
Withdraw themselves	0	0	3(100%)	2(29%)	1(100%)	5(100%)	.000
Blame themselves	0	0	3(100%)	2(29%)	1(100%)	5(100%)	.000
Have low self-esteem	0	0	3(100%)	2(29%)	1(100%)	5(100%)	.000
Suffer social rejection	0	1(20%)	3(100%)	6(86%)	1(100%)	5(100%)	.000
Have sense of failure	0	0	2(67%)	2(29%)	1(100%)	5(100%)	.011
Negative school performance	0	1(20%)	2(67%)	2(29%)	1(100%)	5(100%)	.000

4.4.16 Level of educational qualifications and knowledge of psycho-medical disorders

Table 23 below shows the relationship between the level of educational qualifications and knowledge of psychological or medical disorders associated with a poor state of psychological well-being. Results indicated that all respondents who had post graduate qualifications (5, 100%), and a junior degree (1, 100%), knew all the disorders cited, followed by those who had a college diploma: for anxiety 2, 67%), depression (2, 67%), aggressiveness (2, 67%), disruptive behaviour (2, 67%) and mental ill health (2, 67%). Respondents who had matric certificates and those who had college certificates appeared to have the least knowledge of the psycho-medical disorders associated with a poor state of psychological well-being (see Table 23).

Table 23: Cross tabulation of level of educational qualifications of the participants and knowledge of psycho-medical disorders associated with a poor state of psychological well-being (N=30)

Knowledge tested	Affirmative responses to knowledge cited in relation to level of educational qualifications						
	Matric (9)	College cert.(5)	College diploma (3)	Univ. diploma (7)	Junior degree (1)	Post grad qualif. (5)	P value
Lack of healthy psych well-being could lead to anxiety	0	0	2(67%)	3(43%)	1(100%)	5(100%)	.000
Depression	0	0	2(67%)	3(43%)	1(100%)	5(100%)	.000
Aggressiveness	0	0	2(67%)	3(43%)	1(100%)	5(100%)	.000
Disruptive behaviour	0	0	2(67%)	3(43%)	1(100%)	5(100%)	.001
Mental ill health	0	1(20%)	2(67%)	3(43%)	1(100%)	5(100%)	.000

4.4.17 Level of educational qualifications and knowledge of the benefits

The respondents (Table 24) who had post graduate qualifications affirmed to knowing two of the benefits of a healthy state of psychological well-being cited: reduction of emotional well-being (5, 100%) and reduction of behavioural problems (5, 100%). Respondents with a junior degree (1, 100%) and college diploma (3, 100%) indicated that a healthy state of psychological well-being reduces or prevents emotional problems and behavioural problems respectively. Participants' with the least knowledge base were those who had matric certificates and those who had college certificates (Table 24).

Table 24: Cross tabulation of the level of educational qualifications of the participants and knowledge of the benefits of a healthy state of psychological well-being (N=30)

Knowledge tested	Affirmative responses to knowledge cited in relation to level of education qualifications						
	Matric(9)	College cert.(5)	College diploma(3)	Univ. diploma (7)	Junior degree(1)	Post grad qualif.(5)	P value
Reduces or prevents developmental problems	0	0	1(33%)	1(14%)	0	0	.081
Reduces or prevents emotional problems	0	1(20%)	3(100%)	2(29%)	1(100%)	5(100%)	.000
Reduces or prevents behavioural problems	0	0	3(100%)	2(29%)	1(100%)	5(100%)	.000
Reduces physical problems	0	0	2(67%)	2(29%)	0	0	.006

4.4.18 Level of educational qualifications and knowledge of teachers role and profile

All (5, 100%) of the participants with post graduate qualifications, and the one with a junior degree (1,100%) affirmed to know each of the knowledge cited (Table 25). There are variable affirmative responses from other participants, but the least knowledgeable group was those with matric qualification and those with college certificate qualifications.

Table 25: Cross tabulation of level of educational qualifications of the participants and knowledge of teachers role and profile in influencing learners psychological well-being (N=30)

Knowledge tested	Affirmative responses to knowledge cited in relation to level of educational qualifications						
	Matric (9)	College cert.(5)	College diploma (3)	Univ. diploma (7)	Junior degree (1)	Post grad qualif. (5)	P value
Teachers are forerunners in achievement of learners	0	0	2(67%)	1(14%)	1(100%)	5(100%)	.000
Culture sensitive teachers will assist learners	0	0	2(67%)	4(57%)	1(100%)	5(100%)	.000
Special education experience is related to level knowledge	3(33%)	5 (100%)	3(100%)	7 (100%)	1(100%)	5(100%)	.002
Overall total years of experience is related to level of the knowledge	3(33%)	5 (100%)	3(100%)	6(86%)	1(100%)	5(100%)	.014

4.4.19 Total years of experience as educator and core knowledge

Table 26 below suggests there is a relationship between the overall years of teaching as an educator and some core knowledge of psychological well-being. Two (100%) of the respondents who have between 9 to 11 of overall total years of teaching, and 1 (100%), of those who have between 12 to 14 years of teaching have heard of the phrase psychological well-being, followed by 2 (67%) respondents who have between 6 to 8 overall total years of teaching. Most participants knew that psychological well-being is a reality, with the least (4, 44%) knowledgeable being those who have 3 to 5 years. Only 3 (27%) of the respondents, who have between 15 years and over, knew how to check for psychological well-being (Table 26).

Table 26: Cross tabulation of participants' total years of experience as educator and core knowledge of psychological well-being (N=30)

Knowledge tested	Affirmative responses to knowledge cited in relation to total years of experience as educator						P value
	0-2(1)	3-5(12)	6-8(3)	9-11(2)	12-14 (1)	15 & above(11)	
Phrase psychological well-being	0	1(8%)	2(67%)	2 (100%)	1 (100%)	5(45%)	.055
Psychological well-being is a reality	1 (100%)	4(44%)	3 (100%)	1(50%)	1 (100%)	10(91%)	.033
Important for teachers to know psych well-being of learners	0	1(8%)	1(33%)	2 (100%)	1 (100%)	5(45%)	.013
How to check for psych well-being	0	0	0	0	0	3(27%)	.000

4.4.20 Total years of experience as educator and knowledge of significant others

For all the knowledge cited in Table 27 below, one (100%) respondent who has between 12 and 14 years, and those who has 15 years (5, 45%) and above, and one (33%) with 6 and 8 years of teaching experience knew why a mother's well-being and affection has an influence on a learner's psychological well-being. A knowledge gap really existed across all the overall years of teaching experience (Table 27).

Table 27: Cross tabulation of participants' total years of experience as educator and knowledge of the effects of significant others on a learners psychological well-being (N=30)

Knowledge tested	Affirmative responses to knowledge cited in relation to total years of experience as educator						P value
	0-2(1)	3-5(12)	6-8(3)	9-11(2)	12-14(1)	15 & above(11)	
Mothers well-being and affection affects learners psych well-being	0	0	1(33%)	0	1(100%)	5(45%)	.071
Parents view of the learner	0	0	0	0	0	3(27%)	.057
Teachers view of the learner	0	0	0	0	0	3(27%)	.057
Friends view of the learner	0	0	0	0	0	3(27%)	.057

4.4.21 Total years of experience as educator and knowledge of the negative effects

Table 28 below indicated that the 2 (100%) respondents who have between 9 to 11 years of teaching experience, and the one (100%) with 12 to 14 years, affirmed to know all the knowledge cited. There were noticeable gaps in knowledge amongst most respondents in relation to the overall teaching experience (Table 28).

Table 28: Cross tabulation of participants' total years of experience as educator and knowledge of the negative effects of poor state of psychological well-being (N=30)

Knowledge tested	Affirmative responses to knowledge cited in relation to total years of experience as educator						P value
	0-2(1)	3-5 (12)	6-8(3)	9-11 (2)	12-14 (1)	15 & above(11)	
Withdraw themselves	0	1(8%)	1(33%)	2(100%)	1(100%)	6(55%)	.002
Blame themselves	0	1(8%)	1(33%)	2(100%)	1(100%)	6(55%)	.010
Have low self-esteem	0	1(8%)	1(33%)	2(100%)	1(100%)	6(55%)	.015
Suffer social rejection	0	1(8%)	2(67%)	2(100%)	1(100%)	10(91%)	.000
Have sense of failure	0	1(8%)	1(33%)	2(100%)	1(100%)	5(45%)	.387
Negative school performance	0	1(8%)	2(67%)	2(100%)	1(100%)	5(45%)	.027

4.4.22 Total years of teaching experience and knowledge of psycho-medical disorders

One (100%) respondent with between 12 to 14 years teaching experience knew all the knowledge cited, while for those between 9 to 11 years were as follows: anxiety 2(100%), depression 2(100%), aggressiveness 2(100%), disruptive behaviour 2(100%) and mental ill health 1(50%). Also those between 15 years and over teaching experience had variable knowledge, with knowledge of mental ill health (7, 64%) being

the majority score. The least knowledge base was noticed amongst the respondents between the overall years of 0 to 2 years teaching experience (Table 29).

Table 29: Cross tabulation of participants' total years of experience as educator and knowledge of psycho-medical disorders associated with poor state of psychological well-being (N=30)

Knowledge tested	Affirmative responses to knowledge cited in relation to total years of experience as educator						
	0-2(1)	3-5(12)	6-8(3)	9-11(2)	12-14 (1)	15 & above(11)	P value
Lack of healthy psych well-being could lead to anxiety	0	1(8%)	1(33%)	2(100%)	1(100%)	6(55%)	.018
Depression	0	1(8%)	1(33%)	2(100%)	1(100%)	6(55%)	.018
Aggressiveness	0	1(8%)	1(33%)	2(100%)	1(100%)	6(55%)	.002
Disruptive behaviour	0	1(8%)	1(33%)	2(100%)	1(100%)	6(55%)	.026
Mental ill health	0	1(8%)	2(67%)	1(50%)	1(100%)	7(64%)	.009

4.4.23 Total years of experience as educator and knowledge of the benefits

Table 30 shows that those respondents with between 9 to 11 years of teaching have a good knowledge of some of the cited questions, as follows: reduces emotional problems (2, (100%), reduces behavioural problems (2, 100%) and reduces physical problems (1, 50%). Those with between 12 to 14 years of teaching indicated that they know about the two questions: reduces emotional problems (2,100%) and reduces behavioural problems (2,100%). It appears that most participants' generally could not

understand the relationship between psychological well-being and developmental problems, and also the relationship with physical problems (see Table 30).

Table 30: Cross tabulation of participants' total years of experience as educator and knowledge of the benefits of a healthy state of psychological well-being (N=30)

Knowledge tested	Affirmative responses of knowledge cited in relation to total years of experience as educator						P value
	0-2(1)	3-5(12)	6-8(3)	9-11(2)	12-14 (1)	15 & above(11)	
Reduces or prevents developmental problems	0	0	0	0	0	2(18%)	.371
Reduces or prevents emotional problems	0	1(8%)	2(67%)	2(100%)	1(100%)	6(55%)	.002
Reduces or prevents behavioural problems	0	1(8%)	1(33%)	2(100%)	1(100%)	6(55%)	.000
Reduces or prevents physical problems	0	0	0	1(50%)	0	3(27%)	.097

4.4.24 Total years of experience as educator and knowledge of teachers role and profile

Table 31 shows that the respondents who have between 12 to 14 years in teaching experience responded affirmatively to all (1, 100% each) the 4 statements cited. Those with 9 to 12 years of experience responded that: teachers are forerunners (2, 50%), culture sensitive teachers will have an advantage towards assisting learners (2, 100%), a special education qualification is related to level of knowledge (2, 100%) and that overall total years of experience is related to the level of knowledge of a teacher (2, 100%). See Table 31 below.

Table 31: Cross tabulation of participants' total years of experience as educator and knowledge of teachers role and profile in influencing learners psychological well-being (N=30)

Knowledge tested	Affirmative responses to knowledge cited in relation to total years of experience as educator						
	0-2(1)	3-5(12)	6-8(3)	9-11(2)	12-14 (1)	15 & above(11)	P value
Teachers are forerunners in achievement of learners	0	1(8%)	1(33%)	1(50%)	1(100%)	5(45%)	.032
Culture sensitive teachers will assist learners	0	1(8%)	1(33%)	2(100%)	1(100%)	7(64%)	.000
Special education experience is related to level of knowledge	1(100%)	6(50%)	3(100%)	2(100%)	1(100%)	11(100%)	.041
Total years of experience is related to level of knowledge	1(100%)	6(50%)	3(100%)	2(100%)	1(100%)	10(91%)	.144

4.4.25 Special education qualifications and core knowledge

The respondents depicted in Table 32 were those who had additional special education qualifications. All those who had additional special education qualifications responded as follows: the phrase psychological well-being (5, 100%), that psychological well-being is a reality (5, 100%), that it is important for teachers to know the psychological well-being of their learners (5, 100%). Also strikingly, all those with an additional special education qualification responded that they do not know how to check for psychological well-being (Table 32).

Table 32: Cross tabulation of participants' special education qualifications and core knowledge of psychological well-being (N=30)

Knowledge tested	Affirmative responses to knowledge cited in relation to special education qualification		
	Yes (5)	No (25)	P value
Phrase psychological well-being	5(100%)	6(24%)	.029
Psychological well-being is a reality	5(100%)	15(60%)	.180
Important for teachers to know psych well-being of learners	5(100%)	5(20%)	.007
How to check for psych well-being	0	3(12%)	.289

4.4.26 Special education qualifications and knowledge of significant others

Table 33 shows the relationship between special education qualifications and a knowledge of negative effects of significant others in learners' psychological well-being. The majority (3, 60%) of the respondents who have additional special education qualifications stated that they knew how mothers' well-being and affection affects learners' psychological well-being. However, those who had special education qualifications also failed to understand how the parents' view, teachers' view and also a friends' view of a learner might affect a learner's psychological well-being (Table 33).

Table 33: Cross tabulation of participants' special education qualifications and knowledge of the effects of significant others in learners psychological well-being (N=30)

Knowledge tested	Affirmative responses to knowledge cited in relation to special education qualification		
	Yes (5)	No (25)	P value
Mothers' well-being and affection affects learners psych well-being	3(60%)	4(16%)	.019
Parents' view of the learners	0	3(12%)	.189
Teachers' view of the learners	0	3(12%)	.189
Friends' view of the learners	0	3(12%)	.189

4.4.27 Special education qualifications and knowledge of the negative effects

Table 34 shows the relationship between respondents who had special education qualifications and their knowledge of the negative effects of a poor state of psychological well-being. Their responses include (see Table 34) those learners with learning disabilities who have a poor state of psychological well-being: withdraw themselves (5, 100%), blame themselves (5, 100%), have low self-esteem (5,100%), suffer social rejection (5, 100%), have a sense of failure (5, 100%) and negative school performance (5, 100%). A positive relationship exists between the respondents who had special education qualifications and their knowledge of the negative effects of a poor state of psychological well-being amongst learners.

Table 34: Cross tabulation of participants' special education qualifications and knowledge of the negative effects of a poor state of psychological well-being (N=30)

Knowledge tested	Affirmative responses to knowledge cited in relation to special education qualification		
	Yes (5)	No (25)	P value
Withdraw themselves	5(100%)	6(24%)	.000
Blame themselves	5(100%)	6(24%)	.000
Have low self-esteem	5(100%)	6(24%)	.000
Suffer social rejection	5(100%)	11(44%)	.116
Have sense of failure	5(100%)	5(20%)	.015
Negative school performance	5(100%)	6(24%)	.012

4.4.28 Special education qualifications and knowledge of psycho-medical disorders

Participants were asked about the knowledge of psycho-medical disorders and their responses include (see Table 35): lack of healthy psychological well-being could lead to anxiety (5,100%), depression (5, 100%), aggressiveness (5, 100%), and mental ill health (4, 80%). There appeared to be a positive relationship between respondents who have additional special education qualifications and their knowledge of the psycho-medical disorders associated with a poor state of psychological well-being in a learner (Table 35).

Table 35: Cross tabulation of participants' special education qualifications and knowledge of psycho-medical disorders associated with a poor state of psychological well-being (N=30)

Knowledge tested	Affirmative responses to knowledge cited in relation to a special education qualification		
	Yes (5)	No (25)	P value
Lack of healthy psych well-being could lead to anxiety	5(100%)	6(24%)	.001
Depression	5(100%)	6(24%)	.001
Aggressiveness	5(100%)	6(24%)	.009
Disruptive behaviour	5(100%)	6(24%)	.028
Mental ill health	4(80%)	8(32%)	.055

4.4.29 Special education qualifications and knowledge of the benefits

Table 36 shows the relationship between those respondents who had special education qualifications and their knowledge of the benefits of a healthy state of psychological well-being. Their responses include (see Table 36) that a healthy state of psychological well-being leads to: reduction or prevention of emotional problems (5, 100%) and reduction or prevention of behavioural problems (5, 100%). There appeared to be a knowledge gap amongst those with special education qualifications, whereby they failed to understand the relationship between psychological well-being and developmental problems (0, zero) and also physical problems (1, 20%). See Table 36 below.

Table 36: Cross tabulation of participants' special education qualifications and knowledge of the benefits of a healthy state of psychological well-being (N=30)

Knowledge tested	Affirmative responses to knowledge cited in relation to special education qualification		
	Yes (5)	No (25)	P value
Reduces or prevents developmental problems	0	2(8%)	.073
Reduces or prevents emotional problems	5(100%)	7(28%)	.024
Reduces or prevents behavioural problems	5(100%)	6(24%)	.007
Reduces or prevents physical problems	1(20%)	3(12%)	.101

4.4.30 Special education qualification and knowledge of teachers role and profile

Participants who have an additional special education qualification generally indicated a good knowledge of the questions cited (Table 37). Their responses include: teachers are the forerunners of learners' achievements (4, 80%), culture sensitive teachers will be able to assist learners (5, 100%). Analysis shows that all (5, 100%) respondents knew that special education qualifications are related to the level of knowledge about psychological well-being, and that teachers' overall total years of teaching experience is also related to the expected level of knowledge as reflected in Table 37.

Table 37: Cross tabulation of participants' special education qualification and knowledge of teachers' role and profile in influencing learners psychological well-being (N=30)

Knowledge tested	Affirmative responses to knowledge cited in relation to special education qualification		
	Yes (5)	No (25)	P value
Teachers are the forerunners in achievement of learners	4(80)	5(20)	.033
Culture sensitive teachers will assist learners	5(100%)	7(28%)	.013
Special education experience is related to level of knowledge	5(100%)	19(76%)	.385
Overall total years of experience is related to level of knowledge	5(100%)	18(72%)	.451

4.5 Attitudes and knowledge of psychological well-being

This section looked at the respondents' attitude to acquiring knowledge and also their opinion about including learners with disabilities in an inclusive education school system.

The majority (25, 83%) of the respondents agreed that they wished to acquire more knowledge about the psychological well-being of their learners, with the remaining 5 (17%) strongly agreeing as well (see Table 38). No respondent disagreed about wishing to know more about the psychological well-being of their learners. The majority (23, 77%) also agreed that they would be happy to support the addition of psychology as a special training area for educators. The remaining 7 (23%) respondents also strongly agreed to support such an addition to an educators' curriculum. Seventeen (57%) of the respondents disagreed, followed by 11 (37%) of

the respondents who strongly disagreed as well that learners with learning disabilities should be in an inclusive education system. However, a minority (2, 7%) of the respondents agreed that it would be beneficial to include learners with disabilities in an inclusive school system (Table 38).

Table 38: Participants' attitude towards acquiring knowledge about psychological well-being and learners with disabilities (N=30)

Attitude tested	I strongly agree	I agree	Strongly disagree	I disagree	Not sure
Do you wish to know more	5 (17%)	25 (83%)	0	0	0
Add special psychology training to educators curriculum	7 (23%)	23 (77%)			
Include learners with disabilities in an inclusive education system	0	2 (7%)	11 (37%)	17 (57%)	0

Statistical relationships between attitude and the variables- age: p value >0.05 , marital status: p value >0.05 , levels of education qualifications: p value >0.05 , years of teaching as an educator: p value >0.05 and additional special education qualifications: p value >0.05

4.6 Hypotheses testing

The conclusion reached based on hypothesis testing indicated that teachers' at a special needs school did not have an adequate knowledge about learners' psychological well-being. The testing of the hypotheses also leads to another conclusion that there existed a relationship between teachers' demographics and levels of knowledge.

Table 39: Hypotheses testing

HYPOTHESIS (Number)	RESULTS (<i>p value</i>)	ACCEPTED/ REJECTED
Number 1.	<i>p value</i> > 0.05	Rejected
Number 2.	<i>p value</i> < 0.05	Accepted

This study aimed at assessing the teachers' levels of knowledge about learners' psychological well-being by using a set of questions which were grouped under six different aspects of knowledge of psychological well-being. By allowing honest responses from the teachers', this study was able to ascertain their levels of knowledge based on the quantitative values of their responses, and other statistical associations.

The second aim of the study was to establish whether or not there was a relationship, if any, between teachers' demographical data and levels of knowledge. By using cross tabulations and ANOVA table statistical modelling; this study was able to establish a relationship between teachers' demographical data and their levels of knowledge.

CHAPTER FIVE

5.0 Discussion of findings and conclusion

5.1 Discussion

The demographics of this study reflect the population from which the study was drawn: participants were teachers of which all (30, 100%) were tutors in a special education school system; the majority were black African, females, single and within reproductive age groups. None of the participants had any form of disability.

The highest educational qualification reported amongst the participants were post graduate qualifications, however the majority (7, 23%) of the respondents were those who had matric certificates. Thirty three percent of the respondents had taught between four and six years in the special education school system. The majority of the participants' overall total years of experience as educators is between 3 to 5 years, which represents forty percent of the respondents. Five respondents had additional special education qualifications, which represented seventeen percent of the participants in this study.

The findings of this study indicated that the majority of the participants did not possess an adequate level of knowledge about the psychological well-being of learners ($p\text{ value} > 0.05$). Comparatively, of the 27 knowledge questions cited within six (6) different aspects of knowledge, participants only demonstrated excellent knowledge in four of the questions. This was evident by the majority of the participants' indicating that they knew very little, or that they knew nothing in relation to the majority of questions cited under the different aspects of knowledge. This finding is in agreement with the findings of a study which reported that teachers acknowledge their role as potential helpers, but they appear to lack confidence and knowledge, and would like to acquire more knowledge about learners' psychological well-being, and/or mental health (Rothi et al., 2008). Interestingly as well, this study found that only eleven participants indicated that they have heard about the phrase psychological well-being. This is surprising as

it would have been an assumption that most people, let alone educators, must have heard about this phrase several times in the course of their everyday life, and especially during training.

The second aim of this study entailed establishing whether or not there was a relationship, if any, between teachers' demographical data and levels of knowledge. Given that most of the participants were black African females, and none were disabled, the analysis to establish the relationship if any between study demographics and levels of knowledge focused only on these variables: age and marital status and educational data. The educational data included, levels of qualification, overall years of teaching experience, and special education qualifications of the participants.

The finding of this study indicated that there was a statistically significant relationship between selected participants' demographical data (age, levels of educational qualifications and overall total years of teaching experience), and their levels of knowledge ($p\text{ value} < 0.05$). However, these findings did not concur with the findings of Chaturvedi and Purushothaman (2009), who reported that age, marital status, and level of experience have a significant determinant effect on stress-coping, and do not have a relationship with the level of knowledge.

Age as a variable, has a statistically significant relationship with levels of knowledge, which concurred selectively with the findings of Kessell et al. (2009) who reported a statistically significant relationship between student teachers' knowledge and age, and time spent with persons with disabilities outside an academic settings. However, no statistical significant relationship existed between participants' marital status and levels of knowledge in this study.

The majority of the participants, across all age groups and marital status, accepted that the phrase- psychological well-being is a reality and not just an abstract concept of which those between the ages of 51 and 60 years, and for those who are married,

demonstrated a better knowledge when compared to other categories. The majority (4, 80%) of those between the ages of 51 and 60 years knew why a mother's well-being and affection could influence a learner's psychological well-being. The most common negative effect of a poor state of psychological well-being cited across all age groups and marital status was that learners' could suffer social rejection and have low self-esteem. The most common psycho-medical disorder associated with a prolonged poor state of psychological well-being cited across all age groups and marital status was mental ill health. This link between psychological well-being and mental ill health was noted in the report by Vinjevoold (2011) whereby self-stigmatization was attributed to self-blame and low self-esteem resulting in a vicious cycle, and ultimately a trigger to mental health problems.

It was not encouraging to note that only three participants from the study across all the age groups and marital status, indicated that they understood the connection between the significant others (parents and friends) in a learner's life and the possible influence of a good outcome towards that learner. This lack of appreciation of the power of influence by the study participants' (teachers' and probably parents as well), is indeed concerning.

The relationship between the educational demographics of the participants, and levels of knowledge of psychological well-being was assessed in this study independently of other demographics (age, marital status); with the majority of the participants who had a college diploma (2, 67%), junior degree (1, 100%), those with 12 and 14 years teaching experience, and those with additional special education qualifications demonstrating excellent knowledge about psychological well-being. The relationship between the selected educational data (levels of educational qualifications, overall total years of teaching experience) and levels of knowledge was statistically significant ($p\text{ value} < 0.05$).

These findings agreed with those of an intervention model called the Promoting Alternate Thinking Strategies (PATHS) curriculum amongst school-age learners with

special needs in Washington, USA (Greenberg & Kusche, 2004). The review reported that teachers, who received training with on-going consultations, were able to recognize and behave appropriately towards the psychological needs of the learners. The review also showed that there was a sustained reduction in depressive symptoms reported by the learners (Greenberg & Kusche, 2004).

Also, it is important to note that this study did not find any statistically significant relationship between participants' special education qualifications, and levels of knowledge (p value > 0.05). This may be due to the few (5, 16.7%) number of teachers with special education qualification who participated in this study. The findings on educational data and levels of knowledge also selectively concurred with the findings of Tyagi (2013), which reported that demographic characteristics influenced different dimensions of teachers' effectiveness in a secondary school.

The most common benefit of healthy psychological well-being, acknowledged across the participants' educational demographics, was that the majority reported that a healthy state of psychological well-being reduces or prevents emotional problems, and also that it reduces or prevents behavioural problems. This finding concurs with the findings of Sola-Carmona et al. (2013), who reported a positive correlation between subjective psychological well-being, self-esteem and positive psychological well-being of learners for preventing secondary vicarious self-stigma for learners with learning disabilities.

This study also revealed that the majority of respondents did not know why teachers are the forerunners of learners' achievements, and also why culture sensitive teachers adapt better towards assisting a learner with his/her psychological well-being. It means that knowledge about psychological well-being is far broader than assumptions made on the use of the phrase in our community, and the general society, accounting for the observed varied levels of knowledge.

Given that the sampling population were teachers, it is remarkable that some of the participants did not know why teachers influence learners. These findings underscore

the importance of targeted continuous education, and in-service training for all educators who come into contact with learners, especially those teaching at special needs schools. However training would require sufficient practical experience to enable early identification and supportive management for any learner with psychological problems.

This study sample population was drawn from participants who were teaching in a special school, therefore it is notable that only three participants (2, college diploma and 1, junior degree) across all educational qualifications, knew how to check for the psychological well-being of a learner in a special school.

Participants' attitude towards the psychological wellbeing of their learners was also assessed with all (30, 100%) of the participants indicating that they wished to acquire more knowledge and also agreed that special training in psychology should be added to the educators' curriculum. Two (17%) participants recommended that learners with learning disabilities be part of an inclusive education school system. There were no significant statistical relationships between the participants' demographics and attitude towards the knowledge of psychological well-being, and/or the inclusive school system for learners with learning disabilities (p value >0.05). However, Shaukat (2013) in a study undertaken in Pakistan documented that teacher' demographics, which include their level of qualification, disability, and experience, and confidence level, has a significant efficacious correlation towards support for inclusive education as a model that will benefit learners with disabilities. This is not surprising because this study reported that participants have variable knowledge gaps which might explain why only two (17%) supported the inclusion of learners with learning disabilities in an inclusive education school system. However, this may also be attributed to the close-ended nature of the questionnaire, which did not allow the participants to contextualize this inclusive school system. The inclusion of a learner with learning disabilities should never be a static consideration; rather it involves learners' within a spectrum of disabilities and probably other co-morbidities which need to be considered before deciding on which learner can be part of an inclusive school system.

5.2 Summary of study

This study concluded the following: that the participants have knowledge gaps across all aspects of knowledge cited (*p value* >0.05). Also, that participants' age, levels of educational qualifications and overall total years of teaching experience have a statistical significant relationship with levels of knowledge about psychological well-being (*p value* <0.05).

5.3 Limitations of study

As a questionnaire based study administered by a research assistant, the depth of the participants' knowledge may be misleading and also biases are possible. The direct, detailed and constructive nature of most of the questions may be a source of information bias. Demographic similarities can be an influencing factor as the teachers were mainly from a similar race and culture, but possibly different socio-economic and educational backgrounds.

5.4 Avenues for future research/ Recommendations

This study has appraised teachers need for knowledge and skills by firstly observing their level of knowledge about the psychological well-being of their learners. Beyond this assessment, a follow up case study may be needed to evaluate the outcome of the interventions of the South African White Paper 6, especially in the area of provision of psycho-social supports for learners' with disabilities amongst others. This proposed future research will allow for explanation of any complex causal link between this study independent variables and dependent variables; and also provide for the expansion and generalization of theories where necessary.

It is opined that ongoing support must be provided towards a constructive curriculum, or in service training models which will bridge gaps or expand knowledge for the overall good outcome of both the learners' and the teachers'. However, in order to achieve this, we all must adopt a paradigm shift whereby all educators and the general public are encouraged to gain cultural competence skills, change attitudes, beliefs and

practices to allow an effective transformation in our schools. This transformation will serve the learners with or without special needs, based on their specific individual, community and cultural diversity, but also within the approved standard homogeneous education system (Howard, 2007).

5.5 Conclusion

The significance of any observed knowledge gap or even where knowledge existed; allowed for descriptive discussions which must inform education authorities when improving the teaching skills of the educators. It is opined that authorities must be guided by the ideas provided through meaningful research and discussion, so that we can then achieve an association between the educators and their level of knowledge of psychological well-being, or indeed any other beneficial knowledge of any kind.

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ANNEXURE ONE: QUESTIONNAIRE.

SITE						
DATE						
QUESTIONNAIRE NUMBER						

TITLE: Teacher's knowledge of the learners' psychological well-being at a special school in UThungulu District.

SECTION A: BIOGRAPHICAL DATA (Question 1 to 9).

Please indicate by means of a tick in the box applicable to you.

1. What is your gender? **FEMALE** ☐ **MALE** ☐

2. How old are you? **16 – 20** ☐ **21 – 30** ☐
31 – 40 ☐ **41 – 50** ☐ **51 – 60** ☐ **61 and above** ☐

3. How many years have you been teaching in a special school?
0 – 3 ☐ **4 – 6** ☐ **7 – 9** ☐ **10 and above** ☐

4. How many years in total have you been an educator?
0 – 2 ☐ **3 – 5** ☐ **6 – 8** ☐ **9 – 11** ☐ **12 – 14** ☐
15 and above ☐

5. In which racial group do you belong? **AFRICAN** ☐

WHITE ☐ INDIAN ☐ COLOURED ☐

6. What is your marital status?

MARRIED ☐ SINGLE ☐

DIVORCED ☐ WIDOWED ☐

7. Do you have any disability? YES ☐ NO ☐

8. What is your highest academic education?

Matric	College Certificate	College Diploma	University Diploma	Junior Degree	Postgraduate qualification

9. Do you hold a qualification in Special Education? YES / NO. If the answer is YES, please state your qualification.

--

SECTION B: TICK ONE BOX AT THE END OF THE STATEMENT THAT BEST EXPLAINS OR ANSWERS HOW MUCH YOU KNOW ABOUT THE FOLLOWING SPECIAL EDUCATION ISSUES (Question 1 to 23):

(A) I know more than a lot about this statement or question ☐

(B) I have a lot of knowledge ☐

(C) I know very little ☐

(D) I know nothing ☐

1. Have you ever heard of the phrase psychological well-being?

(A) ☐ (B) ☐ (C) ☐ (D) ☐

2. Do you know what to check for, when checking the psychological well-being of a learner?

(A) ☐ (B) ☐ (C) ☐ (D) ☐

3. How much do you know about a learner with a poor psychological well-being in a special school?

(A) ☐ (B) ☐ (C) ☐ (D) ☐

4. A healthy state of psychological well-being is essential to reduce or prevent developmental, emotional, behavioural and physical problems amongst learners in special school.

(i) DEVELOPMENTAL: (A) ☐ (B) ☐ (C) ☐ (D) ☐

(ii) EMOTIONAL: (A) ☐ (B) ☐ (C) ☐ (D) ☐

(iii) BEHAVIOURAL: (A) ☐ (B) ☐ (C) ☐ (D) ☐

(iv) PHYSICAL: (A) ☐ (B) ☐ (C) ☐ (D) ☐

5. Learners' with learning difficulties do achieve a healthy state of psychological wellness like all other learners.

(A) ☐ (B) ☐ (C) ☐ (D) ☐

6. Do you know why Learners' with learning difficulties do not achieve a healthy state of physical, social, economic, cultural and religious wellness like all other learners?

(A) ☐ (B) ☐ (C) ☐ (D) ☐

Continue to page 4.

(A) I know more than a lot about this statement or question ☐

(B) I have a lot of knowledge ☐

(C) I know very little ☐

(D) I know nothing ☐

7. Do you know why Learners' with learning disabilities can easily withdraw to themselves, blame themselves and develop low self-esteem?

(i) WITHDRAW TO THEMSELVES (A) ☐ (B) ☐

(C) ☐ (D) ☐

(ii)BLAME THEMSELVES (A) ☐ (B) ☐ (C) ☐ (D) ☐

(iii)DEVELOP A LOW SELF ESTEEM (A) ☐ (B) ☐

(C) ☐ (D) ☐

8. Do you know that Learners' with disability can suffer social rejection by other peers, adults and family members?

(A) ☐ (B) ☐ (C) ☐ (D) ☐

9. Do you know how Mothers' well-being and affection can have positive influence on the outcome of a learners' psychological well-being?

(A) ☐ (B) ☐ (C) ☐ (D) ☐

10. Do you know how a Learners' 'negative psychological well-being can trigger sense of failure?

(A) ☐ (B) ☐ (C) ☐ (D) ☐

11. Do you know why Learners' psychological well-being could negatively affect general school performance?

(A) ☐ (B) ☐ (C) ☐ (D) ☐

12. Do you know how the Learners' psychological well-being is related to a learner's emotional responses on various issues?

(A) ☐ (B) ☐ (C) ☐ (D) ☐

Continue to page 5.

(A) I know more than a lot about this statement or question ☐

(B) I have a lot of knowledge ☐

(C) I know very little ☐

(D) I know nothing ☐

13. Do you know how the Learners' psychological well-being is related to thoughts about how teachers or parents or friends views the learners?

(i) TEACHER: (A) ☐ (B) ☐ (C) ☐ (D) ☐

(ii) PARENT: (A) ☐ (B) ☐ (C) ☐ (D) ☐

(iii) FRIENDS: (A) ☐ (B) ☐ (C) ☐ (D) ☐

14. A state of psychological well-being of learners in special schools is reality.

(A) ☐ (B) ☐ (C) ☐ (D) ☐

15. Lack of a healthy psychological well-being could lead to anxiety and depression, and aggressiveness with disruptive behaviour.

(i) ANXIETY: (A) ☐ (B) ☐ (C) ☐ (D) ☐

(ii) DEPRESSION: (A) ☐ (B) ☐ (C) ☐ (D) ☐

(iii) AGGRASSIVENESS: (A) ☐ (B) ☐ (C) ☐ (D) ☐

(iv) DISRUPTIVE BEHAVIOUR: (A) ☐ (B) ☐

(C) ☐ (D) ☐

16. Poor psychological well-being could lead to mental ill health in a learner.

(A) ☐ (B) ☐ (C) ☐ (D) ☐

17. Do you know why it is important for teachers to know the psychological well-being status of their learners?

(A) ☐ (B) ☐ (C) ☐ (D) ☐

18. With experience, teachers are likely to understand the meaning and application of psychological well-being of learners.

(A) ☐ (B) ☐ (C) ☐ (D) ☐

Continue to page 6.

(A) I know more than a lot about this statement or question ☐

(B) I have a lot of knowledge ☐

(C) I know very little ☐

(D) I know nothing ☐

19. The teachers' special education knowledge is related to the level of knowledge about psychological well-being.

(A) ☐ (B) ☐ (C) ☐ (D) ☐

20. The level of teachers overall experience is related to the level of knowledge about learners' psychological well-being.

(A) ☐ (B) ☐ (C) ☐ (D) ☐

21. Do you know how teachers' qualification influences the level of knowledge about learners' psychological well-being?

(A) ☐ (B) ☐ (C) ☐ (D) ☐

22. Culture sensitive teachers will assist learners' to achieve a healthy psychological well-being.

(A) ☐ (B) ☐ (C) ☐ (D) ☐

23. Do you know why teachers are the forerunners in the achievement of learners' at school?

(A) ☐ (B) ☐ (C) ☐ (D) ☐

Continue to page 7.

SECTION C: TICK ONE BOX AT THE END OF THE STATEMENT THAT BEST EXPLAIN OR ANSWERS HOW MUCH YOU KNOW ABOUT THE FOLLOWING SPECIAL EDUCATION ISSUES (Question 24 to 26):

(i) I Strongly agree ☐

(ii) I Agree ☐

(iii) I Strongly disagree ☐

(iv) I Disagree ☐

(v) I do not know ☐

24. I wish to know more about the psychological well-being of my learners.

(i) ☐ (ii) ☐ (iii) ☐ (iv) ☐ (v) ☐

25. Would you be happy to suggest that special training in psychology should be added to the curriculum for educators?

(i) ☐ (ii) ☐ (iii) ☐ (iv) ☐ (v) ☐

26. Is it beneficial to include learners with disabilities in an inclusive education system?

(i) ☐ (ii) ☐ (iii) ☐ (iv) ☐ (v) ☐

THE END !! THANK YOU ! SIYABONGA ! DANKIE !

ANNEXURE TWO: PARTICIPANT INFORMED CONSENT DECLARATION

ANNEXURE A: PARTICIPANT INFORMED CONSENT DECLARATION

INFORMED CONSENT DECLARATION

(Participant)

TEACHER'S KNOWLEDGE OF THEIR LEARNER'S PSYCHOLOGICAL WELL-BEING AT A SPECIAL SCHOOL IN UTHUNGULU DISTRICT.

Ochiogu Stella Ngozi from the Department of Educational Psychology and Special Education, University of Zululand has requested my permission to participate in the above-mentioned research project.

The nature and the purpose of the research project and of this informed consent declaration have been explained to me in a language that I understand.

I am aware that:

1. The purpose of the research project is to investigate teacher's knowledge of their learner's psychological well-being at a special school.
2. The University of Zululand has given ethical clearance to this research project and I have seen/ may request to see the clearance certificate.
3. By participating in this research project I will be contributing towards providing information that will contribute to the body of knowledge in the area of educational psychology and special education.

4. I will participate in the project by honestly completing the questionnaire as honest as possible.
5. My participation is entirely voluntary and should I at any stage wish to withdraw from participating further, I may do so without any negative consequences.
6. I will not be compensated for participating in the research, but my out-of-pocket expenses will be reimbursed.
7. There are no risks associated with my participation in the project. I am aware that
 - a. The following risks are associated with my participation: No risk.
 - b. The following steps have been taken to prevent the risks: Not applicable.
 - c. There is a zero% chance of the risk materializing.
8. The researcher intends publishing the research results in the form of a scientific journal publication. However, confidentiality and anonymity of records will be maintained and that my name and identity will not be revealed to anyone who has not been involved in the conduct of the research.
9. I will not receive feedback in the form of report regarding the results obtained during the study.
10. Any further questions that I might have concerning the research or my participation will be answered by Ochiogu Stella N.(stella136ng@yahoo.com), Prof M.M Hlongwane (hlongwaneM@unizulu.ac.za) and Prof P.T Sibaya (sibayaP@unizulu.ac.za). Private Bag X10001 kwaDlangezwa 3886.
11. By signing this informed consent declaration I am not waiving any legal claims, rights or remedies.

12. A copy of this informed consent declaration will be given to me, and the original will be kept on record.

I,have read the above information / confirm that the above information has been explained to me in a language that I understand and I am aware of this document's contents. I have asked all questions that I wished to ask and these have been answered to my satisfaction. I fully understand what is expected of me during the research.

I have not been pressurised in any way and I voluntarily agree to participate in the above-mentioned project.

.....

Participant's signature

.....

Date

ANNEXURE THREE: ETHICAL CLEARANCE CERTIFICATE

**UNIVERSITY OF ZULULAND
RESEARCH ETHICS COMMITTEE**
(Reg No: UZREC 171110-30- RA Level 01)



RESEARCH & INNOVATION

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ETHICAL CLEARANCE CERTIFICATE

Certificate Number	UZREC 171110-030-RA Level 01 PGM 2014/110					
Project Title	Teachers knowledge of their learners psychological well-being at a special school					
Principal Researcher/ Investigator	SN Ochiogu					
Supervisor and Co- supervisor	Prof MM Hlongwane			Prof PT Sibaya		
Department	Educational Psychology and Special Education					
Nature of Project	Honours/4 th Year		Master's	x	Doctoral	Departmental

The University of Zululand's Research Ethics Committee (UZREC) hereby gives ethical approval in respect of the undertakings contained in the above-mentioned project proposal and the documents listed on page 2 of this Certificate.

Special conditions:

- (1) The Principal Researcher must report to the UZREC in the prescribed format, where applicable, annually and at the end of the project, in respect of ethical compliance.
- (2) Documents marked "To be submitted" (see page 2) must be presented for ethical clearance before any data collection can commence.

The Researcher may therefore commence with the research as from the date of this Certificate, using the reference number indicated above, but may not conduct any data collection using research instruments that are yet to be approved.

Please note that the UZREC must be informed immediately of

- Any material change in the conditions or undertakings mentioned in the documents that were presented to the UZREC
- Any material breaches of ethical undertakings or events that impact upon the ethical conduct of the research

Classification:

Data collection	Animals	Human Health	Children	Vulnerable pp.	Other
X					
Low Risk		Medium Risk		High Risk	
		X			

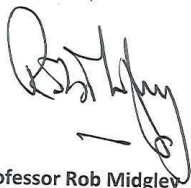
The table below indicates which documents the UZREC considered in granting this Certificate and which documents, if any, still require ethical clearance. (Please note that this is not a closed list and should new instruments be developed, these would require approval.)

Documents	Considered	To be submitted	Not required
Faculty Research Ethics Committee recommendation	X		
Animal Research Ethics Committee recommendation			X
Health Research Ethics Committee recommendation			X
Ethical clearance application form	X		
Project registration proposal	X		
Informed consent from participants	X		
Informed consent from parent/guardian			X
Permission for access to sites/information/participants	X		
Permission to use documents/copyright clearance			X
Data collection/survey instrument/questionnaire	X		
Data collection instrument in appropriate language		Only if necessary	
Other data collection instruments		Only if used	

The UZREC retains the right to

- Withdraw or amend this Certificate if
 - Any unethical principles or practices are revealed or suspected
 - Relevant information has been withheld or misrepresented
 - Regulatory changes of whatsoever nature so require
 - The conditions contained in this Certificate have not been adhered to
- Request access to any information or data at any time during the course or after completion of the project

The UZREC wishes the researcher well in conducting the research.



Professor Rob Midgley
Deputy Vice-Chancellor, Research and Innovation
Chairperson: University Research Ethics Committee
20 August 2014

CHAIRPERSON
UNIVERSITY OF ZULULAND RESEARCH
ETHICS COMMITTEE (UZREC)
REG NO: UZREC 171110-30

20-08-2014

RESEARCH & INNOVATION OFFICE

ANNEXURE FOUR: STUDY SITE PERMISSION LETTERS

University of Zululand
Private bay X1001
Kwadlangweza
Tel 0359026210
Email: stella136ng@yahoo.com
14 October 2013

The Principal
Thuthukani Special School
Empangeni
KZN

Dear Madam,

A REQUEST FOR PERMISSION TO CONDUCT RESEARCH WITH EDUCATORS AS SUBJECT


I am conducting research for M.Ed. degree in the faculty of Education at the University of Zululand. I am writing this letter to request for permission to conduct research with Educators at Thuthukani Special School in Empangeni. My research interest is around the teachers' knowledge of their learners' psychological well-being particularly in a special school setting.


The aims of the study are:

1. To study the teachers' levels of knowledge and understanding of psychological well-being of their learners.
2. To establish a relationship if any, between teachers' biographical data and levels of knowledge.

Your consideration and permission will be greatly appreciated.


Yours faithfully,


STELLA, N. OCHOGU


SUPERVISOR
PROF MM HLONGWANE (University of Zululand)

RESPONSE

I do / ~~do not~~ give permission to conduct research in Thuthukani Special School.


M. COMBRINCK
PRINCIPAL (Thuthukani Special School)



5614/14

ANNEXURE FIVE: DEPARTMENT OF EDUCATION REQUEST FOR PERMISSION

University of Zululand
Private bag X1001
KwaDlangezwa
3886
Tel 035 902 6220
Email: stella136ng@yahoo.com
14 October 2013

The Director: Research Strategy Development and BCMIS
KZN-Department of Education
Private Bag X9137
PIETERMARITZBURG
3200

Dear Sir/ Madam

A REQUEST FOR PERMISSION TO CONDUCT RESEARCH WITH EDUCATORS AS SUBJECT

I am conducting research for M.Ed. degree in the Faculty of Education at the University of Zululand. I am writing this letter to request for permission to conduct research with Educators at Thuthukani Special School in Empangeni. My research interest is on the teachers' knowledge of their learners psychological well-being at a special school.


The aims of the study are:

1. To study the teachers' levels of knowledge and understanding of psychological well-being of their learners.

2. To establish a relationship if any, between teachers biographical data and levels of knowledge

Your consideration of this letter and granting of permission to do research will be greatly appreciated.

Yours faithfully,


STELLA N. OCHOGU


SUPERVISOR
PROF M. HLONGWANE
UNIVERSITY OF ZULULAND

5614/14

ANNEXURE SIX: DEPARTMENT OF EDUCATION PERMISSION



education

Department:
Education
PROVINCE OF KWAZULU-NATAL

Enquiries: Nomangisi Ngubane

Tel: 033 392 1004

Ref.:2/4/8/402

Ms SN Ochiogu
Department of Educational Psychology
University of Zululand
KWADLANGEZWA
3886

Dear Ms Ochiogu

PERMISSION TO CONDUCT RESEARCH IN THE KZN DoE INSTITUTIONS

Your application to conduct research entitled: **"TEACHERS' KNOWLEDGE OF THEIR LEARNERS' PSYCHOLOGICAL WELL-BEING AT A SPECIAL SCHOOL IN UTHUNGULU DISTRICT"**, in the KwaZulu-Natal Department of Education Institutions has been approved. The conditions of the approval are as follows:

1. The researcher will make all the arrangements concerning the research and interviews.
2. The researcher must ensure that Educator and learning programmes are not interrupted.
3. Interviews are not conducted during the time of writing examinations in schools.
4. Learners, Educators, Schools and Institutions are not identifiable in any way from the results of the research.
5. A copy of this letter is submitted to District Managers, Principals and Heads of Institutions where the intended research and interviews are to be conducted.
6. The period of investigation is limited to the period from 01 May 2015 to 30 June 2016.
7. Your research and interviews will be limited to the schools you have proposed and approved by the Head of Department. Please note that Principals, Educators, Departmental Officials and Learners are under no obligation to participate or assist you in your investigation.
8. Should you wish to extend the period of your survey at the school(s), please contact Miss Connie Kehologile at the contact numbers below.
9. Upon completion of the research, a brief summary of the findings, recommendations or a full report / dissertation / thesis must be submitted to the research office of the Department. Please address it to The Office of the HOD, Private Bag X9137, Pietermaritzburg, 3200.
10. Please note that your research and interviews will be limited to schools and institutions in KwaZulu-Natal Department of Education.

UThungulu District

Nkosinathi S.P. Sishi, PhD
Head of Department: Education
Date: 29 April 2015

KWAZULU-NATAL DEPARTMENT OF EDUCATION

POSTAL: Private Bag X 9137, Pietermaritzburg, 3200, KwaZulu-Natal, Republic of South Africa ...dedicated to service and performance
PHYSICAL: 247 Burger Street, Anton Lembede House, Pietermaritzburg, 3201. Tel. 033 392 1004 beyond the call of duty
EMAIL ADDRESS: kehologile.connie@kzndoe.gov.za / Nomangisi.Ngubane@kzndoe.gov.za
CALL CENTRE: 0860 596 363; Fax: 033 392 1203 WEBSITE: www.kzndoe.gov.za