

**AN INVESTIGATION INTO THE PERCEPTIONS OF YOUTHS IN EARLY
ADOLESCENCE CONCERNING THE ROLE A CHILD'S BODY SHAPE
PLAYS IN BULLYING**

by

SARA LOUISE COERTZE

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Supervisor: Prof. Christiaan Bezuidenhout

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DECLARATION OF ORIGINAL AUTHORSHIP

I, Sara Louise Coertze, declare that *the dissertation* “An investigation into the perceptions of youths in early adolescence concerning the role a child’s body shape plays in bullying” is my own work. All the resources I have used for this study are sited and referred to in the list of reference by means of a comprehensive referencing system. I declare that the content of this dissertation has never before been used for any qualification at any other tertiary institute.

SARA LOUISE COERTZE

DATE

ABSTRACT

TITLE: An investigation into the perceptions of youths in early adolescence concerning the role a child's body shape plays in bullying

STUDENT: Sara Coertze

SUPERVISOR: Prof. Christiaan Bezuidenhout

DEPARTMENT: Social Work and Criminology

DEGREE: Magister Artium

Obesity has become a global pandemic that not only affects adults, but also children and adolescents. It has been found that obesity among children and adolescents has emotional, social, physical and psychological ramifications, one of which is bullying. Very little has been written on the effects obesity in early adolescence has on bullying behaviour in a South African context. For this reason the researcher deemed it necessary to study the perceptions of youths in early adolescence with regard to obesity and bullying. Semi-structured interviews were conducted with 35 early adolescents from the Brooklyn policing precinct in the east of Pretoria. The data were assessed through content and interpretative phenomenological analysis. Thus the researcher tried to capture the essence of each individual interview. Several themes emerged from the data analysis, of which the most noteworthy were what youths in early adolescence perceive as bullying; the influence of bullying on behaviour; a general overview of perpetrators and victims of bullying; and the correlation between an early adolescent's body shape and victimisation. The findings give insight into how obese young adolescents are perceived and treated by their peers. Furthermore, the findings elucidate what early adolescents perceive as bullying and possible reasons for such behaviour. By identifying the perceptions held by early adolescents, programmes can be implemented to address these stereotypes, thus decreasing the potential victimisation of overweight/obese youths in early adolescence.

Key concepts: Body shape, body mass index (BMI), bullying, diet, early adolescence, obesity, peer group, perpetrator, victimisation, youth.

OPSOMMING

TITEL: 'n Ondersoek na die persepsies van jeugdiges in vroeë adolessensie oor die rol wat 'n kind se liggaamsvorm in boeliegedrag speel

STUDENT: Sara Coertze

STUDIELEIER: Prof Christiaan Bezuidenhout

DEPARTEMENT: Maatskaplike Werk en Kriminologie

GRAAD: Magister Artium

Obesiteit het ontwikkel in 'n wêreldwye pandemie wat nie net op volwassenes 'n invloed het nie, maar ook op kinders en adolessente. Daar is bevind dat obesiteit in kinders en adolessente emosionele, sosiale, fisiese en psigologiese gevolge het, waarvan een boelie is. Baie min is nog geskryf oor die effek van obesiteit in vroeë adolessensie op boeliegedrag in die Suid-Afrikaanse konteks. Die navorser het dit daarom nodig geag om die persepsies van jeugdiges in vroeë adolessensie oor obesiteit en boeliegedrag te bestudeer. Semi-gestruktureerde onderhoude is met 35 vroeë adolessente uit die Brooklyn-polisiëringsdistrik in die ooste van Pretoria gevoer. Die data is geëvalueer deur inhoudelike en vertolkende fenomenologiese analise. Die navorser het sodoende gepoog om die kern van elke individuele onderhoud vas te vang. Verskeie temas het uit die data-analise duidelik geword, waarvan die belangrikste was wat jeugdiges in vroeë adolessensie as boelie beskou; die invloed van boelie op gedrag; 'n algemene oorsig van die oortreders en slaoffers van boelie; en die korrelasie tussen 'n vroeë adolessent se liggaamsvorm en viktimisering. Die bevindinge bied insig in die wyse waarop vetsugtige jong adolessente deur hulle eweknieë gesien en behandel word. Daarbenewens onthul die bevindinge wat vroeë adolessente as boelie beskou, sowel as moontlike redes vir sulke gedrag. Deur die persepsies van vroeë adolessente vas te stel, kan programme geïmplementeer word om hierdie stereotipes aan te spreek en daardeur die potensiële viktimisering van oorgewig/vetsugtige jeugdiges in vroeë adolessensie te verminder.

Sleuteltermes: Boelie, dieet, jeugdige, liggaamsvorm, liggaamsmassa-indeks, obesiteit, oortreder, portuurgroep, viktimisering, vroeë adolessensie.

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CHAPTER 1

DEFINITION OF CONCEPTS, HISTORICAL OVERVIEW AND PROBLEM STATEMENT

1.1 INTRODUCTION

More or less since 1975 the global focus of nutritionists has shifted from the problem of malnutrition and the challenge of feeding a constantly increasing population to a pandemic of obesity (Prentice, 2005:93). Recently, obesity has stimulated increased interest among international scholars. First world countries such as the United States of America (USA) (Kuchler, Golan, Variyam & Crutchfield, 2005) and Australia (Soft drink ban..., 2006) have recognised obesity as a possible social issue and for this reason undertook research and implemented government policies to curb obesity among children. Furthermore, obesity has been recognised as a variable in bullying behaviour. Adolescents who are overweight or obese have a higher chance of falling victim to bullying (Janssen, Craig, Boyce & Pickett, 2004:1187). Overweight and obese children are often the victims of verbal and physical attacks. Bullying among boys may result in the victim eventually becoming the perpetrator of physical bullying. As a result of their weight advantage they tend to be physically larger and stronger than their peers (Bullying and obesity..., 2007), thus making physical bullying possible. Although research studies (Griffiths, Wolke, Page & Horwood, 2006; Janssen *et al.*, 2004) have been undertaken abroad concerning the link between bullying and childhood obesity, the researcher found South African literature wanting in this regard. Nevertheless, the researcher aims to determine whether a child's body shape and weight has an impact on the occurrence of bullying behaviour. It was deemed necessary to study the perceptions of early adolescent primary school learners in the Brooklyn policing precinct in order to establish the role weight and body shape play in bullying behaviour. [Note: Brooklyn is a suburb of Pretoria, one of the capitals of South Africa].

Throughout the text the pronouns "his", "him" or "he" will be used to indicate both the male and female gender. Furthermore, overweight and obesity will be used interchangeably throughout this study to indicate a state of excess body fat. Note, a child is regarded as any individual under the age of 18 years. Thus the researcher will use the terms "child" and "adolescent" interchangeably to indicate an individual who is regarded as a minor and who is reliant on a parent/legal guardian for guidance and supervision. In the next section the central concepts will

be defined and operational definitions will be given, followed by a historical overview and problem statement.

1.2 DEFINITION OF CONCEPTS

The following serve to define the key concepts in the research topic: An investigation into the *perceptions* of youths in *early adolescence* concerning the role a child's body shape [*obesity*] plays in *bullying*. Defining these key concepts will elucidate the foci of the current study.

1.2.1 Early adolescence

Adolescence is the transitional period from childhood to adulthood, which includes physical, psychological and social growth (Blakemore, 2008:267). Adolescence encompasses three main phases, namely early adolescence which is generally accepted to span the period between the ages of 11 and 14 years, middle adolescence (14–18 years) and late adolescence (18–21 years) (Adolescence, 2012; Thom, Louw, van Ede & Ferns, 1998:385). For the purpose of the current study, the main participants will be children between the ages of 12 and 13 years and can be regarded as being in the early adolescent phase of their development. Early adolescents become more self-aware and develop deeper peer relationships as they gain a better understanding of others. During this transitional period, peer relationships become increasingly complex and are of significant importance to adolescents (Blakemore, 2008:267). Finestone (2004:67-68) also points out that an adolescent is in a continuous phase of contradiction as he seeks independence, yet still needs the support of his caregivers. Forming a self-identity is of great importance during this stage. Thus changes in the child's emotional, hormonal, physical, psychological, sexual and social spheres start to occur during early adolescence and stabilise when late adolescence has run its course. Adolescence is said to come to an end when somatic growth ceases (Adolescence, 2012).

For the purpose of this study, early adolescence is the early transitional period (12–13 years) from childhood to adolescence, which entails numerous changes, for example emotional, hormonal, physical, psychological, sexual and social developments.

1.2.2 Body shape

A somatotype can be characterised as one of three different body shapes/types. Typically there are three main body shapes/types, namely endomorphic (fat), mesomorphic (muscular) and

ectomorphic (slim) (Somatotype, 2012). For the purpose of this study, emphasis will be placed on the endomorphic/obese body shape, as the researcher wants to determine whether an obese body shape has an effect on the prevalence of bullying behaviour (either as a victim or a perpetrator or both). For this reason the researcher will present a detailed definition of obesity under the heading body shape.

- **Obesity**

A person is considered obese if he is 20 percent over his ideal body weight. The individual's height, sex and build have to be taken into account when calculating the ideal body weight (Glossary of children's ..., 2007). Hence if a child weighs 20 percent more than 95 percent of his peers of the same age, sex, build and height, he can be considered obese (Mash & Wolfe, 2010:402). In contrast, the World Health Organisation (WHO) definition compares an individual to his peers, but regards an individual as obese when that individual has a high degree of fat accumulation on his body that has a negative impact on his quality of life (Morrisson, Roddy & Ryan, 2009:79). There are different degrees of obesity, for example overweight, obese and morbidly obese. If a person is double his ideal weight, he can be regarded as morbidly obese (Obesity, 2012).

For the purpose of this study, an obese early adolescent is defined as a youth who is grossly overweight in relation to his age group, sex, build and height and whose social, emotional, psychological and/or physical well-being is adversely affected by the accumulation of excess weight.

1.2.3 Perception

When researching early adolescents' perceptions it is important to grasp the meaning of perception and what it concerns.

Perception concerns the "processes through which we give meaning to the information that our senses receive from the environment. Perception involves the selection, organisation and interpretation of stimuli" (Meyer, 1998:11). This implies that perception is the manner in which a person understands his surroundings. Through the senses, an individual adapts to the environment by receiving signals and incorporating them into his current knowledge base with regard to his surroundings. The incorporated knowledge may have an influence on how an individual communicates and what he believes in regard to his environment and himself.

1.2.4 Self-perception

Self-perception is a belief formed by an individual concerning his appearance, abilities, intelligence and social standing (Frey, 2002). A person's self-perception may be either positive or negative.

1.2.5 Bullying

Neser, Ovens, van der Merwe, Morodi and Ladikos (2003:127) define bullying as “the intentional, repeated hurtful words or acts or other behaviour committed by a child or children against another child or children”. This definition will be used as the point of departure for the following definitions of bullying. In Brown's (2002:93) opinion the perpetrator/s make use of a power imbalance to adversely and intentionally hurt, harm and/or affect the rights and needs of the victim. It should be kept in mind that the victim does not intentionally provoke the perpetrator (Carrol-Lind & Kearney, 2004:19). Olweus (in DeVoe & Kaffenberger, 2006:43) agrees with the above-mentioned definitions; however he adds that the behaviour displayed by the perpetrator is both aggressive and negative in nature. Furthermore, bullying can range from verbal remarks and/or exclusion from peer groups to physical assaults (Carrol-Lind & Kearney, 2004:19; Swearer & Cary, 2003:69). The researcher is of the opinion that sexual and emotional bullying should be incorporated into the operational definition, as she has found references to these two categories in recent literature (Booyens, Beukman & Bezuidenhout, 2008:38).

For the purpose of this study, the operational definition of bullying will be a combination of the definitions presented above. Bullying can be defined as the intentional physical, sexual, verbal, emotional and/or relational harm caused to a child or children by another child or children repeatedly and over an extended period of time and implies a real or perceived power imbalance between the perpetrator and the victim.

The next section presents a historical overview of the preferred body types from ancient Greece up to the 21st century.

1.3 HISTORICAL OVERVIEW: BODY TYPE

Body shape preference is not a modern construct. Like most things in modern life, the quest for slimness is embedded in history. The inclination to favour a particular body shape is learnt through interacting with the culture group an individual comes into contact with and is not innate

(Hancock, 2008:2). Researchers have found that, historically, being overweight was a sign of attractiveness and health, as only the upper class could afford to eat well. Being slender was associated with malnutrition and thus such a person would be viewed as being from the lower class. However, as food has become abundant in the western world, the relationship between social class and weight has shifted (Beautiful figure, [sa]) and people from the upper social class tending to place greater emphasis on the importance of being slim and following a healthy lifestyle.

Current body shape and fashion trends are evident when paging through most magazines. As magazines were not yet available in ancient times, the researcher consulted books on ancient art in order to identify the sought-after figure of the time. The next section will give a brief historical overview of the preferred body shapes from ancient Greece up to the 21st century.

1.3.1 Ancient Greece (Classical period)

The classical period encompassed the 5th and 4th centuries B.C. During this period artists could sculpt the human form realistically and in different poses. The main focus of art was portraying the perfect godly image (Art of Ancient..., 2007). Greek gods were represented in human form but were free from any imperfections. The development and maintenance of a perfect athletic body was seen as a spiritual and physical activity among the Greeks, as such a body best resembled the gods (Fleming, 1995:54-55). Thus going to the gymnasium regularly was an important event for all Greek males. A person's body was deemed public property and thus was always on display for the community's viewing and review. For this reason, if a person had a "poor" body he was seen as a poor citizen and was perceived as not participating in public affairs. Sculptures in the classical period portrayed bodies that were lean but well built. A perfect male body was thus athletic, had broad shoulders, a well-defined abdomen (the modern "six pack"), cut pectorals, with an iliac crest, muscular thighs and well-defined calves (Goldhill, 2004). Greek sculptures usually represented a body type which is anatomically impossible for any human to achieve (Ancient Greece: Naked..., 2006). Females were depicted in the same manner as males, with the exception of possessing breasts and the absence of a penis (Hancock, 2008:37, 44-45). Men expected their wives and daughters to be beautiful, slender and seductive (Boskind-White, 1985:116). Most sculptures were of young nude males, as the male body was deemed more attractive than the female body (Grogan, 2008:25). So-called beautiful male youths were portrayed with symmetrical, proportionate and uncircumcised genitalia, as big penises were considered grotesque and barbaric. A definite distinction can also be made

between beautiful youths and older males, as the latter were commonly presented with beards (Hancock, 2008:32).

1.3.2 Ancient Rome

When Rome invaded Greece, the Romans were vastly influenced by Greek art (Guisepi, [sa]). Similar to their Greek counterparts, the Romans placed great emphasis on the beauty of the human form (Hinckley, [sa]). The statues of this period still portrayed well-built figures; however they were slightly more fleshy and chubby (Fuchs, 2001:98; Laird, 2001a:218; Laird, 2001b:240, 243) than their Greek counterparts, for example the *Statue of Dionysos* (Fuchs, 2001:98) and the *Torso of a Youth* (Laird, 2001a:218). Statues of female goddesses, such as Aphrodite, distract viewers' attention away from female beauty and emphasise the female's fertility attributes, for example her pelvic area, breasts with emphasised nipples and pudendum (the collective external section of the female genital organ) (Meyer, 2001:134).

1.3.3 Middle ages (5th-15th century)

Slenderness was not always considered attractive. During the middle ages the "reproductive figure" was the figure of choice, with women having full, round and fleshy stomachs, hips (Grogan, 2008:16) and breasts (often compared to apples) (Beautiful figure, [sa]). This is well illustrated in Rubens's paintings *Venus at a mirror* (1615) and *Women* (1625).

1.3.4 Renaissance (14th-17th century)

The renaissance period is known for artists such as Michelangelo, da Vinci and van Eyck. The preferred fuller body type was transferred from the middle ages to the renaissance, with artists such as Rubens painting voluptuous women with full, rounded breasts and hips (Beautiful figure, [sa]). By modern standards these women would be deemed grossly overweight (Kuchinsky, 2007). On the other hand artists also followed the trend of the athletic body type concerning males, for example Mantegna's *Parnassus* and Raphael's *The triumph of Galatea* (Martindale, 1966:58, 84). Renaissance artists favoured nude muscular men as the focus of their art. The paintings and sculptures of these times portrayed athletic men with well-defined muscles (Grogan, 2008:25), for example Michelangelo's *David* statue (Martindale, 1966:73).

1.3.5 Victorian era (1837-1901)

Perception pertaining to the female body type changed during the Victorian era. Large breasts are not a modern prerequisite for beauty. In the Victorian era some corsets had built-in padding to give the illusion of a fuller bust. The first recorded breast enhancement surgery was conducted in the Victorian era by injecting paraffin wax into the patient's breast tissue. Many surgical procedures had devastating outcomes, such as fistulas, infections, painful lumps, pulmonary embolism and tissue necrosis (Bondurant, Ernster & Herdman, 1999:21; History of breast..., 2012; Pomeroy, 2009:11).

A curvaceous hourglass figure with an ample bust measurement, small waist and wide hips was considered beautiful in the Victorian era. Plumpness was deemed healthy, as fat cells were believed to be crucial for a well-balanced personality. Thus the old axiom reads, "a sweet temper and a bony woman never dwell under the same roof" (The illuminated body..., 2006). Women in the Victorian era used shape-altering devices called corsets. Corsets were made from cloth and vertical panels inserted with a narrow piece of whalebone, wood or other material, which made the device rigid and forced the body into a specific shape (Pomeroy, 2009:1). Corsets were worn around the waist and were tightly bound with laces. This gave the appearance of a small waist, which emphasised the hips and buttocks (Stein & Bark, 2004:16). Extended use of extremely tight corsets could cause difficulty in breathing and eating, damage ribs and internal organs or could even permanently alter a woman's skeletal shape. Earlier corsets were worn mostly by upper-class women. A shapely figure was so important that special corsets were developed for use during pregnancy. Overweight women were seen as immoral and lazy (Fedorowicz, 2009).

A shift from "ladylike dress" to "rational dress" was initiated in 1881 by Lady Harberton, the founder of the Relational Dress Society. The Relational Dress Society protested against any form of constricting clothing that could injure the human body, impede movement or deform the figure in any way (e.g. narrow-toed boots or corsets). The Relational Dress Society lobbied for a decrease in the number of undergarments a woman had to wear; the society introduced a maximum accepted weight for undergarments, namely seven pounds (3.17 kilograms [kg]). Thus their focus was on women being allowed to wear more practical clothes in general (Off the pedestal..., [sa]). With regard to males, being a big, broad and strong man was deemed handsome in the Victorian age (The illuminated body..., 2006).

1.3.6 20th and 21st century

Throughout history women have been put under pressure by society to conform to the perceived ideal body shape. In the past women used restrictive clothing such as corsets to achieve the ideal figure. However a shift occurred from restrictive clothes to restricting the body by means of exercise, diet and plastic surgery (Pomeroy, 2009:iii). Thus the external corset has been replaced by a metaphorical corset (Pomeroy, 2009:6). Only in the 20th century did a more slender build become fashionable. Furthermore, many authors are of the opinion that a slender build only really came into fashion during the 1920s (Grogan, 2008:17). Industrialised countries used the slim female figure to advertise the latest fashions of the time (Grogan, 2008:19). Prior to the 1920s clothing lines were advertised by means of drawings; by the 1920s human models were used and photographed in the new clothing ranges. These photographs were published in magazines and the models portrayed the ideal, slim female body. Certain fashion lines also catered exclusively for very slim figures.

During the First World War “flapper fashion” was worn by middle- and upper-class women. Flapper fashion called for a preadolescent male build (Beautiful figure, [sa]; Grogan, 2008:19; Pomeroy, 2009:5). These women bound their breasts, exercised religiously and followed very strict diets to attain the ideal “flapper” body shape (Grogan, 2008:19; Stein & Bark, 2004:16). There was a shift in perception in regard to the perfect body shape from the 1920s to the 1940s. During the 1920s the winners of the “Miss America” beauty pageant had an average bust-waist-hip measurement of 32”-25”-35” (“ = measured in inches). During the 1930s the ideal female build became shapelier, with the “Miss America” winners having an average ratio of 34”-25”-35”. This ratio changed even more in the 1940s to 35”-25”-35”. During the 1940s big “breasts became fashionable, along with clothes that emphasized them” (Grogan, 2008:19). The trend continued into the 1950s, with the emphasis being placed on big breasts, small hips and slender legs. During this time Marilyn Monroe became the first centrefold for the well-known “Playboy” magazine. What is more, the Miss America of the time boasted an exaggerated so-called “hour-glass figure” of 36”-23”-36”.

During the 1960s the slimmer body type once again became popular, as in the 1920s. Leslie Hornby was the world’s first supermodel. In the fashion industry she was known as Twiggy. She was excessively slim, weighing a mere 43.5 kg (Grogan, 2008:19) with a body mass index (BMI) of 14.7 (Veevers, 2006). An individual’s BMI can be calculated by taking the individual’s weight (in kilograms) and dividing it by the individual’s height (in square metres). A BMI score of 18.5-

24.9 is regarded as falling within the healthy weight category. See Chapter 3, Paragraph 3.2.3 for further discussion. Twiggy, with her extremely slim figure, became a role model for many young women (Boskind-White, 1985:115; Seid, 1994:7). This trend continued from the 1960s to the 1980s throughout the western world. During this time, models became thinner and thinner. Even the models that adorned the Playboy centrefolds became taller and thinner compared to the initial Marilyn Monroe look. However large breasts stayed very popular (Grogan, 2008:22).

The 1990s saw the rise of the “waif era” and the so-called “heroin chicks”. These women were even thinner than the ideal women of the 1980s. Even though the highest paid models (e.g. Cindy Crawford) were not waifs, many magazines and designers still chose to use extremely thin, anorexic-looking models. During the late 1990s and early 2000s, the fashion industry was condemned for ignoring the fact that some models were addicted to heroin as long as they had the desired “look”. Furthermore, the fashion industry encouraged young models to use stimulants to achieve and maintain optimum slimness. The situation became so worrisome that the Woman’s Unit of the British Labour Party convened to discuss the impact that the media had on eating disorders in the developed world (Grogan, 2008:23). Sadly, the extremely thin body type has been maintained into the 21st century. During 2006 the fashion industry did the unthinkable by banning excessively thin models with BMIs under 18 from catwalks in Madrid following the death of a 22-year-old model who literally starved herself to death. According to the WHO it is unhealthy to have a BMI lower than 18 (Veevers, 2006). Furthermore, most images are technologically altered (e.g. lighting and air-brushing), making the ideal body type advertised in magazines even more unattainable for the average woman (Grogan, 2008:25; Stein & Bark, 2004:14). The current ideal body type that the fashion industry portrays is only genetically destined for ten percent of the female population (Stein & Bark, 2004:14).

Men did not escape the culture of slimness. However their transition was not as dramatic as that of women. The male figure continued to be the subject of art up to the mid-19th century, whereafter the female body became more popular. From the mid-19th century to the 1980s the male body remained mainly absent in art, except for photos aimed at the male homosexual community (Grogan, 2008:25). However there were a few exceptions; for example, Leni Riefenstahl photographed athletes participating in the 1936 Olympic Games, and these photographs became part of Nazi propaganda (Grogan, 2008:27). The ancient Greeks’ obsession with the perfect athletic figure had an astounding effect on Nazi propaganda. Just like

the ancient Greeks, the Germans thought nothing of public nudity while participating in sport. This behaviour was regarded as part of nationalist fervour (Goldhill, 2004).

During the 1940s muscular male figures were photographed for body-building magazines. By the 1990s, particularly after the publication of the magazine, "For Women", the boundaries between males as viewers of the naked body and females as the viewed became blurred. Semi-nude men were regularly used to advertise anything from juice to perfume (Grogan, 2008:27). The 1990s saw the simultaneous rise of waif (extremely thin) and muscular male models (Grogan, 2008:28).

The use of muscular males in advertisements has led to an increase in male body dissatisfaction, depression and low self-esteem in many who endeavoured to look like these figures (Grogan, 2008:30).

As in the past, beauty ideals are barely attainable, as they are based on unrealistic expectations of how a woman or man should look (Beautiful figure, [sa]). Media messages bombarding adolescents with the message that self-worth is based on achieving the ideal body are exacerbating the problem (Stein & Bark, 2004:5). Furthermore, the media subliminally send children the resounding message that one of the criteria to be successful is a thin or in-shape body type (Pomeroy, 2009:8). Thus self-worth and success are based on the attainment of the ideal body shape. The media is not solely to blame; young girls have the disadvantage of having one of the most popular inanimate role models, namely the Barbie doll character. Barbie is seen as being beautiful, successful, athletic and happy and as having a bubbly personality (Turner, 2011). However, Barbie dolls have figures which are difficult for the average woman to achieve (Pomeroy, 2009:8-9). If the original Barbie had been a real woman, she would have weighed 49.89 kg, would have been 1.67 m tall and would have had a BMI of 17.8. Barbie's BMI would be below what the WHO defines as acceptable. A person with a BMI of 17.5 (or lower) can be classified as anorexic. Thus Barbie would be classified as an underweight young woman bordering on an anorexic body shape (Turner, 2011). During 1965 The Slumber Party Barbie Doll edition was issued with a diet book entitled, "How to lose weight". The instructions in the booklet were simple: "Don't eat". Furthermore, this Barbie had a bathroom scale which was permanently set at 110 lbs (49.89 kg) (Abraham, 2011; Turner, 2011). Despite Barbie's charm, the underlying message is clear: being thin makes a person popular, beautiful, successful and happy. The negative impact of the media and inanimate role models has been clearly indicated

in a study by Stein and Bark (2004). They found that 80 percent of 10-year-olds that participated in their study was afraid of being fat (Stein & Bark, 2004:14). From the aforesaid it is clear that humanity has always been consumed with body types and the so-called perfect look.

The following section will give an overview of the problem statement, as well as the possible risk factors that contribute to childhood obesity.

1.4 STATEMENT OF THE PROBLEM

Obesity is no longer restricted to adults, as a dramatic increase in obesity has been seen among children and adolescents in recent years. With obesity co-morbid problems, for example shyness (social withdrawal), eating disorders (Mash & Wolfe, 2010:403), physiological complications and early mortality, are also expected to manifest (Taylor, 2012:93). In the next section a brief overview of the physical, psychological and social ramifications of childhood obesity will be presented.

1.4.1 Physical, psychological and social ramifications of childhood obesity

Although obesity is not seen as a mental disorder, it can be detrimental to a child's psychological and physical development (Mash & Wolfe, 2010:402). There are many stereotypes relating to obesity, of which most are negative in nature (e.g. fat children are dumb and sloppy). These negative stereotypes may culminate into discrimination (e.g. not choosing a fat child to be part of a soccer team during school intervals). A decline in social status accompanies this type of discrimination and stereotyping (Taylor, 2012:96). Furthermore, bullying has been associated with obesity among children and adolescents. There is a higher propensity among overweight or obese adolescents to become victims and/or perpetrators of bullying (Janssen *et al.*, 2004:1187). Obese children may often fall victim to bullying behaviour because of their body type. The opposite may also be true, since the boy's weight and physical strength make it physically possible to bully other children with a slenderer build (Bullying and obesity..., 2007). As mentioned previously, bullying entails physical, sexual, verbal, emotional and/or relational harm caused to a child [children] by another child [children] repeatedly and over an extended period of time and implies a real or perceived power imbalance between the perpetrator and the victim.

The obesity pandemic among children and adolescents has become so worrisome that celebrities (e.g. Gok Wan [fashion consultant, author and television (TV) presenter] and Jamie Oliver [professional chef]) are joining the fight against childhood obesity by hosting programmes (e.g. Jamie's School Dinners) in order to draw attention to the plight of obese children and adolescents (see Chapter 2, Paragraphs 2.1.1.1 and 2.1.1.2).

From the above-mentioned it is evident that obese children not only suffer in a social context but the health risks of being obese are also extensive, with obesity causing atherosclerosis, diabetes, gallbladder disease, arthritis, cardiovascular diseases, kidney disease, cancer and understandable early mortality (Crespo & Smith, 2003:3; Taylor, 2012:93). According to the National Audit Office (Field, Small & Bloom, 2008:3), approximately 30 000 people die annually in the United Kingdom (UK) as a result of obesity. In view of the extensive health, social and psychological ramifications of obesity, a shift has recently occurred in the justice systems of different countries towards classifying obese children as cases of abuse. In some states of the USA the courts are taking action against parents who cannot or will not control their child's weight after they have received medical advice to do so (Darwin, 2008). This shift has recently also been seen in the South African judicial system, following the removal of an obese child in Pretoria from his mother's care, as she was deemed unfit to control her son's weight (Versluis, 2011).

Obesity among children in South Africa has increased drastically, with one out of six children suffering from obesity. On 14 November 2011 a South African boy collapsed at school and was pronounced dead by paramedics due to a heart attack. Melvin Nyalela was a 9-year-old boy who was 1.4 m tall and weighed 120 kg. He was morbidly obese with a BMI of approximately 61.2. He presented with warning signs such as falling asleep in class and occasionally had difficulty breathing (Coetzee, 2011:134). His mother refused to have him admitted to hospital when advised to do so by a doctor, as she feared he would die in hospital like his father the previous year. He died two weeks later (Coetzee, 2011:135). This further supports the necessity of the current study, as the effects of childhood obesity and the impact thereof on different areas of daily functioning are becoming evident in South Africa.

As obesity is a global issue, the researcher deemed it fit to discuss obesity briefly in a global context.

1.4.2 International context

There are many factors that may have an impact on the occurrence of childhood obesity, for example fast food, sweetened cold drinks and other issues discussed in the debate regarding nature versus nurture. The Australian and USA governments have realised the risk obesity in childhood poses and for this reason have taken legal steps to curb the obesity pandemic in these countries.

Fast foods are high in fat and simple carbohydrates, which cause rapid weight gain. In Australia, changes were made in schools concerning food choices after the Coalition of Australian Governments' Meeting (COAG), which was held in 2006. One of the policies adopted by many schools in Australia is the so-called traffic light classification system. All foods available to children during school hours are classified by their nutritional value (School nutrition guidelines..., 2008). Because of the high incidence of childhood obesity and the fact that sweetened cold drinks are a source of fast energy with which the human body is becoming increasingly unable to cope, the Australian government introduced a soft drink ban in all public schools in 2006 (Soft drink ban..., 2006).

The USA has seen similar changes with regard to soft drinks being banned from schools. In reaction to the increasing numbers of lawsuits and pressure from the state legislator, the USA's top three soft drink companies have agreed to remove all sweetened drinks from school cafeterias and vending machines within the borders of the USA (Burros & Warner, 2006). The process to remove the soft drinks started in the autumn of 2007. Moreover, the US government has implemented several other government initiatives to curb the intake of unhealthy food by the general public, but more specifically children of school-going age. For example, new laws prescribe that producers must indicate the nutritional value on the packaging of food, that value-added tax is applicable to snack foods, and that advertising of fast food aimed at children should be significantly restricted (Kuchler *et al.*, 2005). From the above-mentioned it becomes clear that the US government is also concerned with the rising number of obese children and is taking the necessary steps to curb the obesity pandemic within the country's borders by introducing applicable legislation.

In addition to the above-mentioned factors, South Africa has to deal with factors unique to its inhabitants. Many of these factors stem from African cultures and the legacy left by apartheid. Among these factors are the abolishment of apartheid, urbanisation and the stigma attached to

acquired immune deficiency syndrome (AIDS) and the human immunodeficiency virus (HIV). For this reason a short overview of obesity in a South African context will be discussed.

1.4.3 South African context

In many African countries, rapid weight loss is seen as an indication that a person may be HIV positive (HIV a factor..., [sa]). Many African cultures create their own phrases when discussing sensitive issues such as AIDS or sex (Uys, Chirwa, Dlamini, Greeff, Kohi, Holzemer, Makoe, Naidoo & Phetlhu, 2005:19). As rapid weight loss is one of the symptoms associated with HIV, some African countries refer to it as “eating plastic” (animals die from hunger due to an obstruction caused by ingested plastic) (Uys *et al.*, 2005:11), “clothes-hanger” and “big-eye disease” (Uys *et al.*, 2005:17). For this reason a fuller figure is revered as socially acceptable and healthy in many black African cultures and ethnic groups, especially in South Africa, as it is an indication to community members that the person has not contracted AIDS or the HIV virus (Puoane, Fourie, Shapiro, Rosling, Tshaka & Oelefse, 2005:10).

With the abolishment of apartheid came freedom of movement for all South Africans irrespective of race. This process was instrumental in introducing a global quick food market to black South Africans (Kruger, Puoane, Senekal & van der Merwe, 2005:492-493). The shift from traditional food, which is customarily low in fat and high in fibre, to food that is high in saturated fat has been identified as a factor in the growing obesity pandemic in South Africa. Furthermore, South Africa is currently one of the largest consumers of Coca-Cola on the African continent (Kruger *et al.*, 2005:493). This fact plays a part in worsening the problem of obesity in South Africa, as every 354.8 ml of Coca-Cola contains approximately 40.5 g of sugar (Sugar in drinks, [sa]), which constitutes more than half of the recommended daily sugar allowance (Chenhongxia, 2008).

Food consumption is an overwhelming factor in obesity; however one should not underestimate the importance of physical activity. As in other countries, such as the USA (Mash & Wolfe, 2010:404), urbanisation and fear of victimisation have caused a decline in traditional games that are played outdoors (Kruger *et al.*, 2005:494). Thus children tend to watch more TV and as TV viewing time increases, the time spent on physical activity decreases. This aspect, the technological growth in other areas and the high crime rates in South Africa have forced many young people indoors and caused a decrease in physical activities.

From the foregoing discussion it is clear that obesity and an overweight body type are of concern to global authorities and that this is a global issue with far-reaching consequences not only for the obese, but also for society as a whole. There are many risk factors that contribute to the high prevalence rate of obesity, for example poor diet and lack of exercise (Kruger *et al.*, 2005:494). Obesity has an impact on a person's quality of life, for example extensive health issues (Taylor, 2012:93) and discrimination (Taylor, 2012:96). Furthermore, obesity among school-aged children has been linked to bullying (Janssen *et al.*, 2004:1187). The current study will attempt to alleviate the dearth in the existing body of knowledge regarding obesity and bullying behaviour. As there is a lack of information on this subject in South Africa, the researcher intends to study the perceptions of youths with regard to obesity and determine whether these have an impact on the prevalence of bullying. The above-mentioned issues will be elaborated on in Chapter 2.

1.5 THE GOAL OF THE STUDY

This research is exploratory in nature, as it aims to determine whether obesity during early adolescence has an impact on the likelihood that a child could fall victim to or become a perpetrator of bullying. The goal one sets for research refers to the desired end result of a systematically planned endeavour (Fouché & De Vos, 2011:94). The goal of this study is to explore obesity from an early adolescents' perspective, thereby ascertaining whether obesity during early adolescence plays a role in bullying behaviour. The goal of research may be basic or applied. For the purpose of this research the goal is applied, as it focuses on understanding a specific problem in practice (Fouché & De Vos, 2011:94). Knowledge generation and comprehension of a social problem are the first steps towards intervening and possibly solving a problem within society (Patton, 2002:217).

1.6 THE OBJECTIVES OF THE STUDY

An objective is "the steps one has to take, one by one, realistically at grass-roots level, within a certain time span, in order to attain the dream" (Fouché & De Vos, 2011:94).

The objectives of this study are to:

- I. Determine what early adolescents perceive as bullying behaviour;
- II. Determine whether bullying during early adolescence has an effect on a child's behaviour;

- III. Gauge the possible effect that obesity during early adolescence may have on bullying behaviour.

1.7 DEMARCATION OF CHAPTERS

Chapter 1 focuses on the definition of key concepts and provides a brief historical overview of perceptions about ideal body types throughout the ages and current dilemmas pertaining to obesity. From this a problem statement was also presented in this chapter. Chapter 2 focuses on national and international studies concerning obesity and bullying in early adolescence. Chapter 3 outlines South African legislation that is in place to educate and inform consumers with regard to the content of foodstuff. Legislation which aims to guard against bullying in the school environment will also be discussed. Furthermore, the theoretical framework for this study will be presented. Chapter 4 provides an overview of the research design and methodological procedures and techniques. Chapter 5 elucidates the research outcomes. Chapter 6 will encompass the findings and final discussion, as well as recommendations for further studies. The limitations of the study will also be discussed in this chapter.

1.8 CONCLUSION

In Chapter 1 the key concepts were explained and operational definitions were formulated. From the historical overview it is clear that body shape preference is not a modern trend but one that has its roots in history. From a review of the problem statement, it is evident that there is currently a dearth in knowledge with regard to body shape, weight and a possible link with bullying among early adolescents. Many South Africans are not aware of the dangers that childhood obesity and bullying may pose. For this reason the perceptions of early adolescents need to be studied in order to understand what impact childhood obesity and bullying has on the youth of South Africa. Other countries, such as the USA (Kuchler *et al.*, 2005) and Australia (Soft drink ban..., 2006), have recognised the problem of obesity among children and have taken steps to address this social problem. In view of the above, South Africa should take heed of the increasing problem of obesity in a global context in order to address this social problem proactively. In order to narrow the gap in the current knowledge base, the research objectives have been formulated from the problem statement and will be used throughout to benchmark the current research.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

In this chapter the current literature regarding body shape (obesity) and bullying will be explored. In addition, South African studies on the subject of this phenomenon will be elucidated.

In the past obesity was mainly restricted to adults; however, recently there has been a global increase in obesity among children and adolescents. During the first global survey of body weight the WHO found that 75.6 percent of American males of 15 years and older were overweight and 36.5 percent of those overweight males were obese. Similar results were found among the British male population, with 65.7 percent being overweight and 21.6 percent being obese (Field *et al.*, 2008:3). Globally, 17.6 million children under the age of five years are obese (Coetzee, 2011:135). These are significant figures and should be treated as a serious warning, as many co-morbid problems usually accompany obesity, such as shyness, eating disorders (Mash & Wolfe, 2005:384), physiological complications and early mortality (Taylor, 2012:94).

Currently obesity is not classified as a mental disorder, even though it may have detrimental effects on a child's psychological and physical development (Mash & Wolfe, 2005:383). Obese children are often ascribed negative labels, for example being referred to as "dumb" and "sloppy". Such negative stereotyping may culminate in discrimination. Stereotyping and discrimination may result in a decline in the social status of an adolescent which may result, as is often the case, in a poor self-image. Unlike other groups with impediments, obese people are regularly insulted and are seen as being lazy and often teased about their weight. Thus obese adults and children are held responsible for their weight problem (Taylor, 2012:96). However, it was found that female adolescents held more positive views of overweight peers if their excess weight was beyond their control, for example due to a medical condition (Puhl & Latner, 2007:562). The discrimination and stereotyping that obese children have to endure are not limited to their peers, but have been found to include health professionals, teachers and even their parents (Ernsberger, 2009:31; Puhl & Latner, 2007:557, 562; Taylor, 2012:96). A statement by an obese child supports this: "Mum says it's easier to get clothes for my sister and they would like it if I was a normal size" (Dixey, Sahota, Atwal & Turner, 2001:210).

As a result of the degrading manner in which they are treated, many obese people become distressed about their bodies. This distress may lead to dangerous food restriction practices, for example anorexia and bulimia nervosa (Mash & Wolfe, 2005:377; Puhl & Latner, 2007:566). Both anorexia and bulimia have extensive health risks, which include the cessation of menstruation in females, dry skin, brittle hair and nails, sensitivity/intolerance of cold, cardiovascular problems, salivary gland enlargement, erosion of dental enamel, electrolyte imbalance and anxiety and mood disorders (Barlow & Durand, 2005:261, 263).

Furthermore, bullying has been associated with obesity among children (Janssen *et al.*, 2004:1187). Dr Ridder adds that obese children may become socially marginalised and this may increase their chances of becoming aggressive or depressed or of committing suicide (Coetzee, 2011:135). The physiological, psychological and social ramifications of childhood obesity are so extensive that it has attained global interest, with international celebrities joining the war against childhood obesity by hosting programmes to draw attention to the plight of obese children and adolescents. The researcher will refer to two programmes in the United Kingdom (UK) that deal with childhood and adolescent obesity, namely, 'Too fat too young' and 'Jamie's School Dinners'.

2.1.1 Childhood and adolescent obesity programmes

2.1.1.1 Too fat too young

Gok Wan is the host of the lifestyle programme, 'How to Look Good Naked'. His goal is to encourage people to feel more confident and comfortable with their appearance. As an adolescent he regularly overate and weighed 130 kg by the age of 11 years. The goal of the documentary was to discover the reasons for his own weight problems and to identify the challenges that currently face obese adolescents (Wan, 2009). By the age of 11 years his weight was causing him problems at school, for example he could not wear a school uniform, as there was no size large enough. Wan's obesity caused him a great deal of loneliness and isolation. Wan recounts his first day of middle school:

"It was the first day and I remember the teacher saying ... this afternoon you're doing PE and I got so upset that I wet myself and had to go home. I was so scared of doing PE I was terrified of anyone seeing me in sports gear or in the showers or in the changing rooms ..." (Wan, 2009).

Wan's overeating problem was so serious that he would sneak food out of the house and eat it in the bushes where he was out of sight. In this regard he stated that, "Back then hidden behind the smiles I was overweight, bullied and miserable. The more I was bullied the more unhappy I became and the more I would overeat." In cognition of this Coetzee (2009/01/28), a South African psychologist, notes similar behaviour among her child patients:

"It is a vicious cycle – the less I feel good about myself – the more I eat (comfort food) the bigger I get, the less I feel good about myself, the more I eat. It impacts on all levels of the child's human psyche."

At 17 years Gok Wan dropped out of school and enrolled at a performing arts college, which offered him an escape from his problems (Wan, 2009). Like many obese bullied children (Bullying and obesity..., 2007) he used anger and aggression as a defence mechanism to protect himself from others who might want to harm him.

At 20 years Wan decided to lose weight; he went on a strict diet and lost approximately 57 kg in eight months. The following statement emphasises the importance society places on body shape:

"When I lost the weight it was ... it was mind-blowing because everyone treated me differently, it was, I blended in ... It was only when I lost the weight that I realised how the world is against you when you're fat ... I'm sure more tolerance and less hostility can only help break the circle of impulsive overeating" (Wan, 2009).

In the documentary Wan identified three components that may contribute to adolescent obesity, namely genetics, addictive eating and the deterioration of family culture. Seventy percent of a person's weight is determined by genetics (Lyons, 2009:82; Wan, 2009). There are eight genetic variants linked to obesity and the most prevalent of these genes has been christened 'the fat gene'. Tests to identify obesity genes are not available to the public but are used solely for research purposes. Research shows that:

"... we are getting fatter because in contrast to the million years of our evolution, really in the last 50 years for the first time we have an almost unlimited access to food. Combined with again for the first time in millions of years of our evolution the need, the lack of need to be able to physically go out and physically work to get that food, most of us have desk bound jobs and most of us have access to snack food throughout our working life and our home life, so it's almost inevitable that any of us

who are genetically predisposed to becoming obese will in this environment become obese and only that smaller group of people who are somehow genetically predisposed always to remain lean, they will be resistant to this environment” (Wan, 2009).

Thus genetics, paired with an environment filled with almost unlimited food and hardly any exercise, plays a pivotal role in obesity (Wan, 2009). Moreover, certain people predisposed to an addictive personality type can become addicted to eating.

Teenage obesity is partly due to the breakdown of family culture. It is anticipated that teenage obesity can be reduced if families would sit down together for meals and talk (Wan, 2009). If they did this, every member of the family would eat more slowly because they participate in general conversations at the dinner table. Furthermore, children should not be permitted to eat in front of the TV. However, the point that is stressed most is that meals should be prepared properly and should include lots of fresh salads and vegetables. Another way in which an individual can be encouraged to eat slower is by using a mandometer. This device is a compact talking scale, which is placed under the patient’s plate. This scale monitors the adolescent’s portion size and calculates the proper length of time that the adolescent should take to consume the meal. The logic behind the mandometer is that decreasing the speed at which obese adolescents consume their meals will allow the brain to register that the stomach is full and thus prevent overeating. This intervention is aimed at changing behaviour and thus takes time to adapt to (Wan, 2009).

Obesity may cause diabetes, cancer and heart disease and for this reason Wan wanted to explore why despite all the health warnings, one out of five adolescents is still obese (Wan, 2009). The researcher will present three case studies, which highlight the constant struggle of being an obese adolescent, from Wan’s TV documentary.

Case study 1:

Joe’s weight problem started in primary school. At age 12 years he weighed approximately 140 kg and by the age of 15 years he had ballooned to approximately 191 kg, which according to doctors may already be life-threatening. Simple outdoor activities, for example riding on the bus, caused him a great deal of fear and distress. In addition, Joe’s obesity caused him anguish and medical problems:

“Everything that hurts ... I get really bad back ache and leg ache, ankle ache; you just feel, by the time you get home from work uh not work, school and stuff you just feel like your limbs are going to explode. I don’t want to get any bigger so I won’t be able to move” (Wan, 2009).

Joe was contemplating surgical intervention in the form of a gastric bypass or a gastric band. A gastric bypass is when the stomach is surgically reduced and a section of the small intestines is bypassed. This obliges a person to eat less and fewer calories are absorbed by the intestines (Rhoads & Kim, 2009). A gastric band is a surgical procedure during which a band is placed around the top part of the stomach. The band is a circular balloon, which has a port under the skin. The band is inflated by injecting saline into the port. When the band is inflated, it creates a pouch which stores the food (Dorland’s illustrated medical dictionary, 2007:201). The food then slowly moves through the band to the lower stomach. This gives the feeling of being full and thus the patient eats less. These procedures will only yield successful weight loss results if the patient eats sensibly (Gastric band operation, 2010). Joe summarised the reason why he was contemplating surgery as follows: “It’s my last chance of life and stuff” (Wan, 2009).

Case study 2:

Maria had struggled with weight problems since she was a toddler. By the first year of her General Certificate of Secondary Education (GCSE) she weighed approximately 159 kg. After all other interventions had failed; she had a gastric band fitted at the age of 17 years, which had up to the time the documentary was made been successful. Maria gave the following reason for her overeating:

“I just felt so lonely and I’d be lonely I’d eat then I’d realise eating would make me bigger so I’d still be lonely but then I couldn’t not eat because it made me happy ... It was my friend; it made me happy to eat ...” (Wan, 2009).

Her mother, Linda, said that by the age of nine to ten years her daughter was a food addict:

“I used to feed her like any normal child but it still started piling on and then she started wanting more food after I’ve fed her; she was such if I wouldn’t give her food she’d scream at me, um slam doors, it was like an addict” (Wan, 2009).

Case study 3:

Alicia's story is not unlike those of the other two adolescents'. Her weight problems started when she was eight years old. By the age of 12 years Alicia weighed approximately 191 kg. Alicia was bullied at school and the experience was so harrowing that she contemplated suicide. She was verbally and physically bullied; her peers set her hair alight and poured corrosive chemicals down her blouse in science class (Wan, 2009). At age 12½ years Alicia refused to attend school and became truant. She would get ready for school, greet her mother and go to sit in her local park alone. She continued doing this for a year and a half. Alicia lost contact with her friends and became socially isolated.

Lester Educational Services stepped in and enrolled Alicia in a special school for obese adolescents, where she received counselling. The school is aimed at building young people's self-esteem. According to Alicia, this school saved her life. Treatment for obesity will not be effective if measures are not taken to boost the adolescent's self-esteem. Self-esteem is directly correlated to weight loss. It is a collaborating process because if self-esteem improves, people lose weight and as they lose weight, their self-esteem improves (Wan, 2009).

From the above-mentioned case studies it is evident that obesity during adolescence causes emotional harm, physical complications and social marginalisation. Wan's documentary explored the lives of obese adolescents and the hardship that they had to endure on a daily basis. He established that obesity could have a genetic source and that food could be addictive. Lastly, he identified possible treatments available for teenagers who suffer from obesity, for example a gastric bypass, gastric band and the use of the mandometer. In addition special schools where obese children and adolescents are cared for can also be considered (Wan, 2009).

2.1.1.2 Jamie's School Dinners

Jamie Oliver is a world-renowned chef. He is the host of many cooking programmes and has won many awards for his cooking skills, recipes and humanitarian work. Jamie Oliver was motivated to take a closer look at obese children in the UK because of the appalling quality of school dinners that they were served. The low standard of school meals inspired him to produce a documentary entitled, 'Jamie's School Dinners' (Oliver, 2011). This programme acted as a focusing event, which drew the attention of the government and the public to the problem of childhood obesity (van der Lingen, 2008:224). The aim of the programme was to educate children, teachers and parents in regard to healthy eating habits and motivate them to enjoy

cooking. Oliver subsequently started the ‘Feed Me Better’ campaign aimed at introducing healthier school meals and eradicating processed food from school canteens. He started a web campaign lobbying for healthier school meals; he received 271 677 signatures from the general public, which he delivered to the residence of the British Prime Minister. After receiving the petition, the government pledged £280 million towards training the procurement staff and chefs at schools, purchasing the correct equipment for school kitchens and improving the quality of school meals (Oliver, 2011).

Since the introduction of the ‘Feed Me Better’ campaign there has been an increase in the pupils’ marks and a decrease in authorised absences (being absent because of illness) from the different participating schools (Williams, 2010). Other positive outcomes were evident immediately, for example, “Even while doing the programme, we could see that asthmatic kids weren’t having to use school inhalers so often” (Williams, 2010) and “we could see that it made them calmer and therefore able to learn” (Williams, 2010). These findings are in line with Schoenthaler’s ground-breaking study on the effects of food on the behaviour of school children (see Chapter 3, Paragraph 3.3). Table 1: School menu, indicates the drastic changes that Oliver made to the school menu.

Table 1: School menu

The old school menu	The new school menu
Burgers and chips	Mexican bean wrap
Sausage rolls	Roast beef and all the trimmings
Fish fingers	Mushroom and lentil bake
Drumstick-shaped turkey nuggets	Lamb and vegetable pie
Chicken nuggets	Creamy coconut fish

(Adapted from Williams, 2010)

Not only has Oliver made a difference in the UK in regard to nutritious school meals, but he has also launched the same campaign in the USA. By 29 March 2010, 100 000 people had signed his on-line petition in the USA (Williams, 2010). His ‘Feed Me Better’ campaign has drawn international attention to childhood obesity and the importance of good nutrition during childhood development. Poor diets are not the only risk factor contributing to the global childhood obesity pandemic. For this reason a general overview of the most prevalent risk factors that contribute to obesity will be put forward in the following section.

2.2 RISK FACTORS OF CHILDHOOD OBESITY

In this section a general overview of the risk factors that may lead to childhood obesity will be highlighted. Although there are many factors that may lead to child obesity, only the following will be discussed in this section: fast food, sweetened cold drinks, sleep deprivation and the debate regarding nature versus nurture. Because of its applicability to the current obesity problem, an overview of the phenomenon in South Africa will also be given.

2.2.1 Fast food and obesity

The fast food industry has taken the world by storm. Fast foods may cause rapid weight gain, as they are high in fat and simple carbohydrates. Parents no longer have time to prepare balanced meals for their families, thus parents may depend on good-tasting fast food (Kuchler *et al.*, 2005). Furthermore, parents tend to spoil their children by giving them money for treats and fast food instead of spending quality time with them (e.g. a busy mother gives her child some money to go and buy a treat from the store, so she can get some work done or to get some quality time alone).

After the COAG meeting held in 2006, changes were made in Australian schools concerning food choices. Many schools in Australia have adopted the so-called traffic light classification system, where all food available to children during school hours is classified by their nutritional value. Foods classified as green light foods are healthy and should be consumed every day, for example fruit, vegetables and lean meat. Foods classified as orange light foods are not everyday foods, but may still have some nutritional value, for example a hotdog. Red light foods are mostly banned by schools, as they tend to be high in fat, sugar and sodium. Soft drinks are classified as a red light food and should not be consumed. Although the traffic light classification system is not mandatory, most schools in Australia have adopted it, as it is viewed as “good practice” (School nutrition guidelines..., 2008). [The researcher will be referring to the traffic light classification system throughout the text. Unhealthy foods will be referred to as the so-called red light foods, foods that are not everyday foods but which still have some nutritional value will be referred to as orange light foods and healthy foods will be referred to as green light foods].

The US government has launched several government initiatives to curb the intake of unhealthy food by the public in general and more specifically by children of school-going age. For example, new laws prescribe that value-added tax is applicable to snack foods, that producers must

indicate the nutritional value on the packaging of food and that the advertising of fast food aimed at children should be significantly restricted. However, most of these initiatives had little or no impact on the choice of food that the public bought and consumed. In 1994 the USA passed The National Labeling and Education Act that required all food manufacturers to indicate the nutritional value of their food products. However, this Act did not have the intended result, as restaurants and fast food companies were not required by law to indicate the nutritional value of their products (Kuchler *et al.*, 2005).

Another effort to curb the consumption of unhealthy fast foods proposed by the American government was to levy additional tax on snack food. The motivation for this tax was that people would rather buy healthier foods, as these were not taxed and thus cheaper than snack food. However, for this initiative to be successful all snack foods would have to be taxed, otherwise the public would substitute one unhealthy snack for another (e.g. substitute potato crisps for buttered popcorn) (Kuchler *et al.*, 2005). Furthermore, the reasoning behind the taxation of snack food was that most children would rather buy cheaper products (healthy food), of which they can buy a higher quantity than only buying one product at a higher price. In this regard, tuck shops at school play a pivotal role in the healthy (or unhealthy) eating habits of children. The tuck shops at school sell mostly unhealthy foods. As many parents do not have time to prepare a healthy lunch for their children, they are inclined to give their children money to buy food from the tuck shop or vending machines. If prices are the same, most children would choose to buy unhealthy food rather than healthy food (Obesity – staggering statistics, 2004). Fast foods that are high in saturated fats, sugar and calories may become addictive, as they stimulate opioids or so-called “pleasure chemicals” in the brain. In contrast, there are scholars that are of the opinion that eating fast food causes a rapid increase in blood pressure. Thus, when the blood pressure plunges, the body desires another snack in order to lift it. Therefore they argue that in such instances eating is not addictive, as an individual will eat in order to increase blood pressure and not merely for pleasure. Furthermore, the consumption of fast food may lower a person’s ability to respond to leptin, which signals hunger or saturation (Fast food ‘as...’, 2003; Greviskes, 2010). As in Australia, certain states of America passed legislation in an effort to curb obesity among school children. Foods and beverages that are available during school hours have to comply with certain nutritional standards set by the state. As a result, there is a prohibition on soft drinks and certain foods sold by means of vending machines (Cotten, Stanton, Acs & Lovegrove, 2005; School nutrition guidelines..., 2008).

There has been a move in the USA to restrict fast food advertisements aimed at children. In one year an average 8–12-year-old child would have viewed 7 600 advertisements promoting food (Zwillich, 2007). According to Zwillich (2007), a freelance reporter for a USA Washington newspaper, candy was advertised most frequently in the media, with five advertisements per day, followed by fast foods (four), soft drinks (four), cereal (three), restaurants (two), healthy foods (two) and lastly prepared foods, with only one advertisement per day.

The Rudd Centre for Food Policy and Obesity at the University of Yale undertook a study in 2009, aimed at establishing the degree of marketing aimed at children by fast food establishments. It was found that the fast food industry spent more than \$4.2 billion in 2009 on advertisements and marketing. Furthermore, the study highlighted that in 2009 preschool children viewed 21 percent more advertisements focussing on different fast foods than they had six years earlier in 2003. Adolescents (12–17 years) view almost five advertisements per day aimed at selling fast food. McDonald's has 13 websites, of which one is aimed at children as young as two years old. These websites get about 365 000 hits a month. According to the director and co-founder of the Rudd Centre, Kelly Brownell, "If they truly wish to be considered partners in public health, fast food restaurants need to drastically reduce the total amount of marketing that children and teens see for fast food and iconic brands that sell it" (Fast food restaurants..., 2010). An article by Kuchler *et al.* (2005) highlights that if children were to see fewer advertisements aimed at unhealthy food types, they would be inclined to eat more healthy food. A recent study by Wansink, Just and Payne (2012:2) supports the hypothesis that using iconic brands and characters could influence children's choices regarding food consumption. Many companies use popular cartoon characters to advertise their unhealthy food products. Very few companies that sell healthy food use these promotion practices even though it is a low cost approach to make healthy food more attractive to children (A funny face can..., 2012:16). In a study conducted by Wansink *et al.* (2012:2) 208 children from seven schools were given a choice of taking a free cookie, an apple or both in addition to their lunch. It was evident from the data obtained that presenting children with an apple adorning a sticker of an iconic character like Elmo had a marginally significant effect on their decision to choose a healthier snack (Wansink *et al.*, 2012:4). Thus this study indicates that by presenting healthy food with iconic characters may increase the likelihood of consumption by children (Wansink *et al.*, 2012:4).

It is also possible that the free toy that a child receives with most fast food meals could be a strong incentive, which reinforces poor eating habits. It follows then that toys should no longer

be given with fast food meals. From December 2011 new legislation in San Francisco, USA made it illegal to include toys with fast food meals that do not comply with nutritional standards imposed by the local authorities (Gallucci, 2010). These standards are as follows: the meal may not contain more than 600 calories, of which less than 35 percent are derived from fat (excluding fats from nuts, low-fat cheese, seeds and eggs), and it may not contain more than 640 milligrams of sodium (McDonald's slams San..., 2010).

2.2.2 Soft drinks and obesity

The war against soft drinks in American schools started in 1999 when a health teacher learnt that the school where she was employed was unable to make juice available in their vending machines, as it was in direct violation of the exclusive agreement that it had signed with the Coca-Cola Company. Schools that had a contract with Coca-Cola could not sell any beverage that had not been approved by the company (Blanding, 2010:89). Coca-Cola realised that its general American public market was becoming saturated. Thus the company turned its attention to schools, which would provide a captive audience and ensure future brand loyalty (Blanding, 2010:90). Coca-Cola paid participating schools \$3 000 (US) annually to make its product available to children during school hours. In 1994 USA Senator Patrick Leahy was the first person who tried to ban soft drinks from schools. Coca-Cola retaliated by lobbying participating schools to write letters of concern pointing out that a soft drink ban would result in lost revenue. The senator stated that "the company puts profit ahead of children's health ... If Coke [*Coca-Cola*] wins, children lose" (Blanding, 2010:91).

Coca-Cola paid schools an obscene amount of money for signing a contract with the company; for example one school received \$30 000 up-front for installing 25 Coca-Cola vending machines. Another school received four sport scoreboards valued at \$27 000. According to the Centres for Disease Control and Prevention, by the year 2000, 43 percent of elementary schools, 74 percent of middle schools and 92 percent of high schools in the USA had a long-term soft drink contract (Blanding, 2010:94).

With regard to brand loyalty, babies are able to recognise logos by the age of six to 18 months. By the age of three years, most toddlers can request these brands by name. The top five brands among children in the USA are Coca-Cola, Cheerio's, Disney, McDonald's and Barbie. Furthermore, Coca-Cola makes so-called "collector's items", claimed to be aimed at adults. These collector's items include Coca-Cola Barbie, Coca-Cola playing cards and toy Coca-Cola

trucks (Blanding, 2010:95). This begs the question whether these collectors' items are in reality aimed at adult consumers.

Different role-players condemned Coca-Cola for selling an unhealthy product to children; in addition to this, the soft drink contained caffeine. The manufactures claimed that caffeine was added for flavour. However, research showed that soft drink consumers could not distinguish between caffeinated and non-caffeinated soft drinks. It was believed that the company added caffeine to Coca-Cola in order to make it addictive. Thus Coca-Cola was selling a seemingly addictive substance to children. This was not received well in society (Blanding, 2010:110). Eventually Coca-Cola, along with other soft drink companies, agreed to remove all sweetened drinks from school cafeterias and vending machines within the US borders. The process to remove all sweetened drinks from schools started towards the end of 2007. This decision had been brought about by the increasing numbers of lawsuits and pressure from the state legislator (Burros & Warner, 2006). Schools in the participating states now only sell bottled water, low-fat milk and 100 percent fruit juice. Furthermore, fruit juice servings have been increased from 236.5 ml in elementary school to 295.7 ml in middle school and finally 354.8 ml in high school. Thus juice servings have been adapted to the child's age and nutritional requirements.

An average person in the USA consumes 80 kg of sugar annually (SA snack tax..., 2006). Mr Bill Clinton, a former president of the USA, stated that "... if an 8-year-old child took in 45 less calories per day, by the time he reached high school, he would weigh 20 pounds less than he would have weighed otherwise ..." (Burros & Warner, 2006). Sweetened cold drinks are a source of fast energy which the human body is becoming increasingly unable to cope with. A worldwide campaign, named "The Global Dump Soda Campaign", was pioneered during the Consumers International Congress in 2007. Many similar campaigns have since then seen the light and are calling for a ban on the marketing of soft drinks to children under 16 years of age (Burke, 2007:4). According to the USA Centre for Science in the Public Interest, "soft drinks are a nutritional waste, they are essentially liquid candy" (Consumer groups push..., 2007).

The Australian government has banned soft drinks since 2006 from all public schools in view of the increasing number of obese children in Australia. Soft drinks are classified as a red light food in Australia. An Australian politician, Lynne Kosky, stated that "nearly one in 10 teenagers are drinking more than a litre of high-caloried sweet drinks each day" (Soft drink ban..., 2006).

2.2.3 Sleep deprivation and obesity

Children over the age of ten years who do not sleep at least nine hours a day are at increased risk of becoming overweight. According to a study published in the *Journal of Obesity*, children who sleep less have a 92 percent higher chance of being overweight (A good night's..., 2008). It is the researcher's opinion that children who have an inadequate amount of sleep may be tired the following day, and may thus not have enough energy to exercise and play. Furthermore, inadequate sleep has an effect on the hormones that control appetite stimulation (ghrelin) and appetite suppression (leptin) (Sleep deprivation, 2008).

2.2.4 Nature versus nurture and obesity

Having an obese parent is one of the most telling risk factors of childhood obesity, since the child shares the genes, habits and the environment of his parent(s) (van der Merwe, 2004:17). According to van Eeden (2008/10/10), a registered physiotherapist at Linmed Hospital, South Africa, the majority of the obese children she treats have slightly overweight to obese parents. Even though genetic factors do play a role in childhood obesity, the family's lifestyle is an indicator of whether a child is at risk of becoming obese. Parents are to blame for their children's poor eating habits. They decide which food will be available in the house and they set an example of how a person should eat and whether exercise is important (Mash & Wolfe, 2005:386). Overweight children seldom learn proper eating habits and tend to grow up to be overweight adults, thus the cycle of obesity continues (Obesity – staggering statistics, 2004). According to a study reported in the *Nutrition Journal*, overweight mothers tend to overfeed their infants by giving them extra feedings between meals. Furthermore, it was found that an infant born to an obese mother eats or is fed more often as the mother's weight increases (Overweight mothers overfeed..., 2005).

A study of obese children in Baltimore, USA, showed that more than 50 percent of the parents who participated in the study did not recognise their child as being overweight. Nearly 75 percent of the parents did not see their child's weight as a problem and more than 70 percent of the parents believed that their child's weight did not pose a health risk. Parents who recognised their child's weight problem were more likely to acknowledge the health risks that are associated with being overweight (Parents 'blind' to..., 2001). Therefore one of the first steps towards finding a solution to childhood obesity is educating key caregivers on the possible implications of being overweight.

Recently there has been a shift in the justice system towards holding parents legally liable for their child's weight, as obese children could be classified as possible abuse cases. In 2007 a British boy was nearly removed from his mother's custody by social services, as it became apparent that she was overfeeding him. Connor McCreaddie is an 8-year-old boy who weighs approximately 100 kg; to date of this writing he has broken four beds, five bicycles and six toilet seats. Some days he struggles to complete the seven-minute walk to school and is consequently absent from class (Templeton, 2007). Furthermore, he has difficulty cleaning and dressing himself (Pallister, 2007) and has to endure constant teasing from his peers. As a last resort social services were lobbying to remove Connor from his mother, as other interventions were futile, with his mother, missing multiple appointments with nutritionists and nurses. Because of the high obesity rate in the UK, politicians are pushing for earlier intervention and in extreme cases, for the removal of these children from their parents' care. However, medical reasons (e.g. hormonal imbalance or thyroid problems) have to be ruled out before a case of abuse can be opened. Thus social services will have to prove that the parents are accountable for their child's obesity problem. Parents are responsible for what their children consume and they should control their children's sugar and fat intake and not leave this decision to the child. Connor's mother said, "Yes, I know what are the right and wrong foods to eat, the fattening and non-fattening foods, but Connor doesn't like fruit or vegetables and he won't touch salads" (Templeton, 2007).

A similar shift has been seen in certain states of America, with courts taking action against parents who cannot or will not control their child's weight after they have received medical advice to do so. The law provides a clause that these parents can be charged with abuse or neglect. Numerous cases of this kind have been heard in California, Indiana, New Mexico, New York, Pennsylvania and Texas courts. In most of these cases the children were temporarily removed and placed in foster care. During 1998 a case was heard in a California court concerning a 13-year-old girl who weighed 308.4 kg. Sadly, she died before the case was concluded and her mother was found guilty of misdemeanour child abuse through inaction (Darwin, 2008).

Recently a case was heard in Pretoria's (South Africa) high court by Judge Cynthia Pretorius concerning an 11-year-old boy who was 22 kg overweight. He was removed from his mother's care and placed with his father (Venter, 2011). The judge stated that the mother had ample time to address her behaviour concerning her son's weight and overmedication. His mother could not

control his weight, as he gained almost one kilogram per month. His mother admitted that he had a weight problem, but continued to allow him to gain weight (Versluis, 2011). The 11-year-old boy complained of ankle pain when participating in rugby. Thus his obesity was already causing strain on his young, developing body. Furthermore, it was found that the mother had been giving her son medication for asthma, from which he did not suffer.

As in other countries, South Africa has consequently not escaped the obesity pandemic. All the above-mentioned risk factors are relevant in South Africa. In addition, because of socio-cultural differences, South Africa experiences factors that are unique to its population. Many of these ethnic risk factors stem from African cultures and beliefs. The researcher therefore deemed it relevant to include the AIDS pandemic, urbanisation and globalisation, socio-cultural factors, dietary practices and the lack of physical activity under the main heading, Contextualising obesity in South Africa.

2.3 CONTEXTUALISING OBESITY IN SOUTH AFRICA

The results of the first South African Demographic and Health Survey (SADHS), published in 2002, indicated that obesity is more prevalent among black women, followed by women of mixed ancestry. White women and Indian women showed the lowest prevalence of obesity (Goedecke, Jennings & Lambert, 2006:73). However, the study revealed a significant difference among South African men. White men had the highest incidence of obesity, followed by Indian men and men of mixed ancestry. Black men had the lowest prevalence of obesity (Goedecke *et al.*, 2006:74). South Africa is currently facing a growing problem with child obesity, as one in six children suffers from obesity (Coetzee, 2011:134). It has been found that children living in urban areas have the highest prevalence of obesity, whereas children living in rural areas have the lowest prevalence of obesity (Kruger *et al.*, 2005:492). Many factors have been identified as possible contributing factors to South Africa's growing obesity rate, for example the HIV and AIDS pandemic, urbanisation and globalisation, lack of physical activity and socio-cultural factors.

2.3.1 AIDS, HIV and obesity

It is estimated that 30.2 percent of pregnant South African females (15–49 years) was HIV positive in 2010. AIDS accounted for 44.9 percent of all deaths in 2002 and 43.6 percent by mid-year 2011 (Statistical release P0302, 2011:7). However, all the data pertaining to AIDS should

be read with caution, as many family members do not disclose that their deceased relative was HIV positive for fear of being stigmatised. This may result in misleading data, as these deaths may be filed under other causes, for example upper respiratory disease or tuberculosis (Haile, Chambers & Garrison, 2007:194,197; South Africa HIV..., 2011). It is highlighted in an article entitled: "HIV a factor behind obesity" ([sa]), that HIV and AIDS are partially to blame for the growing obesity pandemic in South Africa. In many African countries AIDS is called "slim" (Grogan, 2008:12). According to the Health Encyclopaedia (2009), rapid weight loss is a symptom associated with AIDS. Black South African people who are HIV positive are often stigmatised and discriminated against. Many families and communities will shun and reject people with HIV, especially women and children. Children who have parents who are infected are feared, bullied or teased at school (Haile *et al.*, 2007:197). Among Africans, having a slender build is associated with certain life-threatening diseases such as AIDS and therefore if one is overweight, it is an indication to the community that one has not contracted AIDS (Armstrong, Lambert, Sharwood & Lambert, 2006:62). For this reason some parents tend to overeat and overfeed their children to ensure that society does not label them as HIV positive (HIV a factor..., [sa]).

2.3.2 Urbanisation and globalisation

With the abolishment of apartheid came freedom of movement for all South Africans, irrespective of race. This process was instrumental in introducing a global food market to black South Africans. The shift from traditional food, which is low in fat and high in fibre, to food that is high in saturated fat has been identified as a factor in the growing obesity pandemic in South Africa. The global fast food market has taken South Africa by storm. This is evident from the fact that international fast food chains like McDonald's, Kentucky Fried Chicken (KFC) and Wimpy have branches at most shopping centres in the country. These franchises are also seen in most rural towns of South Africa. This fad promotes a lifestyle of fast food high in saturated fat and sugar (Kruger *et al.*, 2005:492-493). Fast food companies advertise their 'kiddies meals' as a holistic meal. However, this is not the case, as many of these meals are high in fat, low-grade proteins and carbohydrates. Furthermore, these companies entice children to their fast food chains by offering a toy with their 'kiddies meal' (Watts, 2003).

Carte Blanche, an investigative TV programme, in co-operation with the Council for Scientific and Industrial Research (CSIR) in Pretoria (South Africa), purchased five 'kiddies meals' from

various fast food companies to be tested for contents and nutritional value. The following meals were bought and the results are tabulated in Table 2: Fat and total calories of 'kiddies meals'.

Table 2: Fat and total calories of 'kiddies meals'

Company	Contents of meal	Total fat content	Total percentage of calories
KFC	Chicken, chips and Liquifruit	19.1 g	36.0%
Nando's	Chicken, chips and Sparberry	24.7 g	32.0%
McDonald's	Burger, chips and Coke	25.8 g	39.0%
Wimpy	Burger, chips and Coke	22.8 g	34.5%
Steers	Burger, chips and chocolate milkshake	35.2 g	39.0%

(Adapted from Watts, 2003)

According to the results, one burger makes up 33.3–40 percent of a child's daily calorie allowance. This is problematic, as a single burger constitutes a third of the child's daily calorie allowance and is of little nutritional value. This leaves the child with two-thirds of his daily calorie allowance, which has to be divided between breakfast, lunch and snacks (Watts, 2003).

Furthermore, South Africa is one of the largest consumers of Coca-Cola on the African continent (Kruger *et al.*, 2005:493). This fact plays a part in worsening the problem of obesity in South Africa, as every 354.8 ml of Coca-Cola contains approximately 40.5 g of sugar (Sugar in drinks, [sa]), which constitutes more than half of the recommended daily sugar allowance (Chenhongxia, 2008). Sugar is a refined carbohydrate, which has to be metabolised into the system by drawing on the body's micro-nutrient stores (Sugar's effect on..., 2007). Thus, if there is a large intake of sugar, the body's stores may become depleted and this may cause organ damage due to poisonous residues left in the system (Sugar–Pure white..., [sa]). High levels of sugar increase insulin levels, hindering the release of the growth hormone. Higher levels of insulin suppress the immune system, making a person more susceptible to infections. Furthermore, insulin promotes fat storage in the body (Sugar's effect on..., 2007).

2.3.3 Socio-cultural factors

As mentioned previously, AIDS and the stigma that accompanies it have an impact on the prevalence of obesity among certain gender and cultural groups (e.g. black women) in South Africa. Being overweight or obese assures the community that one is healthy and HIV negative.

One's level of education has been identified as playing a role in society's perception of the ideal body size. The SADHS found that women with higher education levels tended to perceive the ideal body weight more accurately than women with fewer years of education. However, the opposite held true for male South Africans (Goedecke *et al.*, 2006:81). The incidence of eating disorders among black South African women has increased since the 1990s. The obsession among black and white women from urban areas to have a slender body has also increased in South Africa. This is, however, not the case among black women from rural areas, who still tend to prefer the larger body types (Szabo & Allwood, 2006:201). This may be indicative of cultural beliefs held by many black South African groups. Among many black cultural groups, being overweight is seen as healthy and beautiful, especially among females. Furthermore, being overweight signifies wealth, strength and that a woman's husband provides well for her (Puoane *et al.*, 2005:10). In this regard literature shows that in previous centuries being overweight was deemed attractive and was considered to be a sign of prosperity. Only people from the upper social class could afford to eat well. Thus a person's body shape could indicate to which social class the person belonged. However, the tables have turned, with people from the lower social class currently struggling with overweight and people from the upper social class fixating on slim, healthy figures. Barber (1998:297) has found that body shape correlates with a woman's role within her culture; for example, housewives and mothers tend to have more corpulent figures than women who are part of the workforce. Thus more traditional roles could be paired with more corpulent figures, whereas less curvaceous figures were more prevalent among women with a higher level of education and economic prosperity in the workforce.

2.3.4 Dietary practices

As mentioned previously, globalisation has introduced westernised food to South Africa, which is slowly replacing traditional foods. Westernised food is high in saturated fat and contains less carbohydrates and fibre than traditional foods (Goedecke *et al.*, 2006:79). Furthermore, there has been a move towards buying food from street vendors and "spaza" shops (informal shops run from homes in townships, which sell everyday small household items) that sell mostly unhealthy food (e.g. Russian sausages, deep-fried fish, chips and tripe). Shops in rural areas tend to sell cheaper meat cuts and milk, which tend to be higher in fat (Kruger *et al.*, 2005:493).

2.3.5 Physical activity

As TV viewing time increases, the time spent on physical activity decreases. It goes without saying that as time spent in front of the TV increases, so does the prevalence of obesity (Crespo & Smith, 2003:9). Thus there is a correlation between the hours spent viewing TV programmes and an increase in the viewers' weight. The American Association of Paediatrics recommends that children's TV viewing and computer games be limited to two hours a day or eight hours a week. This is not the case in South Africa, with children viewing TV an average of four hours a day (Coetzee, 2011:135). The more time children and adults spend watching TV, the more advertisements they will view that promote food. Temple (2008) indicated that during June and October 2006, South African children would have viewed 408 advertisements, with 69 of them advertising food. According to Temple's study, no advertisements that promoted fruit, vegetables or grains were broadcast during June and October 2006.

Urbanisation and the fear of victimisation have caused a decline in traditional games that are played outside (Kruger *et al.*, 2005:494). This means that parents entertain their children by allowing them to watch TV where they are under supervision rather than allowing them to go to parks or play in the streets with their friends. Some parents go to the extreme of locking their children in the house while they are at work (Coetzee, 2011:135). Many people in South Africa still live below the breadline in poor, disadvantaged areas. Because these communities are disadvantaged, many schools are not in the financial position to provide after-school activities, thus denying children a safe environment in which they can exercise. Being financially disadvantaged consequently limits a person's access to safe outdoor activities (Ernsberger, 2009:32).

In South Africa there have been attempts to increase children's levels of physical activity on a daily basis, for example the Charter of Physical Activity and Sport for Children and Youth. The aim of the charter is to ensure that children have the right to lead an active life. According to Karen Sharwood, the research project manager of the charter, physical education (PE) is available to less than a third of South Africa's black children (Bid to get..., 2004). It is the researcher's opinion that the lack of PE training in schools and the misperception among many black South Africans about AIDS and weight could be collaborating factors in the increasing obesity figures in South Africa. It could also have an impact on the prevalence of obesity among black children. The rapid growth of the fast food industry, hours spend watching television or playing electronic games and the decreasing time devoted outdoors participating in traditional

pastimes in South Africa is most probably impacting on obesity levels among children from all races in the country.

2.4 PROBABLE EFFECTS OF OBESITY

In this section a general overview of the implications of obesity will be put forward.

2.4.1 Physiological complications and obesity

According to Dr Vach (2009/01/26), a general medical practitioner from South Africa, the incidence of child obesity has increased in the past five years. He treats two to three obese children per week. These children come for treatment of asthma, elevated chest complaints and septic sores.

The physiological complications of obesity are extensive, with obesity causing atherosclerosis, diabetes, gallbladder disease, arthritis, cardiovascular diseases, kidney disease, cancer and understandable early mortality (Crespo & Smith, 2003:3; Taylor, 2012:94). In 2004 Britain was shocked to learn of the death of a 3-year-old girl. She died from obesity-related heart complications. She was 23.5 kg overweight for her age, sex, build and height. Sleep apnoea is common among obese children and is caused by the accumulation of fat in the airway, which may lead to the child suffocating on his own fat (Three-year-old..., 2004). Two more child obesity-related deaths were reported in the news. Rolando Zertuche, a 4-year-old boy from the USA, died of heart failure caused by obesity in 2007. His mother stated that if she had known the dangers of obesity, she would have paid more attention to his eating habits and his involvement in physical activity (Semenza, 2007:A1, A8).

In 2008 a 5-year-old boy died in Spain from obesity-related complications. The boy suffered mild dyspnoea; however, his situation worsened and he died two days later in intensive care (5-year-old..., 2008). The problem of child obesity is very real and so are the dangers. Each year more children die in the USA from obesity than gun violence (Institute on the..., [sa]). This emphasizes the fact that the causes and complications of child obesity should be studied in an effort to curb a global pandemic.

To emphasise the seriousness of the obesity problem in the USA, Mississippi passed the House Bill 282 on 1 July 2008. The Bill prohibits all enclosed food establishments who seat five

customers or more to serve people who are perceived to be over a certain BMI. Strict guidelines were given to these establishments in order to determine whether a person may be served or denied service. Failure to comply with this Bill may result in the eatery losing its food permit (House Bill 282, 2008).

Dr Thomas, a British surgeon, stated that “this is going to be the first generation that’s going to have a lower life expectancy than their parents ... It’s like the plague is in town and no one is interested” (Overweight kids on..., 2006).

Table 3 highlights other possible health risks that could be associated with childhood and adolescent obesity.

Table 3: Physical complaints associated with childhood and adolescent obesity

Pulmonary:	Sleep apnoea	Sleep disturbance caused by pauses in breathing due to upper airway obstruction (Sleep apnoea, 2012). May lead to death, as the child may suffocate on the fat that has accumulated in the airways (Three-year-old..., 2004).
	Asthma	Airways constrict from time to time, making it difficult to breathe (Asthma, 2012).
	Pickwickian syndrome	Is marked by low levels of oxygen and high levels of carbon dioxide in the blood caused by hypoventilation which may lead to acidosis (Hansen-Flaschen, 2012).
Orthopaedic:	Slipped capital epiphyses	“A slipped capital femoral epiphysis is a separation of the ball of the hip joint from the thigh bone (femur) at the upper growing end (growth plate) of the bone” (Medical Encyclopaedia: Slipped..., 2006).
	Blount’s disease (tibia vara)	Resembles bow legs. It is caused by a deformity in the shin bone, which causes the angulation of the lower leg (Dorland’s illustrated medical dictionary, 2007:1952).
	Tibial torsion	Much like Blount’s disease, the shin bones turn inwards, thus causing the feet to twist inwards (Orthopaedics, 2004).
	Flat feet	It is caused by a low or flattened arch in the foot, giving the foot a flat appearance (Dorland’s illustrated medical dictionary, 2007:724).
	Ankle sprains	The partial or complete tearing of a tendon in the ankle due to sudden stretching (Definition of ankle..., 2003).

Neurological:	Idiopathic intracranial hypertension	Surplus pressure on the brain caused by excess cerebrospinal fluid (Idiopathic Intracranial Hypertension, 2004).
Gastro-intestinal:	Cholelithiasis	"...presence or formation of gallstones; they may be either in the gallbladder or in the common bile duct" (Dorland's illustrated medical dictionary, 2007:355).
	Liver steatosis/non-alcoholic steatohepatitis	Steatosis is the yellow discolouration of the liver due to the accumulation of fat in parenchymal cells (Fatty liver, 2012).
	Gastro-oesophageal reflux	Chronic heartburn, which is caused by the backing up of stomach acid from the stomach to the oesophagus (Gastroesophageal reflux, 2012).
Endocrine:	Insulin resistance/ impaired glucose tolerance	Insulin carries glucose into the cells. Cells use glucose for energy (Kalat, 2004: 309). Insulin resistance means that the cells cannot properly respond or identify insulin. This causes the pancreas to overproduce insulin (Insulin resistance definition, 2003).
	Type 2 diabetes	The body cannot make enough insulin or is unable to use it effectively. Thus the cells are starved of glucose (Kalat, 2004: 309).
	Menstrual abnormalities/ early puberty/ premature adrenache	Obesity may cause menstrual abnormalities and early puberty. Premature adrenache is the early onset of puberty indicated by hair growth on the pelvic area and under the arms (Dorland's illustrated medical dictionary, 2007:1575).
	Polycystic ovary syndrome	This syndrome is most common in women of childbearing age. The ovaries are covered in multiple, small follicular cysts filled with thin serous fluid. Polycystic ovary syndrome may cause infrequent ovulation and result in infertility (Cahill, 2005; Dorland's illustrated medical dictionary, 2007:1374).
Pregnancy and the birth process:	Pregnancy	Women who are obese before conceiving have a greater chance of giving birth to an infant with birth defects (Fairbrother, 2009:19).
	Birth	Obese women are more likely to deliver their babies via an emergency caesarean section and are twice as likely to have premature infants (Fairbrother, 2009:18).
Cardio-vascular:	Hypertension	"High arterial blood pressure" (Dorland's illustrated medical dictionary, 2007:909).

	Dyslipidaemia	An imbalance of lipids (fat-soluble), for example a high level of cholesterol, which may put one at risk of heart disease or stroke (A.D.A.M..., 2011).
Cancer:	Breast, colon, prostate, liver endometrial (Crespo & Smith, 2003:3), oesophagus, stomach, rectum, gallbladder, pancreas, kidney, hematopoietic malignancies, for example myeloma, leukaemia and non-Hodgkin's lymphoma (Field <i>et al.</i> , 2008:6)	<p>"All cancers result from a dysfunction in [deoxyribonucleic acid] DNA – that part of the cellular programming that controls cell growth and reproduction. Instead of ensuring the regular, slow production of new cells, this malfunctioning DNA causes excessively rapid cell growth..." (Taylor, 2003:482). "The affected cells ... begin to divide in a rapid and unrestricted manner ...</p> <p>Malignant cells grow faster than healthy cells; they crowd out the healthy cells and rob them of nutrients, causing them to die ... [spreading] into surrounding tissue" (Taylor, 2003:35). "Many things run in families besides genes, including diet and other lifestyle factors that may influence the incidence of an illness, and on the whole cancer is more closely tied to lifestyle than to genetics" (Taylor, 2003:484).</p>

(Adapted from van der Merwe, 2004:18)

In contrast to the above some medical experts insist that being slightly overweight may be advantageous, especially for adult females. Slightly overweight women's hearts have to work harder during exercise, thus increasing their chances of surviving a heart attack. Furthermore, these women are less likely to experience early menopause, heart disease and osteoporosis. These findings have largely been ignored as a result of the prejudice against larger figures (Grogan, 2008:15).

2.4.2 Self-perception and obesity

The implications of obesity in childhood are severe and far-reaching. Obesity may cause social problems such as shyness and refusal to participate in sport or PE at school for fear of ridicule from peers. While conducting a focus group with overweight middle school pupils, Bauer and colleagues found that apart from negative remarks from peers, these pupils had to endure negative remarks from their PE teachers as well. Many of these pupils gave the negative remarks regarding their athletic abilities as a reason for their dislike and their avoidance of PE (Puhl & Latner, 2007:564). Weight bias tends to start early in life, with 3–4-year-old children identifying overweight as the reason for their dislike of certain peers. This type of bias worsens as children become older (Puhl & Latner, 2007:560). Furthermore, according to Mash and Wolfe

(2005:384), children as young as six years old would rather befriend skinnier children than overweight children. In 1961 Richardson and colleagues conducted one of the first classic studies in the field of prejudice towards obese people. They gave 640 10–11-year-old children six pictures of children to rank in the order of whom they would most hardly prefer to befriend. Two of the pictures were weight-related, for example a child of average weight and an overweight child. The other four pictures depicted children with a wide range of disabilities, for example a child in a wheelchair, one on crutches, one with an amputated hand and one with a disfigured face. It was found that in most instances the overweight child was placed last and was seen as the least likable. During 2003 Latner and Stunkard replicated the experiment by administering the same task, using the same pictures as in the 1961 study, to 458 grade five and six children. They got the same results, with one exception: the overweight children were disliked even more than in the 1961 study (Puhl & Latner, 2007:559).

During childhood few things are as emotionally taxing as being obese. According to Visagie (2009/01/29), a teacher with 38 years' experience, the overweight children in her class tend to feel insecure and have a low self-perception. She is of the opinion that they tend to be introverts and do not participate as eagerly in class discussions as the children who are perceived to be of average build and weight. These obese children may also suffer from low self-esteem caused by the teasing and cruelty of their peers. Prinstein states that "... at the onset of adolescence, peers become the most important social factor ... How kids are viewed by their peers affects how they view themselves as they transition into adulthood" (Bullying keeps overweight..., 2006). Low self-esteem and low confidence may in turn contribute to lower grades in school, which may result in lower income as adults (Ernsberger, 2009:3; Morrison *et al.*, 2009:80). Furthermore, Morrison *et al.* (2009:80) are of the opinion that when compared to average weight people, obese people tend to be disadvantaged in that they are discriminated against during job interviews, as they may be seen as a liability when the company has to apply for their health insurance. They usually also earn less per month, are more harshly disciplined at work, are assigned less skilled work, are less liked and some employees are laid off because of their inability to lose weight.

Moreover, low self-esteem may cause a child to be dissatisfied with his body image and may lead to an obsession to diet. Children and adolescents who diet are more susceptible to serious eating disorders, such as anorexia nervosa and bulimia nervosa (Mash & Wolfe, 2005:384). It has been found that girls, but not boys, are encouraged by their mothers to control their weight

and that girls learn their mothers' eating and dieting habits. Thus girls with mothers with restricting eating patterns are more likely to suffer from eating disorders (Dixey *et al.*, 2001:207). A participant in the Dixey and co-workers' study said in this regard: "My mum used to go to the toilet and make herself sick" (Dixey *et al.*, 2001:211).

As mentioned previously, obesity in childhood may have emotional, social, psychological and physiological consequences for a child. Irrespective of the cause of obesity among children, they may fall victim to bullying, shaming, teasing, ridicule and isolation. The opposite is also possible. Because of their size advantage they can become the perpetrators of bullying in order to protect themselves (Bullying and obesity..., 2007). In view of this, the focus of this study relates to a sub-discipline of Criminology, namely Victimology. Victimology is the scientific study of the relationship between the victim, perpetrator, justice system and the media. Furthermore, Victimology may incorporate victims of other human rights issues that are not defined as criminal (Snyman, 2005:7-8), for example teasing and shaming. According to the Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power (1985), victim

“... means persons who, individually or collectively, have suffered harm, including physical or mental injury, emotional suffering, economic loss or substantial impairment of their fundamental rights, through acts or omissions that do not yet constitute violations of national criminal laws but of internationally recognized norms relating to human rights.”

If one compares the definition of a victim in Victimology and the operational definition of bullying, one can draw several correlations. Firstly, there can be one or more victims or perpetrators. Furthermore, the harm caused to these victims can be physical, sexual, emotional and/or economic. Bullying falls into the scope of Victimology, as it focuses on the violation of human rights, the offending behaviour of the bully and the impact it has on the victim.

2.5 A GENERAL OVERVIEW OF BULLYING

As mentioned previously, bullying is physical, sexual, verbal, emotional and/or relational harm caused to a child or children by another child or children repeatedly and over an extended period of time and implies a real or perceived power imbalance between the perpetrator and the victim. Note that bullying does not occur between children who are perceived as equals and thus should not be confused with normal peer conflict (Cornell & Bandyopadhyay, 2010:265). A short

discussion of each type of bullying will be given. The so-called characteristics of bullies will be discussed and the different categories of bullies and victims will be outlined. Furthermore, the researcher will explore the role that body shape and gender plays in bullying. Lastly, the probable effects of bullying will be discussed.

2.5.1 Types of bullying

Bullying can be characterised as physical, verbal, sexual, relational or emotional harm in relation to another person.

- **Physical bullying**

Physical bullying includes hitting, biting, kicking, punching, pushing, stabbing, strangling, suffocating, hair pulling, burning and poisoning (Booyens *et al.*, 2008:38). Boys are more often involved in physical bullying, be it as victim or perpetrator (Flint, 2010:40; Wang *et al.*, 2009:371). However, it has been noted that there has been an increase in the prevalence of physical bullying among girls. When considering the percentage of girls (11%) and boys (22%) who attend school armed, it is evident that the gap between the genders in regard to physical bullying is relatively narrow. Furthermore, it has been found that an increase in age correlates positively with an increase in carrying weapons and inflicting injury to others for a variety of reasons (Dukes, Stein & Zane, 2010:514). It is nevertheless often the bullying that leaves no physical marks that often causes emotional scars that, for many, becomes a destructive, silent companion for life.

- **Verbal bullying/abuse**

Verbal bullying is the most common type of bullying experienced by children. This type of bullying includes constant name-calling, teasing and the spreading of rumours (Booyens *et al.*, 2008:38). The intent of verbal bullying is to communicate to another person that he or she is inherently bad or does not meet specific social standards. Goldstein (2005) identifies four types of verbal bullying, namely gossip, swearing, teasing and ostracism/shunning. Ostracism refers to a person being ignored, shunned, cut off from the group, rejected and avoided (Goldstein, 2006). For this reason the researcher will not discuss ostracism under verbal bullying, as she is of the opinion that it is a subdivision of relational bullying.

Gossip is the spreading of malicious rumours about another person. As gossip draws attention to the perpetrator, it is often committed by the most isolated and least popular member of the

group. This assures the member's status within the group. Furthermore, gossiping helps to establish solidarity within a social group and thus delineates between who is considered a member of the social group and who is regarded as an outsider (Goldstein, 2005).

Swearing has become common among school-aged children, with children of ten years old being able to recite an average of 30 to 40 swear words. The average adult has a repertoire of 60 to 70 swear words. There are several reasons for swearing, namely imitation, anger, attention seeking, preoccupation with bodily functions and the need to appear tough (Goldstein, 2005). Swearing can be seen as a verbal weapon used to harm others.

Children are often teased when they do not fit the perceived norm of what is considered normal, for example being overweight or lagging behind academically. Ninety-seven percent of elementary school pupils reported feeling sad, angry, hurt or embarrassed after being verbally bullied. These pupils employed one of four strategies to respond to verbal bullying, namely fighting (10%), teasing back (40%), ignoring the teasing (25%) and laughing with the bully (12%) (Goldstein, 2005).

- **Sexual bullying and harassment**

Sexual bullying occurs in several forms that may be regarded as sexual abuse by governing school bodies, among others

- exhibitionism, which is the “deliberate exposure of the genitals to another person to achieve sexual gratification” (Bartol & Bartol, 2011:397);
- penetration;
- pantsing (pulling someone's pants down) and bra-snapping;
- teasing a peer in regard to his sexual activity or the lack thereof;
- telling inappropriate jokes (sexual in nature);
- referring to sexual acts;
- name-calling, for example fag, wanker, slut or whore;
- openly expressing affection, for example engaging in sex acts on the school grounds;
- ‘rating’ peers on a sexual scale;
- wearing clothes depicting sexually offensive pictures or words;
- possessing or distributing pornographic material (Booyens *et al.*, 2008:39); and
- sexual harassment.

Behaviour can be regarded as sexual harassment when the sexual advances are not mutual and if the perpetrator should have recognised that the behaviour is socially unacceptable, especially if the behaviour is persistent and the victim has made it clear that it is unwanted and offensive. When comparing sexual bullying to sexual harassment, several similarities are evident; sexual harassment may be physical, verbal or non-verbal. Physical sexual harassment is conduct that ranges from merely touching a person in an unwanted way to rape (Prinsloo, 2006:306). Verbal sexual harassment may include sexual jokes, suggestions or hints, comments that contain sexual overtones, graphic comments about an individual's physical appearance while in their company, unwelcome whistling at a person or group of people and improper enquiries concerning a person's sex life. Non-verbal sexual harassment includes exhibitionism, unwelcome gestures and unwanted exposure to material displaying explicit sexual pictures (Prinsloo, 2006:306-307). It is evident from the above-mentioned that most acts of sexual bullying could be regarded as sexual harassment and are thus punishable by law (see Chapter 3, Paragraph 3.1.2.5).

- **Relational bullying**

Relational bullying is characterised by the exclusion of a peer from group activities, for example soccer, rugby or netball. This type of bullying is more prevalent among girls as they perceive social standing and friendships as important (Flint, 2010:40). Although it is more prevalent among girls, many boys also experience relational bullying as significant in their lives. Relational bullying among boys should therefore be taken seriously, as it may be a risk factor in school shootings. In 13 out of 15 school shootings from 1995 to 2001 the shooters had previously experienced severe rejection, harassment and bullying by their peers in school (Dukes *et al.*, 2010:513). It must be noted that bullying is not the only risk factor in school shootings; however, it does tend to play a leading role (Preventing school shootings..., 2002:14).

- **Emotional bullying**

Emotional bullying includes any form of terrorising, humiliating, defaming and/or blackmailing of a peer (Booyens *et al.*, 2008:38).

- **Other types of bullying**

Maree (2005:16) mentions two more categories of bullying, namely gesture bullying and extortion bullying. The former includes non-verbal threats, for example threatening glances

and/or threatening messages, [e.g. by means of Short Message Service (SMS)]. Extortion bullying may include attaining goods or money by means of threatening the victim.

It is evident from the following statement made by a female student that bullies may resort to more than one type of bullying (Espelage & Asidao, 2001:53):

“I don’t usually hit other students, but sometimes in band class we will get bored and talk about a girl’s hairstyle or what she is wearing that day [verbal bullying]. And one time at track practice me and some of my friends pulled a girl’s pants down [emotional bullying and sexual bullying] in front of the entire boys’ track team to make other students laugh.”

It is the researcher’s opinion that perpetrators of bullying behaviours should not be characterised as bullies, as it may lead to a child being stigmatised for possessing one or more characteristics that are associated with being a perpetrator. For this reason the researcher will rather elucidate possible risk factors that may lead to bullying behaviour.

2.5.2 Risk factors that lead to bullying behaviour

It has been found that children with supportive parents are less inclined to become bullies, victims or bully-victims. However, being popular and having many friends increases the risk of becoming a bully and decreases the risk of becoming a victim (Wang, Iannotti & Nansel, 2009:372). Being popular may increase a child’s chances of becoming a perpetrator of bullying. This may be due to perceived pressure from the group to prove oneself and thus, through bullying others, the person is presented with an opportunity to attain social status within the group. Being a member of a social group serves a protective function, as it complicates being singled out as a potential victim (Wang *et al.*, 2009:373). Several other risk factors have been identified that may increase the chances of a child participating in bullying behaviour. Bullies may present with several risk factors. School bullies tend to be bigger and physically stronger than their victims (Flint, 2010:40). They tend to be self-involved and often come from families where there is lack of supervision (Booyens *et al.*, 2008:39). It has been noted that bullies may be punished physically by their parents and are often victims at home (Flint, 2010:40; Swearer & Doll, 2001:13). This may in turn cause the victim to become a bully at school in order to vent his frustration. The following quote made by a participant from Geyer’s study illustrates the impact bullying at home has on the occurrence of becoming a reactive victim at school:

“Ek is die middelste kind en is so moeg vir by die huis want my groot suster skree altyd vir my en my klein boetie boks my altyd en al maak hy of hy speel laat dit my kwaad word. Hy maak my baie seer. En ek bly kwaad tot in die skool en dan stamp of boks ek enige iemand. Dan word ek weer baie kwaad vir myself” (Geyer, 2007:104). [“I am the middle child and am so tired of home because my older sister always screams at me and my little brother always boxes me and even if he pretends that he is playing it makes me angry. He really hurts me. And I stay angry until I get to school and then I shove or box anybody. Then I become very angry again at myself.”]

Witnessing domestic violence has also been identified as a risk factor (Liang, Flisher & Lombard, 2007:162). Perpetrators usually have no empathy for their victims and often refuse to take responsibility for their bullying actions. Some bullies may abuse alcohol and drugs and may display aggressive and impulsive behaviour (Flint, 2010:40). Lastly, bullies may derive pleasure and receive psychological and/or material rewards from domineering others (Booyens *et al.*, 2008:39). This coincides with the tripartite model that proposes that a behaviour (bullying) may continue if it is seen as appropriate, doable and rewarding (by the perpetrator) (Gottheil & Dubow, 2001:31). Even though bullies may be aggressive, there are three major differences between purely aggressive behaviour and bullying. Firstly, bullies, unlike aggressive pupils, do not just attack random victims but instead they choose to attack the same victim/s repeatedly. Secondly, bullies are skilful and plan their bullying by selecting situations and victims they will be able to control. Lastly, the bully does not simply resort to physical harm, but incorporates a wide range of skills to harm others, for example name-calling, teasing and spreading malicious rumours (Espelage & Asidao, 2001:50-51).

According to the results from the 2001 School Crime Supplement (SCS) to the National Crime Victimization Survey in America, bullying tends to decrease as age increases (DeVoe & Kaffenberger, 2006:48). Social hierarchy can be used to explain this finding. As children enter middle school (grade six), they may use bullying to achieve dominance within their social structure (Swearer & Cary, 2003:65). Bullying may decrease as the dominance hierarchy within their social structure stabilises. Another explanation is that younger children are easy prey, as they are smaller and weaker. Thus they become victims to older bullies (DeVoe & Kaffenberger, 2006:49). However, as the victims become older and stronger, the bully’s attention will shift to younger and weaker children. In this regard Flint (2010:40) states that bullying may decrease

during later adolescence because of fear of being punished more harshly if they are caught bullying. Thus they have more to lose than previously. Furthermore, the perpetrators may have discovered less obvious forms of bullying or the victims may have learnt how to handle incidents of bullying and avoid being targeted.

2.5.3 Categories of bullies

There are two main categories of bullies, namely the reactive and proactive bully. A reactive bully becomes a bully as a result of previous victimisation and retaliates by bullying smaller, weaker and younger victims. Proactive bullies need no provocation. They are aggressive by nature and will humiliate and bully others for pleasure (Booyens *et al.*, 2008:39).

Field (in Geyer, 2007:22) identifies four more categories of bullies, namely the attention seeker, the “wannabe”, the “guru” and the sociopath. Table 4 outlines the four categories of bullies in regard to their motivation and way of thinking.

Table 4: The four categories of bullies and their characteristics

Type	Motivation	Way of thinking
The attention seeker	Wants to be the centre of attention.	Control freak, manipulator and may display narcissistic behaviour.
The “wannabe”	They pretend to be an expert on a subject even though they are not.	Their way of thinking is misleading and sly.
The “guru”	They are task-orientated.	Their way of thinking is disordered and they cannot understand how others feel and think.
The sociopath	May cite pleasure and survival as motivation for behaviour.	They have a manipulative way of thinking, very sly and very dangerous.

(Adapted from Geyer, 2007:22)

It is possible that we have all bullied someone during our lives, be it physically, verbally or relationally. Bullying can be seen as a role that a person plays within a social structure. Thus bullying is not who a person is, but rather the role the person chooses to play (Brown, 2002:94).

2.5.4 Categories of victims

There are four categories of victims: the innocent victim, the passive victim, the proactive victim and the vicarious victim. The innocent victim has little to do with the cause of his victimisation;

however, the victim does have a choice regarding the best manner in which to deal with the situation (Anderson, 2007:53).

The passive victim is the most common type of victim and tends to have particular characteristics which make him vulnerable to bullying (e.g. the victim has few coping mechanisms, tries to please the bully and does not retaliate). These children tend to be submissive and non-assertive; they lack social skills and may be socially isolated. Furthermore, they may be physically weaker, cry easily and experience a breakdown quickly (Anderson, 2007:53).

The proactive victim is not as common as the innocent victim and is much more difficult to identify. This type of victim may display (deliberately or unknowingly) annoying, irritating or inappropriate behaviour that may lead to victimisation. This type of victim may be mistakenly identified as a bully because of the tendency to retaliate. The proactive victim can be described as having a combination of aggressive and anxious reaction patterns and will prolong conflict, even if he is losing. The proactive victim has often been diagnosed as suffering from Attention Deficit Hyperactivity Disorder (ADHD) (Anderson, 2007:54-55). In addition to ADHD, they exhibit signs of anxiety, depression and low self-esteem. They are often of low social standing and have few friends (Flint, 2010:41).

The vicarious victim is a child who has witnessed or heard about bullying at school and has become fearful of becoming a victim. Fear makes the victim incapable of taking a stand against the bullies. Such children are seen as possessing a moderate to high degree of empathy and sensitivity and may feel guilty about not doing something to stop the bullying. This type of victim is not easy to identify; however, if identified, they could be taught the necessary skills to take a stand against bullying (Anderson, 2007:55).

Geyer (2007:88) is of the opinion that certain characteristics in individuals may predispose them to victimisation. These characteristics are listed below, namely they:

- are quiet, sensitive and uncertain;
- have a particularly poor self-image;
- have a pessimistic view of situations;
- may feel dumb or like a failure;
- blush easily;

- do not act proactively and thus allow others to domineer and manipulate them;
- have no friends;
- have poor communication skills and do not report the bullying incidents;
- may present with secondary signs of anguish, such as biting their nails and fidgeting;
- appear physically weaker and portray a shy body image; and
- may be younger than the perpetrator.

2.5.5 The role of body shape in bullying behaviour

According to Janssen *et al.* (2004:1187), apart from the physical ramifications of obesity, these children experience social rejection. Being liked by their peers is of utmost importance during the social development of adolescents. Janssen *et al.* (2004:1189) found that obese and overweight children were more likely than their peers of average weight to be both the victims and perpetrators of verbal, relational and physical bullying. No difference was found between average weight, overweight and obese children with regard to sexual bullying (Janssen *et al.*, 2004:1192).

It was noted that verbal bullying of obese children included weight-related name-calling and teasing, but did not include any references to ethnicity, colour or religion. However, when obese children were the perpetrators of verbal bullying they used race, colour and religion to make fun of their peers and abstained from referring to weight. This finding may be due to the obese bully trying to divert attention away from his weight. The obese perpetrator may be seen as a victim-perpetrator, as he may verbally abuse others in order to retaliate for being teased about his weight (Janssen *et al.*, 2004:1192).

2.5.6 Gender and bullying

Griffiths *et al.* (2006:121) conducted a study entitled, “Obesity and bullying: Different effects for boys and girls”. The aim of the study was to determine whether weight at age 7½ years determined bullying at age 8½ years. The researchers used a sample of 4 163 boys and 4 047 girls aged 7½ years. All the children’s BMI was calculated by using their measured weight and height. The researchers then conducted face-to-face structured interviews using the Bullying and Friendship interview schedule. The interview covered overt and relational bullying incidents at school over a six-month period. Griffiths *et al.* (2006:122) found that weight at age 7½ years predicted overt bullying for both boys and girls at age 8½ years. Obese boys were 1.78 times more likely to be the perpetrators of overt bullying and 1.44 times more likely to be victims of

relational bullying by the age of 8½ years. When compared to their peers of average weight, both obese girls (1.52 times) and boys (1.4 times) were more likely to be victims of overt bullying. Being obese tends to have greater disadvantages for girls than for boys. For girls it is not advantageous to be bigger and stronger than their peers, as most of their victimisation stems from verbal bullying. Furthermore, obese girls do not conform to the norm of what is perceived to be attractive in western culture. Obese girls also tend to date less and have fewer romantic relationships than their obese male counterparts (Griffiths *et al.*, 2006:123). Moreover, the study found that underweight boys were not victims of overt bullying by the age of 7½ years. However, their female counterparts were found to be overt bullies by this age. This once more highlights the importance of one's physique in the western culture and the level of dominance that accompanies it (Griffiths *et al.*, 2006:123).

2.5.7 Probable effects of bullying

The implications of bullying are aggravated by teachers who choose to ignore this socially unacceptable behaviour. Many forms of bullying are actually illegal, for example hazing and sexual harassment. "Hazing refers to any activity expected of someone joining a group (or to maintain full status in a group) that humiliates, degrades or risks emotional and/or physical harm, regardless of the person's willingness to participate" (Hazing defined, 2010). However, teachers choose not to acknowledge these acts as illegal and label them as 'just bullying'. This allows the bullying to continue and exempts the perpetrator from legal punishment (Stein, 2001:2). Bullying has far-reaching implications for both the victim and the perpetrator. Many victims may refuse to attend school because of victimisation. Playing truant or skipping classes and extramural activities are avoidance techniques used by victims to escape from being bullied at school that may have a negative impact on academic achievement (DeVoe & Kaffenberger, 2006:57; Flint, 2010:40). Experiencing any form of violence in childhood may result in depression, physical abuse of one's own children, spouses and other adults, alienation and masochistic sexual behaviour (Flint, 2010:40; Maree, 2005:17). Bullying can therefore have long-term effects on the individual. It has also been found that bullying not only affects the direct victims, but also the bystanders/onlookers (Brown, 2002:96-100).

In this text 'onlookers' will be used as a synonym for 'bystanders'. Onlookers are those children who are neither victims nor perpetrators, but who have to witness the bullying behaviour. Just witnessing bullying can have adverse effects on a child's perception of school (Brown, 2002:100). These children may feel fearful, incapable of acting, guilty about not helping their

bullied peers and/or be tempted to join in the bullying. According to Coloroso (in Anderson, 2007:58), onlookers are “aiding and abetting the bully through their acts of omission and commission”. Over time, onlookers may become desensitised to the cruelty of bullying and they may perceive that bullying holds no negative consequences for the bully. This may encourage onlookers to act aggressively themselves. The word ‘onlookers’ refers not only to students, but may also include teachers who do not deal with bullying effectively. Furthermore, the perceived tolerance of onlookers encourages bullying behaviour, as bullies thrive on having an audience. Being an onlooker has great implications for society as a whole. Prolonged observation of bullying may affect the essential components on which healthy peer relations are built; these are empathy, compassion and perspective-taking (Anderson, 2007:58-59). According to Anderson (2007:59-60), there are several categories of onlookers as presented in Table 5.

Table 5: Categories of onlookers

Categories of onlookers	Behaviour of onlookers
Bully onlooker	Children who persuade other children to commit acts for which they do not want to take the blame.
Victim onlooker	These are onlookers who are too scared to intervene.
Avoidant onlooker	This type of onlooker even denies that bullying takes place, for example teachers.
Ambivalent onlooker	These individuals are most likely to intervene, as they are not committed to any particular role.
The sidekicks	This type of onlooker may also be referred to as a henchman and is closest to the bully.
Supporters/passive bullies	These onlookers do not actively take part in the bullying; however, they do support the bully and thus reinforce the bully’s behaviour.
Passive supporters/possible bullies/bullies	These onlookers like to watch but do not openly condone bullying.
Disengaged onlookers	These onlookers observe the bullying and feel that it is none of their business and for this reason they do not intervene.
Possible defenders	These onlookers do not condone bullying and even though they do not intervene, they feel that they should say or do something to stop the bullying.
Defenders of the target	They openly condemn bullying and try to help the victims.

(Adapted from Anderson, 2007:59-60)

Bullying can cause children to play truant and thus fail their school subjects. The psychological harm caused by bullying may influence the level of concentration in class, which in turn may result in poor grades. Moreover bully victims may turn to physical violence in order to protect themselves. According to the results of the 2001 SCS, victims of bullying are more likely than non-victims to carry weapons to school for self-protection (DeVoe & Kaffenberger, 2006:58-59). In 2009 a 14-year-old female pupil from Holmes County in the USA pulled out and pointed a gun on a bus full of fellow pupils after being bullied by several fellow pupils. One of the students had spread malicious rumours of a sexual nature about this girl (Case, 2009).

In a study by Nansel, Overpeck, Pilla, Ruan, Simons-Morton and Scheidt (2001:2094) (Rivers, Duncan & Besag, 2007:5) involving a sample of 15 686 children from public and private schools in America, victims of bullying had trouble making friends and had poor interpersonal relationships with their peers. These children also reported being lonely. Isolation of victims may occur because other children avoid them, as being associated with a victim could affect their social standing negatively or they might fear that they might become a victim by association (Nansel *et al.*, 2001:2098).

A longitudinal study showed that boys who are the perpetrators of bullying at school are twice as likely as their non-offending peers to have a criminal record (for aggression and violence, usually related to alcohol consumption) and are four times more likely to be repeat offenders (Fleming & Towey, 2002:9). Furthermore, a survey conducted by Kidscape of youth offenders indicated that 92 percent of them had been bullies while still at school (Elliott, 2002:255). According to Rivers *et al.* (2007:131), being labelled a bully can have devastating effects on a child. This label may be carried for years; conditioning teachers to believe that the child is a problem child. This may lead to the child feeling rejected, ostracised and frustrated. Ultimately, it may cause the child to give up on school and drop out.

The implications of bullying may extend into adulthood. Kidscape conducted a survey involving 1 044 adult participants between the ages of 18 and 81 years. The participants (828 had been victims of bullying at school while 216 had not experienced bullying) were given a questionnaire to complete. The questionnaire consisted of 16 fixed questions with open spaces to record the details of the bullying and how the participants had experienced it (Elliott, 2002:241). The long-term effects included feelings of distrust, shyness, lack of courage, fear of new situations and segregation. Suicide, low self-esteem and trouble initiating friendships were also identified as

long-term effects that bullying had on the participants (Elliott, 2002:251-253). Forty-six percent of the respondents who had been bullied contemplated committing suicide. Forty-five percent of those who contemplated suicide actually attempted it. In this respect one of the participants wrote (Elliott, 2002:251):

“After one particularly bad day of bullying, I could stand it no longer. I got a rope and went into the woods to kill myself. I managed to secure the rope and put it around my neck and jump. I blacked out and thought I had finally managed to die ...”

On 19 January 2009, Megan Gillan died of an overdose of prescription painkillers in her home in Cheshire, UK. She was studying for her GCSE and wanted to become a midwife. Megan was a happy teenager who loved social networking sites. However, she fell prey to cyber and verbal bullying. She started to withdraw from school activities, which she had previously enjoyed. The morning after Megan’s death a message was found posted on her personal Bebo site (social networking site), which read: “Come and fetch your scabby knickers and don’t ****ing bother coming back” (Sloan, 2010). There is no way of determining whether Megan had seen this message and if it ultimately drove her to commit suicide. Although the coroner filed Megan’s death as an accidental death, the message on the Bebo site could have been a trigger factor to overdose (Sloan, 2010). A recent study by Beatbullying estimates that bullying accounts for 44 percent of suicides among children of 10–14 years old (‘Bullying’ link to child..., 2011). Eisenberg and colleagues found that adolescents who are teased because of their weight are two to three times more likely to contemplate suicide than their peers of average weight (Puhl & Latner, 2007:567).

Many of the participants in the Kidscape survey reported that bullying was the reason they did not pursue a higher education. They feared that the perpetrators would attend the same college or university and that the bullying would inevitably continue. Moreover, the lack of higher education resulted in many of the victims being employed in blue-collar jobs and earning low incomes. One 46-year-old female victim stated that (Elliott, 2002:243):

“The girls who were bullying me all went to a local college to study and I was terrified that, if I went, the bullying would just go on and on. I had to get away from them. I had already attempted suicide because of their taunting and I just couldn’t face the idea that it would go on and on. Instead I went to work in a store. I worked in several stores and I am still a cashier to this day...”

Many people fail to consider the long-lasting effects of bullying, as they tend to focus on it as a problem in the present. From the above-mentioned, it is clear that bullying affects the child not only in the here and now, but that its effects could ripple into adulthood. The consequences of bullying in childhood and adolescence may vary from mild to disabling.

2.6 SOUTH AFRICAN STUDIES RELEVANT TO THE CURRENT RESEARCH

The following section will cover relevant studies concerning obesity in South Africa. Patterns of obesity and perceptions regarding body shape will be discussed. Special attention will subsequently be paid to the possible link between obesity, depression, self-concept and affect.

2.6.1 Childhood overweight and obesity patterns in South Africa

Du Toit and van der Walt (2009:15) made use of several electronic databases to collect data on obesity rates among South African children (du Toit & van der Walt, 2009:17). From these databases, 13 articles were identified that met the criteria of their study. The findings indicated a correlation between a child's weight, gender, race and socio-economic status (SES).

2.6.1.1 Gender and weight

Du Toit and van der Walt found that the prevalence of obesity and overweight is consistently higher for girls than boys. According to the combined data of several sources, 17 percent of primary school boys and 22 percent of girls were overweight or obese (du Toit & van der Walt, 2009:24). Monyeki, Pienaar, Mamabolo and Temane (2009:3) recorded similar findings, with 15.7 percent of the participating boys being classified as overweight and 5.5 percent as obese. In the female group 15.3 percent were overweight and 7.3 percent were classified as obese (Monyeki *et al.*, 2009:6). Thus the research indicated a 1.4 percent higher incidence of overweight and obesity among girls (Monyeki *et al.*, 2009:8).

As childhood obesity is a relatively good predictor of adulthood obesity, it is not shocking to find that in 2006, 53.8 percent of South African women and 31.2 percent of South African men were overweight. From these trends it is evident that girls and women have a higher rate of overweight and obesity than their male counterparts. More notable is the difference in obesity rates between genders as age increases. This may be due to females becoming more inactive as age increases, thus accounting for the higher degree of obesity among older females (du Toit & van der Walt, 2009:25). Furthermore, it was found that being female and overweight/obese

had a significant impact on scholastic achievement, athletic competency and behavioural acceptance, whereas obesity among boys was associated with a negative effect on physical self-perception, for example physical appearance (Monyeki *et al.*, 2009:12).

2.6.1.2 Race and weight

It was found by Armstrong and colleagues (2006:57, 62) that the percentage of obese and overweight black girls increased as they became older (from 11.9% at age 6 years to 21.8% at age 13 years); however, the opposite was found among white girls (from 25.4% at age 6 years to 14.5% at age 13 years). The prevalence of overweight and obesity was highest among white children, followed by black, Indian and coloured children. This trend has been stable for the past 16 years, according to the longitudinal study Birth-to-Twenty (du Toit & van der Walt, 2009:25). However, from the age of 11 years black girls showed a higher BMI than other races in South Africa. Cultural beliefs concerning weight and eating habits may contribute to the problem of obesity (du Toit & van der Walt, 2009:25). As inactivity and cultural beliefs have an impact on the obesity rate among the black and coloured population, the same is applicable when correlations are drawn between urban life and SES in the white population. Future studies may reveal differences in the black population of South Africa, as each has its own beliefs pertaining to dietary needs and practices.

2.6.1.3 Socio-economic status and urbanisation

South Africa is a developing country; globalisation is part of this transition. Globalisation introduced a culture of fast food and a shift away from traditional food, which is high in fibre and low in fat. In this regard it has been found that there is a higher prevalence of obesity among children from urban areas (20.1%) than children from rural areas (10.8%) (Kruger *et al.*, 2005:492). Besides, urbanisation may cause children to abandon traditional games for less physical activity, for example computer and TV games. This shift towards greater levels of inactivity may be attributed to crime and fear of victimisation.

SES has been identified as a possible risk factor contributing to South Africa's high obesity rate. A child's SES is usually measured by the parents' level of education and their financial income. It has been found that in developed countries like the USA, a relationship exists between a lower SES and a higher prevalence of overweight among children (du Toit & van der Walt, 2009:26). The opposite is true for developing countries, such as Thailand. Conversely, it has been found that obese children from South African come from both low and high income families. SES tends

to correlate to the level of physical activity of children, with children from the highest SES showing the highest level of physical activity (du Toit & van der Walt, 2009:27). According to du Toit and van der Walt's (2009) study, there are many risk factors that may contribute to South Africa's high child obesity rate, ranging from SES, gender and race to urbanisation. It has been found that obesity is more prevalent among white girls under the age of 11 years, after which black girls tend to have a higher rate of obesity. Furthermore, obesity is prevalent among children from both low and high SES. It should be noted that SES could not be used to predict obesity among children; however, it was found to be related to activity levels.

According to du Toit and van der Walt (2009:27), South Africa is in need of health care policies to curb obesity among children before they become adults, as obese children have a 66 percent chance of becoming obese adults. They therefore advocate PE at school in order to keep children active. In this regard Monyeki *et al.* (2009:12) recommend that PE activities be made more fun and interesting. They also suggest that during Life Orientation class educators should emphasise the importance of a healthy diet and life style. Children should be given weight management and obesity prevention programmes in which a healthy life style is emphasised to help them become healthy adults.

Du Toit and van der Walt (2009:28) add that girls should be targeted in regard to extramural sport and PE, as research has shown that they have a higher likelihood of becoming overweight than their male counterparts. Lastly, Monyeki *et al.* (2009:12) add that children have to be made aware of the fact that every person is unique and that each one is valued as an individual, irrespective of weight and size.

2.6.2 Cultural perceptions regarding body shape preference

Puoane *et al.* (2005) undertook an exploratory study concerning the perceptions held by community health workers pertaining to body weight and image. The study was undertaken in Khayelitsha, a black township in South Africa. Forty-four female, black, Xhosa-speaking community health workers working in Khayelitsha were selected to participate (Puoane *et al.*, 2005:6). The community health workers were selected to participate in the study, as they were seen as gatekeepers to the community. For this reason their perceptions concerning body weight and image were pertinent when planning and implementing culturally sensitive intervention strategies for addressing obesity in a community where the majority of inhabitants were black females. Four data collection methods were used, namely anthropometric

measurements, focus groups, interviews and photography (Puoane *et al.*, 2005:8). The results will be discussed below.

2.6.2.1 Focus group

The focus group discussion revealed the following attitudes concerning overweight:

The community health workers were of the opinion that a woman should have a well-rounded figure and thus be able to feel herself when she moves (Puoane *et al.*, 2005:9). They believed that such a woman's movements should be admired by other people, as a round-figured woman signifies strength and she is able to fulfil all her duties properly; for example being large and strong enables a woman to stir a big pot of food (Puoane *et al.*, 2005:10). Being overweight has its advantages in the black culture. An overweight woman signifies wealth, strength, health, dignity and that her husband provides well for her. Some of the women wanted to lose weight. However, they did not want to become thin, as thinness in black cultures still signifies being infected with HIV/AIDS and is accompanied by stigmatisation and discrimination.

The community health workers mentioned many reasons for becoming overweight, for example low incomes that restrict the women to unhealthy diets, which include cheap and fatty meats. Skipping breakfast was also identified as a possible factor. They said that they were too busy in the mornings to eat breakfast, as they had to tend to their children. When they managed to eat, it would be late and this would cause them to overeat. Stress was also identified as a factor contributing to overweight. Women reported worrying about their disrespectful teenagers and their unfaithful husbands. Lastly, they also mentioned lack of exercise, childbirth and family heritage as possible factors in obesity (Puoane *et al.*, 2005:10).

Although being big is regarded as beautiful in the particular community, the community health workers identified some constraints that being overweight place on their daily lives. Larger-sized clothes were more expensive, people would inquire whether they were pregnant and the additional weight they had to carry led to fatigue. Furthermore, the community health workers identified high blood pressure, diabetes, heart disease and arthritis as health issues that correspond with being overweight (Puoane *et al.*, 2005:10).

Owing to cultural norms and beliefs, exercise did not form part of the community health workers' frame of reference. They did not understand why one would want to exercise, as it would lead to

weight loss, which is not considered positive in their culture. Some saw their visitations during working hours as part of their daily exercise, as they had to walk from one appointment to the next (Puoane *et al.*, 2005:10).

2.6.2.2 Interviews

From measurements taken among the sample of participants, two were classified as having normal weight, two were overweight and 40 were classified as obese (Puoane *et al.*, 2005:9). The results indicated that a large percentage of the community health workers still viewed an overweight woman as dignified. However, they also believed that thin women felt better about themselves, were healthier and were more popular. Thirty-four percent of the women thought they would look prettier if they were thin and 32 percent believed the opposite (Puoane *et al.*, 2005:10).

Eighty-eight percent of the participants stated that they did not want to gain any more weight. More than half of the community health workers had tried to lose weight in the past. However, their methods were ineffective and unsuccessful, for example eating smaller portions, using slimming tablets and drinking hot water, lemon juice and herbal teas. The community health workers may have felt the need to diet in response to the effect of westernised media, which promote slenderness. These women may experience cultural confusion, as they simultaneously want to be thin and want to conform to their cultural standards of what is perceived as beautiful. This may lead to weight loss activities (Puoane *et al.*, 2005:14). Moreover, these women had higher BMIs than those women who had never tried to lose weight (Puoane *et al.*, 2005:10).

When comparing the weight perceptions of the community health workers to their actual BMIs, it was found that approximately 45 percent of the participants thought that they were overweight/obese, when in reality almost 95 percent of the participants were classified as overweight/obese. Seven percent believed that they were thin according to their BMI readings; however, none could be classified as thin. Approximately 66 percent of the participants did not perceive themselves as overweight (Puoane *et al.*, 2005:10).

The researchers found a significant difference between the participants' actual BMI in relation to their preferred body image and what they perceived as an ideal female image. For both perceived and ideal body image, the participants selected BMIs lower than their own (Puoane *et al.*, 2005:10-11).

2.6.2.3 Photographing and preparation of food

The community health workers were all provided with cameras and were asked to take photos of food that they thought contributed to obesity in their local shops. An analysis of the photos taken by the community health workers indicated that shops and street vendors sold cheaper cuts of meat with a high fat content, as well as chicken skin, tripe and fat cakes (*vetkoek*) (Puoane *et al.*, 2005:9).

In addition they were given chicken and “mieliepap” (“mieliepap” is a South African creation - fine corn cooked to a solid mass) to prepare for their own families. This enabled the researchers to determine portion size and the manner of food preparation. The community health workers tended to cook chicken with the skin on in an average of 300 ml of cooking oil. Food high in fat may contribute to the prevalence of non-communicable diseases such as obesity (Kruger *et al.*, 2005:493). They also tended to serve their families “mieliepap” portions triple the average portion size (Puoane *et al.*, 2005:9). The size of the portions can also be a cultural expectation and part of socialisation. Incorrect eating habits may just as well play a fundamental role in overeating and obesity occurrences.

Puoane *et al.* (2005:9) also found that there is a high prevalence of obesity among the community health workers from Khayelitsha. This could be attributed to the cultural beliefs (e.g. overweight implies health) held by the community who selected them to be community health workers. Because of this and the small sample size, the results should be interpreted with caution. The fact that 95 percent of the community health workers are overweight poses a serious problem within their community, as they are responsible for educating community members in regard to healthy lifestyles. Confusion in respect of cultural values was evident from the results; the older black community members believe that a woman must be plump and strong, whereas the younger generation prefers a thinner more European-shape or figure (Puoane *et al.*, 2005:14). This confusion may be due to the media and their use of thin and beautiful women in advertisements. In conclusion, views on ideal weight and body shape are culturally subjective. Even though the community health workers are aware of the consequences of being overweight, they still portray the cultural belief of “big is beautiful”.

2.6.3 Obesity, self-concept, affect and depression

Grimbeek (2002) undertook a study to assess the relationship between weight, self-concept, affect and depression among girls in the North West Province of South Africa.

No significant findings were achieved by comparing the overweight and non-overweight girls. However, significant results were attained by comparing different ethnic groups. It was found that the overweight white group had lower self-concepts than the non-overweight group; this may be due to the strong westernised emphasis placed on a slim figure (Grimbeek, 2002:2). The opposite was found for the black group, as many black youths in rural areas have not yet acculturated to westernised values. Both white groups scored high on the Children's Depression Inventory test; the high value placed on slimness by the westernised culture may account for the high level of depression among both overweight and non-overweight white groups (Grimbeek, 2002:2).

The non-overweight black girls showed higher levels of emotional disturbance, more negative affect and more interpersonal problems than the overweight group. Furthermore, the non-overweight black girls were less popular than the overweight group. This may be due to cultural views held by the Tswana culture, namely being overweight signifies that one comes from a literate and wealthy family, whereas slender children are viewed by the community as illiterate, poor and neglected (Grimbeek, 2002:14).

2.6.4 Conclusion

From the findings in the aforementioned section it can be deduced that body shape preference can be related to age- and culture-specific prescriptions. The cultural perception held by a specific group may influence how an individual perceives his/her body and affect the individual's self-concept and the incidence of depression. Research has shown that SES does not directly cause obesity, but rather has an impact on the level of activity, which may be a risk factor in obesity. Many researchers have proposed that government should implement programmes to increase activity levels among children. In addition, it became clear that a healthy diet from a young age plays an integral role in body development. Being overweight or obese in childhood may increase the risk of becoming an obese adult.

2.7 PREVALENCE OF BULLYING IN SOUTH AFRICAN SCHOOLS

The following section will depict the prevalence of bullying in South African schools, types of bullying, and reporting trends. The impact bullying has on an adolescent's sense of self will be discussed, followed by a presentation of onlooker behaviour. Furthermore, the impact intra-family coping mechanisms have on the experience of bullying will be delineated. Finally an anti-bullying program will be discussed, followed by concluding remarks.

2.7.1 Perceived safety at school

Neser, Ovens, van der Merwe, Morodi, Ladikos and Prinsloo (2004:140) conducted a study in the first term of 2003 in Tshwane South [an area in the southern part of Pretoria – a capital of South Africa]. Questionnaires were completed by students in grades six to 11 concerning their perceived safety at school and the occurrence of bullying. The students' age, grade, sex and race were used to form categories. These categories were used during data analysis (Neser *et al.*, 2004:140).

Of the participating students, 54.4 percent reported always feeling safe while attending school, 19 percent sometimes felt unsafe, 2.9 percent said that they hardly felt safe at school and 7.3 percent of the students never felt safe (Neser *et al.*, 2004:141). When different races were compared, more coloured students (65.7%) always felt safe at school, followed by black students (59.8%) and Indian students (59.1%). Only 41 percent of white students always felt safe while attending school (Neser *et al.*, 2004:142).

2.7.2 Prevalence

Neser and colleagues conducted research on the frequency of bullying that students observed at school. Very few (8.7%) participants reported never witnessing bullying at their school, 41.7 percent claimed to have witnessed bullying daily and 29.9 percent said that they had witnessed bullying at least once or twice a week. Male students witnessed bullying more frequently (42.9%) than female students (40.4%) on a daily basis. However, female students reported witnessing bullying once or twice a week more often (29.9%) than their male counterparts (29%) (Neser *et al.*, 2004:144). Table 6 highlights the findings on the frequency of different types of bullying taking place in the schools.

Table 6: How often have you seen any of the following things happen to other learners at your school?

Nature of bullying	Every day	Once or twice a week	Once or twice a month	Once or twice a year	Never	Total
Being teased in an unpleasant way	38.2	32.3	12.5	6.4	10.6	100.0
Being called hurtful names	45.1	27.4	9.8	5.7	12.0	100.0
Being left out of activities on purpose	22.6	29.7	14.4	8.0	25.3	100.0
Being threatened with harm	17.7	22.7	16.7	12.2	30.7	100.0
Being hit, kicked or pushed	26.1	22.9	15.2	13.2	22.7	100.0

(Adapted from Nesor *et al.*, 2004:145)

In regard to places where bullying was observed, the students identified the playground (29.8%) as the place where the highest incidence of bullying was observed on a daily basis. The playground was followed by classrooms (20.2%), walking to and from school (18.5%) and school bathrooms (14.9%). Bullying also occurred while children participated in organised sport (11.9%), travelled on a bus (11.6%) or waited at the bus stop (9.4%) and in the hall, which was the place where the lowest percentage of bullying was witnessed (9.2%) (Nesor *et al.*, 2004:147). The researcher is of the opinion that as supervision increases, bullying decreases.

De Wet (2005:711) undertook a study of 60 secondary schools in the Free State to determine the experiences of victims and witnesses of bullying. Verbal bullying was experienced most frequently, followed by physical, sexual and relational bullying. Direct and indirect verbal bullying was the most common form of bullying experienced by the participants. According to the results, some of the participants were never exposed to direct (29.20%) or indirect (32.15%) verbal harassment (de Wet, 2005:713). The third type of bullying experienced by the participants was physical bullying, which ranged from participants being forced to commit degrading acts to being kicked and punched (de Wet, 2005:715).

Liang *et al.* (2007:163-164) conducted a study of 72 schools in Durban (33) and Cape Town (39). The participating schools in Cape Town reported a higher prevalence of bullying (41%) than the schools in Durban (33%). Depending on the nature of the participants' involvement in bullying, they were classified either as bully perpetrators, bully-victims, victims or control group. The findings of the study are supported by Booyens *et al.* (2008:39) as well as Olweus (in Elliott, 2002:255), who reported that bullies were more inclined to use alcohol, display violent or anti-

social behaviour and engage in high-risk behaviour (Liang *et al.*, 2007:169). When compared to the control group, victims were more likely to display higher levels of violence and anti-social behaviour. The prevalence of smoking in the control group was higher than in the victim group. The bully-victim group scored lower than the bully group on fighting, theft, weapon-carrying and risk-taking behaviour, but higher on suicidal ideation and lower on smoking than the bully group. Thus the bully-victim group may have the bleakest outcome, as they are susceptible to risk factors common in both perpetrators and victims (Liang *et al.*, 2007:169). Bully-victims are at greater risk of displaying psychological and psychosomatic symptoms, higher rates of referral for psychiatric treatment, problems at school and future involvement in bullying (Liang *et al.*, 2007:162).

De Wet conducted a study of 60 secondary schools in the Free State. One of the aims of the study was to ascertain to what degree educators witnessed bullying in their schools (de Wet, 2006:64). Of the participating educators, 40.18 percent had witnessed students being physically bullied at school or on the bus/taxi daily. This type of bullying was witnessed by 19.94 percent of the educators once or twice a week at their school (de Wet, 2006:65). The educators were asked how often they witnessed students emotionally bullying their peers by calling them names, saying mean things or teasing them. In response, 26.07 percent reported witnessing it once or twice a week, and 32.82 percent of the educators witnessed it on a daily basis. The educators were then asked if they heard students spreading rumours about their peers on a daily basis, once or twice a week, month or year, or never. The results were 14.72 percent, 21.78 percent, 27.91 percent, 18.10 percent and 17.49 percent respectively. Educators witnessed relational bullying less often than other forms of bullying, with only 13.5 percent of the educators witnessing it on a daily basis (de Wet, 2006:65).

Mestry, van der Merwe and Snelch (2006) undertook a study in three high and four primary schools in the greater Johannesburg area (Gauteng, South Africa). One of the aims of their study was to investigate and describe the different types of bullying that are prevalent in the participating schools. Mestry *et al.* (2006:50) identified verbal and indirect bullying as the most commonly experienced form of bullying. De Wet (2005:713) reported similar results with direct and indirect verbal bullying as the most common type of bullying experienced among the participants at school. Unlike Anderson (2007:114-115), Mestry *et al.* (2006:50) found no clear differences between genders when taking types of bullying into account. Note that the findings are based on observed incidents of bullying and not on reports from the actual victims. From

Mestry and co-workers' (2006:51) research it can be deduced that in both primary and high schools, verbal bullying was observed most frequently. However, opposite results were found for physical and sexual bullying, with primary schools having a higher rate of physical bullying than sexual coercion. The observation of physical and verbal bullying decreased as age increased. However, this was not found for sexual coercion, which increased with age. These findings may be due to the emotional and physical developmental phases in which high school pupils are, which are marked by a heightened emphasis on sexual awareness, experimentation and issues.

2.7.3 Types of bullying experienced

From the data above it is evident that children fall prey to different types of bullying, such as physical, verbal or psychological bullying. For this reason the researcher will present South African findings on these forms of bullying in schools. Other types of bullying were mentioned, but in view of the minimal information available on these types, the researcher deemed it fit to discuss them under the heading "Other types of bullying" (see Paragraph 2.7.3.4).

2.7.3.1 Physical bullying

A participating student in Geyer's (2007:80) study described physical bullying as follows:

"... harmful behaviour by someone older on someone younger. The older person hurts the younger person by hitting, punching, biting or even stabbing the younger person. It can be done by boys and girls. The older person attacks the younger person with the desire to hurt him badly. The younger person can even cry or bleed."

From the data reviewed, the researcher could deduce that 90 percent of the participating students from Geyer's (2007:81) study had been physically bullied, thus very few students had not experienced physical bullying. Bullies tend to victimise their victims physically multiple times (Geyer, 2007:82). Females reported being intimidated (80%), money being demanded from them (70%), having their hair pulled (60%) or being hit (50%), kicked (40%) and pinched (20%) (Geyer, 2007:86), whereas boys reported being punched with a fist (80%), kicked (70%), slapped (60%), tripped (40%) and spat at (20%) (Geyer, 2007:82).

2.7.3.2 Verbal bullying

Verbal actions are those actions that can be heard by others (Geyer, 2007:88). These verbal actions are primarily used by the perpetrator to harm another individual emotionally (Geyer, 2007:89). Geyer (2007:95) identified comments containing racial or ethnic undertones as a sub-type of verbal bullying. Verbal bullying is not only aimed at the victim but may include verbal attacks on the victim's family, racial and religious groups. Many of these racial verbal remarks are based on inaccurate perceptions of a different racial group, for example one student gave the following account:

“Hy wil nie langs my in die klas sit nie want hy sê ons kleur steel almal en hy het goeie en duur penne.” [“He does not want to sit next to me in class because he says people of our colour all steal and he has good and expensive pens”] (Geyer, 2007:95).

This finding is not only applicable to South Africa, as international studies in the UK, New Zealand and America have produced similar results with regard to racial bullying (Geyer, 2007:96). Geyer (2007:96) found that 70 percent of the participants had experienced verbal racial bullying, 60 percent reported that these acts of verbal racial bullying really hurt them and only five percent said that the racially loaded remarks did not bother them. These findings give a clear indication that introducing a psycho-educational programme could draw the learners' attention to the fact that all people, irrespective of race and colour or culture, can be hurt by racially loaded remarks (Geyer, 2007:97), thus decreasing this type of bullying.

Male participants reported being sworn at, threatened, given negative nicknames, intimidated, teased or made fun of or having remarks made about them and being remarked on during discussions (Geyer, 2007:104). The female participants indicated that they had been victims of gossip, rumours, untruths told about another person, negative nicknames, intimidation, belittling during discussions, teasing, sexual harassment, receiving indecent suggestions, threatening SMSs and threatening letters. Twenty percent reported receiving threatening phone calls (Geyer, 2007:100).

From the above section on verbal bullying, the researcher drew the following conclusions: verbal bullying is highly prevalent in the participating schools. Males and females fall victim to different types of verbal bullying. Verbal bullying is experienced and reacted upon differently by males and females. Males tend to react aggressively, whereas females tend to experience sadness

and to become tearful. Females are also more likely to report bullying incidents than their male counterparts.

2.7.3.3 Psychological bullying

Indirect bullying is psychological actions that cannot be seen, but may have lasting cognitive effects for both the victim and the perpetrator. Geyer (2007:105) quotes Besag in this regard: "... sadly over time a cognitive change seems to occur in both bullies and their victims. The victim begins to believe that they deserve the attacks and the bullies that their actions are warranted". Psychological bullying will be summarised in Table 7: Psychological bullying; the actions and effects. One asterisk (*) will be used to indicate psychological bullying actions and two asterisks (**) will be used to indicate possible effects it may have on the victims.

Table 7: Psychological bullying; the actions and effects

*Psychological bullying actions (Geyer, 2007:73)	Relevant quotations from participants	**Effects of psychological bullying
<ul style="list-style-type: none"> • Pulling ugly faces at the victim • Sticking out tongue at the victim • Eye-rolling when a victim is talking • Manipulation of the victim • Breaking off friendship with the victim • Systematic isolation of the victim from a group • Systematically ignoring the victim in conversation • Systematic exclusion of victim when 	<p><i>"Ek voel dat die in-groep my nie meer soek nie.</i></p> <p><i>*Hulle praat nie met my as ons pouse het nie en as ek iets vir hulle sê *[maak] hulle of ek nie gepraat het nie. Ek het niemand anders vir pouse nie maar al is ek by hulle groep is ek allening. *Toe ek 'n ander maatjie gekry het, het hulle haar gevra om saam met hulle te speel. Hulle lag en praat met haar maar nie met my nie. Net as ek hulle geld gee praat hulle met my"</i> (Geyer, 2007:106).</p> <p>[<i>"I feel that the in-crowd now longer wants me.</i></p> <p><i>*They do not talk to me when we have interval and if I say something to them *they act as if I hadn't spoken. I have got no-one else for interval but even if I am in their group I am lonely. *When I got another friend, they asked her to play with them. They laugh and talk to her and not to me. They talk to me only when I give them money."</i>]</p> <p><i>"Ek voel heeldag **'depressed' en dit gaan nie weg nie. Dit het begin vandat daai twee weer so</i></p>	<p>Emotional effects of psychological bullying (Geyer, 2007:108):</p> <ul style="list-style-type: none"> • Reactive depression • Short-tempered • Cannot control aggression • Post-traumatic stress disorder • Low self-esteem • Low self-confidence <p>Physical effects of bullying (Geyer, 2007:109):</p> <ul style="list-style-type: none"> • Muscular pains • Frequent complaints of back pain • Frequent complaints of infections

<ul style="list-style-type: none"> • making decisions • Making remarks while victim is speaking • Spreading dreadful false rumours about a victim • Convincing other people not to like the victim • Trying to dominate the victim • Trying to intimidate the victim by staring at him/her • Making fun of the victim • Making a victim feel anxious • Making the victim feel uncertain • Using intimidation to take something away from the victim (remove a person from a position) • Treating the victim with disrespect • Backstabbing • Conspiring by a bully to discredit the victim 	<p><i>met my aangaan in die klas. Ek **raak gou kwaad ook en **voel of ek nooit iets kan reg doen nie. En **kyk hoe lyk my vel ... elke oggend as ek opstaan is my **rug seer” (Geyer, 2007:110).</i></p> <p>[I feel **depressed the whole day and it doesn’t go away. It started since those two started going on at me in class. I also get **angry quickly and **feel as if I can’t do anything right. And **look how my skin looks ... every morning when I get up my **back hurts.”]</p> <p><i>“Dit het begin toe ek my wiskundetoets teruggekry het en ek het die beste in die klas gedoen. Dis toe dat die kind en haar maat so begin het om vir my te kyk en dan *gesigte vir my te trek. As die juffrou nie kyk nie *steek sy tong uit vir my. Dan **bloos ek of ek kry **trane in my oë. Ek dink die hele klas weet sy haat my. *Maar vir juffrou sê sy dat ek tog te oulik is, soos haar klein sussie. As ons in groepe moet werk – ek sit in hulle groep – *rol hulle twee hulle oë as ek praat. Dis vir my lelik en ek kan by niemand kla nie want hulle doen dit sodat net ek dit moet sien. Of sy skop my onder die bank en as ek eina sê maak sy of sy niks gedoen het nie. *Dan sê sy vir juffrou ek beskuldig haar. En dis hoekom ek **glad nie meer in die wiskundeklas wil antwoord nie. Ek **huil elke dag by my ma maar dit laat my nie beter voel nie. *Die ergste van als is dat die ander kinders in die klas al dink ek maak stories op” (Geyer, 2007:105-106).</i></p> <p>[It started when I got the results of my maths test and I did best in the class. This was when the child and her friend started looking at me and then *pulling faces at me. When the teacher does not look at us she *sticks her tongue out at me. Then I **blush or get **tears in my eyes. I think the whole</p>	<ul style="list-style-type: none"> • Dermatological problems, for example itchy rashes and pimples • Gastro-intestinal problems such as vomiting and diarrhoea <p>Social effects of bullying (Geyer, 2007:109):</p> <ul style="list-style-type: none"> • The victim is motivated to escape from the scene of the bullying, for example leaving the school to attend a new one • The victim is motivated to take revenge • The victim is motivated to become a bully • The victim may injure him/herself, for example cutting him/herself • Suicide • The misuse of drugs • Numerous emotional problems, for example being teary • Incapable of trusting others • Moody • Isolation from groups • Relationship problems • Academic underachievement <p>The effect that bullying has on the victims’ behaviour at school (Geyer, 2007:109):</p>
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	<p>class knows that she hates me. *But she tells the teacher that she thinks I'm too cute, like her small sister. When we have to work in teams – I sit in their group – they *roll their eyes when I speak. I think it's ugly and I can't complain to anybody because they do it in such a way that only I can see it. Or she kicks me under the table and if I say ouch she pretends as if she didn't do anything. *Then she tells the teacher that I accused her falsely. And this is why I don't **want to answer anything in the maths class anymore. I **cry every day to my mother but it doesn't make me feel better. *The worst of everything is that the other children in the class all think that I am making up stories.”]</p>	<ul style="list-style-type: none"> • They bring weapons to school in order to protect themselves • They tend to be absent from school regularly • They display escalating aggressive behaviour • They do not work academically • They go home early from school • They do not respect their teachers
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In addition to the above-mentioned, Geyer (2007:97) found that girls tend to place greater emphasis on friendships and friendship patterns. As girls tend to belong to smaller, intimate groups, they have more opportunity for indirect aggression, for example gossiping and exclusion from the group. Girls also tend to place importance on being in the in-group. One participant gave a very revealing statement on how girls bully within a group setting (Geyer, 2007:97):

“Ek sit nou elke pouse alleen want die groep het my mos gelos. Ons was baie lank al vyf vriende. Ek is die een waaroor hulle praat. Sien ek wil mos nie saam met hulle rook nie. Nou praat hulle agter my rug van my en nou maak hulle my eie lewe vir my sleg. Ook in die klas sit hulle nie meer by my nie. Ek wens net ek was dood. Almal dink nou daar is fout met my en as ek met 'n ander meisie praat dan is hulle al vier gou by en dan los die ander meisie my ook. Ek weet nie wat hulle alles van my sê nie. Ek wens ek kan net hier vrek.” [“I sit alone every interval because the group dumped me. For a very long time we were five friends. I am the one they talk about, because I don't want to smoke with them. They talk behind my back and make my own life bad. In the class they also no longer sit with me. I just wish I were dead. Now everyone thinks there is something wrong with me and if I speak to another girl then all four of them are there quickly and then that other girl also leaves me. I don't know everything they say about me. I wish I could die right here.”]

2.7.3.4 Other types of bullying (e.g. cyber and sexual)

De Wet (2005:715) found that 12.35 percent of the participants reported being victims of sexual bullying by other learners on a daily basis or at least once a week. The participants identified several behaviours at their schools which could be regarded as sexual bullying, namely sexual derogatory remarks, sexual gestures, inappropriate touching and the perception that female pupils may be in danger if they are cornered in their male counterparts' bathrooms (de Wet, 2005:715). Furthermore, the percentage of participating educators who reported witnessing children using sexual comments to bully their peers on a daily basis was 7.98 percent. Alarmingly, children were not the only victims, as 18.1 percent of the participating educators reported being sexually harassed by their pupils (de Wet, 2006:65). From this it can be deduced that sexual bullying still takes place in some South African schools and in view of the severity of some of the reported forms of behaviour, this may infringe on learners' and educators' human rights.

Even though cyber bullying was not included in de Wet's study, it was still mentioned by a few of the respondents in the study. For this reason de Wet proposes that future studies should explore cyber bullying in a South African context. De Wet (2005:719) urges educators and parents to educate children on the proper use of technology, in such a way that it promotes respect, responsibility and understanding.

2.7.4 Perpetrators

De Wet (2005:716) found that different individuals or groups of individuals are responsible for and more inclined to commit certain acts of bullying. Boys were most frequently identified as the perpetrators of verbal as well as physical bullying (de Wet, 2005:716). The findings of Liang *et al.* (2007:161) correspond with those of de Wet and in addition, they found that males are more likely to be victims of bullying. Thus from these findings it can be deduced that males are more likely than their female counterparts to be both victims and perpetrators of bullying.

In de Wet's (2005:717) study of 339 respondents, only 184 reported being victims of bullying. The respondents reported that they were most often bullied by their same grade peers (64.13%). These findings are in stark contrast to the results of national and international studies, which indicated that the victim tended to be younger than the perpetrator (DeVoe & Kaffenberger, 2006:49; Liang *et al.*, 2007:169).

2.7.5 Reporting bullying

A number of the respondents who admitted to being bullied said that they had not confided in anybody (de Wet, 2005:718). However, 31.97 percent of the victimised respondents chose to confide in another child at school. De Wet (2005:720) is of the opinion that since most learners confided in their best friends, learners should be taught to handle bullying situations non-aggressively, yet assertively. Very few participants reported telling an educator of their victimisation. This indicates that children may perceive educators as unhelpful in regard to bullying. Educators should strive to prove that they are capable of resolving the bullying matter in a satisfactory manner and that intervention by an educator will not make the situation worse (de Wet, 2005:720).

2.7.6 The impact of school bullying on the adolescent's sense of self

Anderson (2007) undertook a quantitative study to illuminate the impact that bullying has on an adolescent's sense of self. The results confirmed that bullying had an effect on the sense of self of adolescents. Bullying had the greatest impact on both male and female adolescents' creative sense of self. However, differences were found between genders. Verbal and social bullying affected female adolescents on all levels of their sense of self, but physical bullying seemed to have no impact on any level of their sense of self. Whereas verbal bullying influenced the male adolescents' emotional, behavioural, social and creative senses of self, social bullying had an impact on their emotional, behavioural and creative sense of self. Lastly, their physical and creative sense of self tended to be affected by physical bullying (Anderson, 2007:114-115). Thus bullying should not be regarded as causing only physical injuries; the harm it may cause to adolescents' sense of self should also be considered.

2.7.7 Onlooker behaviour when school children observe bullying

An onlooker is a child who observes bullying behaviour but who is not physically part of the altercation (Mestry *et al.*, 2006:46). It can be inferred that the participants from both primary and high schools support the victims of verbal and physical bullying, with a high number of the participants bringing the bullying to the attention of a teacher (Mestry *et al.*, 2006:52). However, a fair number of students said that they would ignore bullying; which is worrying. What is astounding is that only four and seven percent (respectively) of female primary school learners indicated that they would ignore physical or verbal bullying. In this study bullies had a very low support rate. Victims of sexual coercion receive high levels of support from primary school participants. A majority of the participants reported that if they witnessed sexual coercion, they

would report the incident to a teacher. In contrast, participants at high school tend to ignore sexual coercion more frequently than primary school learners and are less inclined to report the incident to a teacher when witnessing sexual coercion. The reason given by Mestry *et al.* (2006:52) is that learners in high school are going through a very sensitive developmental stage, which includes the development of sexual roles and identity formation.

In adolescence, peer relations become paramount to the social success of an adolescent. Within the social milieu of an adolescent, peer pressure may mount and certain behaviours are expected from the peer group. In this regard Mestry *et al.* (2006:53) found that participants from all groups stated that their friends would expect them to support a victim of bullying to a great extent. However, there is a strong tendency in some social groups not to get involved and this trend was seen across genders and schools. One possible explanation for not becoming involved is that the participant may fear victimisation. Furthermore, support for the victim tends to decrease from primary to high school. In this regard bullying should no longer be viewed as an outcome of individual differences, but rather be seen in relation to the social setting in which it occurs (Mestry *et al.*, 2006:54).

2.7.8 Coping with bullying

Roodt (2011) focused on the ways in which families handled and worked through the trauma experienced by their children who were bullied at school. Participating parents reported extreme fluctuations in their child's moods. Parents also noticed that their children became either rebellious or withdrawn after the bullying incident. Other effects mentioned by the participants included bedwetting, rage, general sadness and nightmares. The results indicated that bullying was twice as likely to cause conflict within a family unit rather than uniting them (Roodt, 2011:52).

In regard to intra-family handling mechanisms, 25 percent of the victims received support and 31 percent of the victims were given advice on bullying by family members. A large percentage of participants (42%) consulted a principal, teacher or member of the governing body about their child's victimisation. It was found that 21 percent of participating parents took their child to a mental health practitioner in order to process the bullying incident. Some parents (20%) took the situation into their own hands by confronting the bully or his parents about the perpetrator's actions (Roodt, 2011:58). Other intra-family handling mechanisms were reported, such as moving a child to another school, dropping the victim off later at school in the mornings and

organising afterschool play dates for the victim. Two percent of families used an avoidance technique so as not to confront the situation, for example both parents and children worked harder at work and school. Lastly, a few participants reported the bullying incident to the police; however, the police were unhelpful and told the parents to seek the services of a social worker (Roodt, 2011:58).

Thus bullying does not affect only victims but their families as well. The degree of harm experienced by the victim and his/her family is related to the number and degree of the family's resilience factors. Families that possess good resilience are better equipped to handle the effects of bullying.

2.7.9 Psycho-educational programme

Geyer (2007) developed, implemented and evaluated a psycho-educational programme for the management of bullying behaviour. She used four steps to complete this study, namely situation analysis, programme development, programme implementation and programme evaluation.

Step 1: Situation analysis

Geyer (2007:67) used grade nine pupils from a high school in Gauteng where 12 incidents of bullying had been reported within two days. The participants had been victims of bullying. Fifty pupils volunteered to participate in the research study and psycho-educational programme (Geyer, 2007:68). The children came from a vast range of socio-economic levels, indicating that bullying affects children from all walks of life (Geyer, 2007:70). Geyer included the study and psycho-educational programme in her year planning for the subject of Life Orientation.

Several data collecting techniques were used to obtain the data, namely focus groups, in-depth semi-structured interviews, naive sketches and observation. Pupils were observed in the classroom, on the sport field and on the school grounds, especially with regard to their reaction to the behaviour of bullies (Geyer, 2007:45).

Geyer (2007:49-50) made use of Tesch's eight-step data analysis technique. From the data collected two main themes were identified, namely direct and indirect bullying. One participant's experience of bullying encapsulated both of the main themes.

“Daar is kinders in my klas wat my knyp, stamp en sal pootjie. Dan sien almal ek kry seer en ek het merke op my lyf om vir almal te wys. Maar dan is daar kinders wat nie

met my wil speel nie en my nooit kies vir 'n span nie. Hulle is die kinders wat my binnekant sleg laat voel en in die aand lê ek in my bed en wonder wat fout is met my. Dis dan dat ek huil” (Geyer, 2007:76). [“There are children in my class who pinch, shove and trip me. Then everyone can see I am hurt and I have marks on my body to show everyone. But then there are those children who don’t want to play with me and never choose me for a team. They are the children that make me feel bad inside and when I lie in bed at night I wonder what is wrong with me. It is then that I cry.”]

Geyer’s (2007:78-84, 86-98) results concerning the incidence of physical, verbal and psychological bullying have already been discussed. See Paragraph 2.7.3, Types of bullying experienced.

From Step 1: Situation analysis, the researcher gained insight into bullying behaviour and how the students experienced and handled such behaviour. From the above-mentioned data the researcher developed the psycho-educational programme. The following section will briefly discuss the programme development.

Step 2: Development of a programme to address bullying behaviour among high school learners

The psycho-educational programme was developed in order to answer the question, ‘How can a victim handle a bully’s behaviour?’ (Geyer, 2007:52). During this step the researcher educated the students on the different types of bullies, victims and definitions of bullying. The researcher focussed on how students experienced their internal strengths that guide their behaviour (Geyer, 2007:117). Victims were asked to participate in the programme, where they could learn how to handle the bully and his/her behaviour pro-actively. The particular school where Geyer wanted to develop the programme had established anti-bullying rules which were reinforced by having them visible on a poster in the classroom where the students could see them continually (Geyer, 2007:122). The participants were motivated to use the three W’s, “weef” (know what bullying is), “wag” (wait; do not retaliate) and “weg” (walk away and report the bullying incident immediately) (Geyer, 2007:154).

Since many victims were socially isolated (loners) the programme placed emphasis on building friendship skills in order to help form and maintain friendships. Having friends may have a

protective and preventative effect and may ensure a safe environment for the child to express his grievances when bullying takes place (Geyer, 2007:156; Wang *et al.*, 2009:373).

The victims were taught how to plan to handle bullying behaviour by setting goals, making choices, solving problems and handling conflict (Geyer, 2007:157-158). If children have goals, the victims feel safe in knowing that they have insight into the situation and know how they are going to handle it. The students were taught methods for handling direct and indirect bullying, presented in Table 8: Methods for handling bullying.

Table 8: Methods for handling bullying

Methods for handling direct bullying	Methods for handling indirect bullying
<ul style="list-style-type: none"> • Never react with aggression when faced with direct bullying. • The victim should ask the bully what the matter is; in doing so he/she distracts the bully by introducing other thoughts (Geyer, 2007:163). • Avoid the bully after a bullying incident so both parties may cool down. Report the incident. The victim and bully should attend a counselling session where the facilitator listens to their stories and makes a distinction between the bully and his/her behaviour (Geyer, 2007:165). • Victims should be led to find creative ways in which to handle the bully. • The facilitator may suggest that the victim and bully participate in activities (e.g. soccer, jogging or art) in order to blow off some steam (Geyer, 2007:164). • Threats after school should be reported immediately so the bully can be suspended. • The school's rules in regard to bullying should be followed stringently and consistently (Geyer, 2007:165). 	<ul style="list-style-type: none"> • The facilitator works on the victims' internal locus of control by telling them how brave they are for reporting indirect bullying. The victims will learn that bullies' behaviour has limitations, as they will be held accountable and punished for their behaviour. • Children should be taught that relational bullying is wrong and unacceptable and will not be tolerated. Teachers can help prevent relational bullying by allowing the ostracised child to choose the teams during PE. Educators must be alert to this form of bullying (Geyer, 2007:166). • Verbal bullying is a form of indirect bullying. The facilitator taught the victims four ways to handle verbal bullying: avoiding the bully by walking away or just ignoring him/her completely, using humour, being assertive and when insulted, the victims should thank the bully for enlightening them (Geyer, 2007:167).

Step 3: Implementing a competence programme (skills programme) to handle bullies

Fifty students from a secondary school in Gauteng participated in the programme. The programme was implemented twice a week for half an hour during the grade nine Life Orientation period. Thus the duration of the programme was approximately ten hours. The programme was part of the curriculum for the year and thus students were assessed for marks and had to submit portfolio work for this programme (Geyer, 2007:176). The programme had six goals:

1. Raising awareness about what bullying entails, as well as the extent of the bullying problem.
2. Motivating the victims to participate positively in the programme.
3. Supporting and guiding the victim to self-discovery.
4. Helping the victims learn the necessary skills to handle the bullies' behaviour.
5. Supporting and guiding the victim to apply the above-mentioned skills practically by using correct thought and conduct processes.
6. Motivating the victim to report bullying incidents (Geyer, 2007:177).

All six goals of the programme were achieved and will be discussed shortly in Step 4: Programme evaluation.

Step 4: Programme evaluation

The programme was evaluated in order to ascertain its effectiveness (Geyer, 2007:55). The participants responded positively to the programme, reporting gaining better understanding of bullying behaviour and the fact that their behaviour is governed by choices for which they take responsibility.

The researcher used the acronym BOH as a way for the participants to identify bully behaviour correctly. BOH is an acronym for B (*beplan/planned*), O (*ongebalanseerde kragte/power imbalance*) and H (*hou aan/persist*). During the evolution of the programme it was clear that the students remembered what bullying entails by referring to BOH (Geyer, 2007:182).

The students were requested to keep a written diary on perpetrator actions aimed at them and how they handled the bully's behaviour. The reason for the journal was to ascertain what behaviour the students had learnt and to establish which areas needed more attention to enable the students to handle bullies confidently and comfortably (Geyer, 2007:61).

The participants found the programme practical, of great importance, relevant and informative (Geyer, 2007:202-203). The psycho-educational programme was implemented successfully and received glowing reviews from participants. For this reason the researcher is of the opinion that anti-bullying programmes can be successfully introduced in schools. Not only does such a programme decrease bullying incidents; it also encourages growth in self-esteem that may have a positive impact on a child. Bullies may also learn from such programmes that their behaviour will not be tolerated, is unacceptable and is damaging to both the victim and themselves.

2.7.10 Concluding thoughts

As in many other countries, bullying in South Africa is a problem to take heed of. Even more worrisome is that the findings indicate that bullying often takes place in the presence of onlookers, who for many reasons mostly choose to ignore this socially unacceptable behaviour. Most learners have positive intentions, but how many of them do something about these is another question. Many students do not report bullying to a teacher because they are afraid of repercussions from the bully, for example becoming a victim. Lastly, not enough emphasis can be placed on the importance of the role adults in the community play in monitoring and supporting the development of positive onlooker behaviour. De Wet (2005:719) states that for an intervention programme to be successful, all role-players have to acknowledge that bullying is a problem and that it needs to be addressed. She is of the opinion that researchers should periodically undertake studies concerning bullying in schools. With the help of certain role-players these studies could help to develop anti-bullying programmes tailored to individual schools and their specific needs (de Wet, 2005:721).

De Wet (2005:723) concludes with this thought:

“A prerequisite in the fight against bullying is an acknowledgement by adults and children alike, that bullying is not a normal part of growing up – it is dehumanising and degrading. The demand of the South African public to reduce violence in our schools will only be complied with if we listen to the voices of the victims of bullying – and act on it in a humane way.”

2.8 INTERPRETATION AND SYNTHESIS OF THE DATA PERTAINING TO OBESITY AND BULLYING

Globally, obesity is currently considered as one of the most serious non-communicable diseases affecting an increasing number of children. From the literature it is evident that South African children have not escaped the pandemic of obesity, with increasing numbers of children suffering from the psychological and physical ramifications of being overweight. None of the ramifications of childhood obesity speak as loudly as the death of an overweight child. Numerous cases have been cited in newspaper articles in the past few years (Three-year-old..., 2004; Semenza, 2007; 5-year-old..., 2008). Sadly, South Africa did not escape this trend; a similar case was reported of a 9-year-old boy who weighed 120 kg. He collapsed and died at school from obesity-related cardiovascular problems (Coetzee, 2011:134). It seems that in some cases the justice system is taking note of the seriousness of childhood obesity and the risks that accompany it. During 2011 an 11-year-old boy was removed from his mother's care, as the high court deemed her unfit to control her son's weight (Venter, 2011; Versluis, 2011). Not only does childhood obesity have severe psychological and physiological complications for children and society as a whole, it has also been linked with peer victimisation and more specifically bullying.

Bullying has its own negative effects but combined with those of obesity the problem is appalling. Sadly, both childhood obesity and bullying are greatly downplayed by adults and are often referred to as mere phases, for example 'baby fat' or 'boys will be boys'. It is a general misconception among adults that bullying is part of growing up and that the child will eventually outgrow this behaviour. Bullying does not sort itself out and does need intervention from third parties. Improper and ineffective intervention allows victimisation to continue with little or no repercussions for the perpetrator. Research (de Wet, 2005:720) has shown that victims often do not report bullying incidents, because of the perception that adults in general will not intervene or that their intervention in the situation may increase victimisation. Many victims of bullying may suffer in silence for years and such continuous bullying may lead to a victim becoming withdrawn, demotivated, depressed and suicidal. Marr and Field coined the term "bullycide" to indicate an individual committing suicide in order to escape constant bullying (Carpenter & Ferguson, [sa]). During 2012, David MoDav, a 16-year-old boy, was the victim of severe physical bullying perpetrated by four same-grade peers. Even though they were in David's grade, their ages ranged from 18 to 22 years (Kotlolo, 2012). After a particularly bad incident the principal intervened by requesting the perpetrators' parents to attend a meeting in his office the following

day. However, the intervention was ineffective and unimposing, as the perpetrators attacked David after school, ultimately causing him to commit suicide the following morning.

Contrary to stereotypical beliefs, bullying entails not only aggressive physical actions perpetrated against another individual, but includes a vast array of victimisation techniques such as verbal attacks, social rejection and sexual assaults. Verbal bullying was identified as the most common type of bullying experienced. In another ‘bullycide’ reported in 2011, Meagan Boltman, a 17-year-old learner from Pretoria, hanged herself after enduring persistent verbal bullying at school (Pretorius, 2011). Bullying is widespread in some South African schools. Regardless of the type of bullying, its impact is devastating. When considering the prevalence and impact of obesity and bullying on South African youth, the researcher deems the current study necessary to understand how early adolescents perceive obesity and bullying. This research may enable the researcher to identify specific stereotypes that may lead to bullying and victimisation. Raising awareness of specific perceptions and stereotypes may lead to future studies that will take steps to redress these misconceptions and thereby decrease bullying among early adolescents in a South African context. Schools should strive to provide an environment which is safe, secure and conducive to learning, ensuring that all children, irrespective of race, SES and religion, can achieve their potential. Such environments can be achieved by adopting anti-bullying policies that are goal-orientated and impose punishments that are swift and fair. Such policies are only possible if legislation creates a supportive platform that allows their implementation. For this reason Chapter 3 will present a brief overview of legislation in South Africa with regard to childhood obesity and bullying.

2.9 CONCLUSION

Chapter 2 commenced with an introduction, and continued to highlight risk factors that contribute to childhood obesity and contextualised obesity in overseas countries and in a South African context, affirming the probable effects of childhood obesity. A general overview of bullying was presented, whereafter relevant South African studies pertaining to obesity and bullying were elucidated. Lastly, the researcher interpreted and synthesised the literature that was presented. Chapter 3 will present the legal aspects pertaining to obesity and bullying in South Africa. Furthermore, the theoretical framework used during the research study will be elucidated. Special attention will be paid to three body type theorists, namely Ernst Kretschmer, William Sheldon and Adolphe Quetelet. Lastly, the researcher will present a summary regarding

Stephen Schoenthaler's contribution to the field of criminology regarding the effect nutrition has on behaviour.

CHAPTER 3

LEGAL PERSPECTIVES AND THEORETICAL FRAMEWORK

In Chapter 3 relevant South African legislation pertaining to the current study will be presented. It is pertinent that the legislation be interpreted while keeping the literature review presented in Chapter 2 in mind. An overview of the theoretical framework, which can be regarded as the foundation for the current study, will be discussed subsequently.

3.1 SOUTH AFRICAN LEGISLATION

The following section presents a brief discussion of South African legislation with regard to obesity and bullying.

3.1.1 South African legislation with regard to obesity

As is happening in other countries, such as the UK, the USA and Australia, the South African government aims to implement new laws to improve the health of its citizens. Prof. Tessa van der Merwe, an expert in the field of obesity, is advocating for a policy to place a tax on energy-dense foods, for example hamburgers. The logic supporting the taxation is twofold. Firstly, certain healthy foods, like fruit, are already subsidised by the government, thus taxing energy-dense foods will encourage people to purchase cheaper, healthier food. Secondly, taxing energy-dense foods will make funds available to feed disadvantaged children whose parents are unable to provide breakfast before sending them to school (van Rooyen, 2006).

Furthermore, Prof. van der Merwe is urging the South African government to adopt the traffic light classification system referred to in Chapter 2, Paragraph 2.2.1. She is of the opinion that the government should start by taxing foods that are classified as red light foods (van Rooyen, 2006). However, at the time of the current study the Department of Health has executed a stay on the taxation of junk food, as it was argued that further scientific nutritional categorisation of food has to take place in order to establish which foods should be considered as red light foods and thus be eligible for taxation (Kahn, 2010:5).

The Department of Health is trying to ban advertisements advertising fast food, such as hamburgers and chips, aimed at children younger than 16 years of age. The plan is to eventually prohibit the use of child actors, cartoon characters and toys to encourage children to

consume junk food (Comins, 2007). One such an example is Wimpy's advertisement using child actors singing and dancing to a song about toys, which was aired in April 2010. Aaron Motsoaledi, South Africa's Minister of Health, stated that he intended to push for legislation that would prohibit advertisements promoting unhealthy food aimed at children. It is also being considered to ban the free toys which accompany many fast food meals, as these are believed to entice children to consume unhealthy food (Fokazi, 2011; Pillay, 2011). The Department of Health stated that a decision would only be reached after the WHO convened in May 2010 (Kahn, 2010:5). This meeting was held, with the WHO endorsing a set of recommendations for the marketing of non-nutritious food and beverages aimed at children (Sixty-Third World..., 2010:24). However, consensus was not reached, without any official legislation being put into effect to date. Because of the lack of legislation for the protection of children with regard to advertisements promoting unhealthy food and beverage choices, the Advertising Standards Authority (ASA), a self-regulatory body, has established its own regulations to address this problem. The ASA's regulations are already in force and do not condone marketing of unhealthy food and beverages, or excessively big portions or advertisements that instil an unhealthy diet or lifestyle in children. The code acknowledges that children are impressionable and it does not condone advertisements aimed at children 12 years and younger. Furthermore, advertisements may not persuade adults to purchase such a product for a child. Another proposal is that the use of celebrities (including animated characters) may not be used to advertise unhealthy food choices to children on TV ('Junk food' regulations..., 2010).

The Foodstuffs, Cosmetics and Disinfectants Act, Act 54 of 1972, aims to ensure that all consumers are adequately informed of the composition of foodstuffs, thus enabling them to make an informed decision on whether to purchase or consume a particular product. New regulations have been added to the Foodstuffs, Cosmetics and Disinfectants Act, Act 54 of 1972, such as the Labelling and Advertising of Foodstuffs (No. R. 146) and Trans-fat in Foodstuffs (No. R. 249) regulations. As a result of the implementation of the Labelling and Advertising of Foodstuffs (No. R. 146) regulations, all information on packaging must be standardised and legible, thus making comparisons between similar products possible. All ingredients are required to be listed (including common allergens, for example eggs) and a table containing nutritional information must be given in English and one other official South African language. Furthermore, making claims (health and otherwise) on packaging is no longer permitted (van Heerden, 2006). The regulations also affect non-essential foods such as sweets and sports drinks. These regulations were applied in a court case of Bokomo versus Kellogg's in

2006 [both companies specialise in breakfast cereals]. Kellogg's advertised their product as healthy, which is in direct violation of clause 10 of the Foodstuffs, Cosmetics and Disinfectants Act, Act 54 of 1972. The court ruled against Kellogg's and they were forced to remove all health claims from their packaging and advertisements (van Heerden, 2006). Furthermore, the regulations prohibit the use of the phrase "no added sugar" on the packaging of any product that contains any type of sugar, for example fructose, which is found in fruit juice.

Another regulation that will affect the labelling of products is the Trans-fat in Foodstuffs (No. R. 249) rule, which is to be implemented as part of the Foodstuffs, Cosmetics and Disinfectants Act, Act 54 of 1972. As industrially produced trans-fats are a risk factor in cardiovascular disease, these will be greatly restricted by reducing the legal amount to two gram (g) per 100 g of fats and oils. Products containing more than two percent of trans-fats will be banned from shop shelves. The regulation applies to the sale, production and import of products and extends to restaurants and catering businesses (Dewberry, 2011:25). At the time of the current study, Woolworths has already removed all trans-fats from in-house products. Pick-'n-pay and Checkers aimed to comply with the legislation by removing all products that exceeded the two percent limit by the official deadline, which was 17 August 2011 (Dewberry, 2011:26).

Lastly, all sport drinks that contain more than 150 mg of caffeine per litre will be required by law to indicate on the label that the drink has a high caffeine content. Furthermore, the label will have to carry a legible warning, "Not recommended for children under 12 years of age, pregnant women, persons sensitive to caffeine and not to be consumed as a mixture with alcohol beverages" (Dewberry, 2011:26).

Regulation 146 (No. R. 146) of the above-mentioned act has several disadvantages for South African consumers. Products that have clear health benefits for consumers may not display such information on packaging, for example dairy products such as milk, which has a high bio-available calcium content and may contribute to the prevention of osteoporosis (van Heerden, 2011).

Producers may no longer display "enhanced function claims", such as "added fibre"; this will result in the consumer spending additional time comparing products in order to establish whether product A or B contains more of the ingredient in question (van Heerden, 2011).

Moreover, the new regulations have not taken pre- and probiotics, slimming, diabetic and low glycaemic index products into consideration. The Department of Health states that the above-mentioned issues will be considered in Phase 2 of the document, which will appear at a later date. Until then, consumers such as diabetics will be in the dark about food that may benefit or worsen their condition (van Heerden, 2011).

According to No. R. 146, if a manufacturer does not intend to make a high/low claim, it is not compulsory to add a typical nutritional table on the packaging of the product. Thus, if manufacturers are not in the financial position to have their product analysed by an accredited laboratory, they may choose to omit such a table, leaving the consumer in the dark about the nutritional value of the product. Furthermore, it makes it impossible for a consumer to compare similar products. No. R. 146 may result in the consumer being less informed than previously (van Heerden, 2011).

3.1.2 South African legislation with regard to bullying

With regard to the legal implications of bullying, the researcher deemed the following legislation relevant in a South African context: the Constitution of the Republic of South Africa Act, Act 108 of 1996; Children's Act, Act 38 of 2005, as amended by Act 41 of 2007; South African School Act, Act 84 of 1996; Sexual Offences and Related Matters Amendment Act, Act 32 of 2007; and Common Law: *in loco parentis*. These acts will be discussed with regard to their relevance and applicability to the current study.

3.1.2.1 Constitution of the Republic of South Africa Act, Act 108 of 1996

The Constitution of the Republic of South Africa Act, Act 108 of 1996 recognises the injustices of the past and acknowledges those individuals who helped build South Africa. It aims to address previous injustices by implementing a democratic republic where all individuals are equal and have the right to equal opportunities, human rights and dignity. It aims to sculpt a democratic nation from diverse cultures, races and religions based on equality, free from racism and sexism. Sections 9, 10, 12, 28 and 29 of the Constitution of the Republic of South Africa Act, Act 108 of 1996 will be discussed.

Section 9 (Equality)

According to Section 9 of the Constitution of the Republic of South Africa Act, Act 108 of 1996:

- “(1) Everyone is equal before the law and has the right to equal protection and benefit of the law.
- (2) Equality includes the full and equal enjoyment of all rights and freedoms. To promote the achievement of equality, legislative and other measures designed to protect or advance persons, or categories of persons, disadvantaged by unfair discrimination may be taken ...
- (4) No person may unfairly discriminate directly or indirectly against anyone on one or more grounds in terms of subsection (3).”

One possible reason for the victimisation of a child at school may be that the individual is perceived as different by his peers, for example he may be labelled as fat or homosexual. These children may be discriminated against, as they are not perceived as adhering to the socially accepted norms. However, Section 9 of the Constitution of the Republic of South Africa states that no person (this includes children) may be discriminated against by his peers or people of power. All people have the right to be protected by law.

Section 10 (Human dignity)

According to Section 10 of the Constitution of the Republic of South Africa Act, Act 108 of 1996: “Everyone has inherent dignity and the right to have their dignity respected and protected”. In this regard, Woolman (2007:Chapter 36, pp. 15) insists that “dignity is that which binds us together as a community, and it occurs under conditions of mutual recognition”. Human dignity is not an unequivocal concept but comprises several moral codes that are imperative to the success of the South African Constitution. Human dignity is rooted in the idea that justice should not avert its gaze from suffering and the duty of South African citizens to acknowledge that all individuals are capable of self-governance (Woolman, 2007:Chapter 36, pp. 2). Thus dignity can be defined as the acknowledgement of an individual’s right to act freely as a moral agent and to understand or define himself through his own authority (Woolman, 2007:Chapter 36, pp. 7). From this it can be deduced that each individual should be respected for his intrinsic worth and should not be seen as an instrument that can be used to attain a desired goal (Woolman, 2007:Chapter 36, pp. 9). Freedom is essential to the nurturing of human dignity, as every individual has the right to explore and develop his own unique talent optimally. This freedom to develop unique talents lends the opportunity for self-actualisation. Without freedom, human

dignity is not possible. Thus, denying an individual his freedom can be seen as denying him his dignity (Woolman, 2007:Chapter 36, pp. 11). Human dignity can be seen as the realisation that individuals are not slaves to biological impulses and passions, but have the power of choice; it is this choice that sets humans apart from the animal kingdom (Woolman, 2007:Chapter 36, pp. 12). Thus the researcher operationally defines human dignity as the acknowledgement that other individuals are capable of and deserve the freedom to develop self-actualisation and should not be regarded as a means to an end.

Chapters 1 and 2 have elucidated that the behaviour of a bully has a negative impact on the victim's right to human dignity, as it impedes the victim's freedom to explore and develop his unique talents, thus effecting the attainment of self-actualisation. Furthermore, the perpetrator does not acknowledge mutual recognition for the victim or his intrinsic value. Many bullies use their victims in order to achieve certain goals, such as respect from peers, monetary gain and power. Thus bullying is in direct violation of Section 10 of the Constitution of the Republic of South Africa Act, Act 108 of 1996.

Section 12 (Freedom and security of the person)

According to Section 12 of the Constitution of the Republic of South Africa Act, Act 108 of 1996:

- “(1) Everyone has the right to freedom and security of the person, which includes the right-
- (a) not to be deprived of freedom arbitrarily or without just cause; ...
 - (c) to be free from all forms of violence from either public or private sources;
 - (d) not to be tortured in any way; and
 - (e) not to be treated or punished in a cruel, inhuman or degrading way ...”

Section 12 of the Constitution of the Republic of South Africa Act, Act 108 of 1996 number 1 a, c, d and e are relevant when considering bullying. Number 1 (a) is relevant, as bullying deprives a child of freedom. Many children refuse to attend school for fear of being victimised by their peers (DeVoe & Kaffenberger, 2006:57). Thus bullying can be regarded a psychological barrier to freedom. Physical bullying includes hitting, biting, kicking, punching, pushing, stabbing, strangling, suffocating, hair pulling, burning and poisoning (Booyens *et al.*, 2008:38) which are all deemed violent acts in direct violation of the Constitution of the Republic of South Africa Act, Act 108 of 1996, Section 12, Number 1 (c) and (d). Being the victim of bullying can be very degrading and can have a lasting impact on a child's self-esteem. For the above reasons

bullying can be seen as a violation of the Constitution of the Republic of South Africa Act, Act 108 of 1996, Section 12.

Section 28 (Children's rights)

According to Section 28 of the Constitution of the Republic of South Africa Act, Act 108 of 1996:

- “(1) Every child has the right - ...
 - (d) to be protected from maltreatment, neglect, abuse or degradation.
- (2) A child's best interests are of paramount importance in every matter concerning the child.
- (3) In this section 'child' means a person under the age of 18 years.”

Section 28 of the Constitution of the Republic of South Africa Act, Act 108 of 1996 number 1 (d), number 2 and number 3 are relevant with regard to bullying. This section states that any person under the age of 18 years can be defined as a child and has the right to safe alternative care when not in parental care and that every child should be protected from abuse, degradation, neglect and maltreatment. Thus it follows that educators act *in loco parentis* (common law) and thus become legally responsible for the care and protection of a child during school hours. Care of children includes protecting them from all forms of maltreatment, abuse and degradation (e.g. verbal, physical, sexual and relational bullying).

Section 29 (Right to basic education)

Section 29 states that all children have the right to basic education. Basic education, otherwise referred to as functional education, is education up to grade seven (end of primary school). Functional education refers to education that will enable an individual to function within society with regard to basic literacy, numeracy and economic understanding (Malherbe, 2009:406-407).

According to Squelch (in de Wet, 2005:709) South African schools have a legal obligation

“... to provide learners with a safe and secure environment, and to protect them from deviant behaviour that affects their well-being and infringes on their basic rights to security, human dignity, privacy and education.”

Bullying may cause a child to be absent from class owing to injuries or the fear of further victimisation. Furthermore, bullying may make it impossible for a child to concentrate in class. Thus bullying affects the right of a child to receive basic education in a safe and secure school environment. Development of the child may be adversely affected with regard to academic,

relational, emotional and behavioural spheres (de Wet, 2005:709). For the above-mentioned reasons, bullying is in direct violation of Section 29 of the Constitution of the Republic of South Africa Act, Act 108 of 1996.

3.1.2.2 The South African Schools Act, Act 84 of 1996

Section 8 of the South African Schools Act, Act 84 of 1996 obligates public schools to develop and implement a code of conduct in which the rules for socially appropriate behaviour at school are stipulated. These rules should be formulated in partnership with children, parents, educators and the school's governing body, allowing for a code that can be regarded by the school community as domestic legislation (Joubert, 2009:507). All interested parties should be informed about the school's code of conduct and its content. The code of conduct implemented by a public school should aim to create a disciplined, safe, secure, positive and purposeful school environment in order to maintain an optimal and productive learning experience. No students are exempt from any part of the code of conduct, thus all rules must be adhered to by all pupils attending that particular school. An anti-bullying policy should form part of the code of conduct in public schools (Bray, 2009:484; Mollo, 2009:31). Furthermore, the code of conduct should include the procedures to be followed where disciplinary action has to be taken against a pupil. Care should be taken when suspending a pupil from school, as this may infringe on the pupil's right to education. Suspension is possible after the offending pupil has had an opportunity to put forward his side of the story (Bray, 2009:484-485).

Thus all public schools are required by law to adopt a code of conduct in order to protect their pupils and enhance their learning environment. It seems that this aim has not yet been achieved in all public schools, as Ralekgokgo (2007:142,145) reports that both victims and perpetrators indicated that reporting bullying to educators was futile, as educators did nothing to protect the victim. Furthermore, perpetrators of bullying reported lack of supervision during break and lack of punishment from educators as key factors motivating them to continue their bullying behaviour (Ralekgokgo, 2007:144). Many of the victims informed their parents of their victimisation at school and the majority of parents reported it to the school's principal; however, nothing was done to protect the victim or punish the perpetrator (Ralekgokgo, 2007:146). In their defence, many educators reported that they did not have an adequate way to punish or deal with the perpetrator, as their school did not have an anti-bullying policy. The majority of principals admitted to not having an anti-bullying policy at their school and stated that their educators were not competent to handle such situations. Furthermore, they blamed parents for

not being supportive of school activities (Ralekgokgo, 2007:149). It seems as if most participants within this social network are blaming others and thus nothing is being done to assist the victims.

In stark contrast to the findings of Ralekgokgo (2007), Rademeyer (2012:8) reported that some schools in Gauteng (South Africa) are willing to permanently suspend students due to their bullying behaviours. The number of permanent suspensions has risen from five in 2010, four in 2011 to seven in 2012. These numbers may seem very low; however it may indicate a turning point in the perceptions of some Gauteng schools regarding the negative consequences bullying holds for victims. Due to the vast number of complaints regarding bullying, the Department of Education is currently compiling policy guidelines to assist schools in handling bullying instances effectively and efficiently (Rademeyer, 2012:8).

3.1.2.3 Children’s Act, Act 38 of 2005, as amended by Act 41 of 2007

Specific laws have been brought into affect in South Africa to cater for and protect the rights of children. One such Act is the Children’s Act, Act 38 of 2005, as amended by Act 41 of 2007. This act aims to:

“... give effect to certain rights of children as contained in the Constitution; to set out principles relating to the care and protection of children; to define parental responsibilities and rights; ... to create certain new offences relating to children; and to provide for matters connected therewith” (Children’s Act, Act 38 of 2005, as amended by Act 41 of 2007).

The Children’s Act, Act 38 of 2005, as amended by Act 41 of 2007 replaced the Child Care Act, Act 74 of 1983 on 1 April 2010. The Children’s Act defines abuse as:

“... in relation to a child, means any form of harm or ill-treatment deliberately inflicted on a child, and includes-

- (a) assaulting a child or inflicting any other form of deliberate injury to a child;
- (b) sexually abusing a child or allowing a child to be sexually abused;
- (c) bullying by another child;
- (d) a labour practice that exploits a child; or
- (e) exposing or subjecting a child to behaviour that may harm the child psychologically or emotionally.”

This Act makes provision for sibling bullying within a family system. The Act (section 156, 157 & 158) makes two main provisions in order to protect such a victim. Firstly, the victim may be removed from the family if it can be proven that the child's parents/legal guardian are/is unable to protect the victim from abusive siblings (Mahery, Jamieson & Scott, 2011:26). Secondly, the abusive sibling may be removed from the family system and placed in a youth care centre if it can be proven that the parents/legal guardians are unable to control the abusive sibling's behaviour or if the perpetrator shows signs of criminal behaviour (Children's Act Section 156, h ; Mahery *et al.*, 2011:27). The Children's Act does not make provision for non-familial bullying and thus cannot be applied to a general school situation.

3.1.2.4 Defamation of character

Defamation of character can be defined as "the wrongful and intentional publication [*verbal, non-verbal or written*] of defamatory material that refers to the plaintiff" (Mukheibir, Niesing & Perumal, 2010:329). Thus defamation of character can be seen as the publication of remarks concerning an individual with malicious intent to cause harm to said individual's reputation. The law of defamation is characterised under the law of delict, which is regarded as a civil wrong. The law of delict aims to compensate individuals who have been harmed by the conduct of others. This law is based on what is perceived as socially moral and acceptable behaviour (Mukheibir, Niesing & Perumal, 2010a:4). Thus the law of delict varies from country to country, as each has its own standards for socially acceptable behaviour.

For a case of defamation to be successful in court, certain prerequisites have to be proven.

- That a reasonable person would regard these remarks as defamatory in nature and would cause such an individual to think less of the plaintiff. Furthermore, the court will have to consider the remarks in context and then determine whether the remarks were in fact defamatory.
- If the plaintiff was not mentioned by name, he will have to prove that other reasonable individuals who read or heard the defamatory remarks would be able identify the plaintiff.
- Defamation of character is only possible if it occurs in the presence of a third party. Thus if the offender makes defamatory remarks to an individual in private without a third party present, it will not be regarded as defamation of character, as the plaintiff's reputation remains intact. However, the lack of witness does not ensure that the offender goes unpunished, as the plaintiff can claim for infringement of dignity (Defamation, [sa]; Mukheibir et al., 2010:332).

- The remarks were made with the intention to harm the plaintiff.

During a semi-structured interview with a practising social worker from Pretoria, the researcher reviewed a case study in which defamation of character had been used by the victim's lawyer as grounds for legal action to curb the bullying behaviour of the perpetrator.

Case study 4

A high school pupil from Pretoria received SMSs of a bullying nature. The bully was warned to stop his behaviour. When the bully failed to comply, the victim's father sought the services of a lawyer. The lawyer warned that if the perpetrator continued with the behaviour, legal action would be taken on grounds of defamation of character. The bully stopped sending inappropriate messages regarding the plaintiff.

In the past it was difficult to prove defamation of character. However, currently people do not just gossip by word of mouth, but via SMS and social networking sites such as Facebook. This makes it easier to prove defamation of character as a "paper trail" exists. Many people, when faced with the choice of an impending court case or stopping the defamatory behaviour; would rather choose to desist. As is evident from Case study 4, it is possible for children to sue a bully for defamation of character if they are assisted by an adult (Mukheibir *et al.*, 2010a:4). However, the researcher is of the opinion that this may often involve costly legal processes which many parents may choose to avoid due to financial constraints.

3.1.2.5 Sexual Offences and Related Matters Amendment Act, Act 32 of 2007

This Act defines a child as any individual under the age of 18 years, excluding Sections 15 and 16, where a child is regarded as an individual older than 12 years but younger than 16 years. According to Section 57 of the Act any individual under the age of 12 years is deemed incapable of understanding the implications and grasping the full meaning of sexual intercourse and for this reason they are legally unable to give consent with regard to sexual matters (Minnie, 2009:545). Under the Sexual Offences and Related Matters Amendment Act, Act 32 of 2007 the researcher deemed several sections relevant with regard to sexual bullying. For a detailed description of sexual bullying, see Chapter 2, Paragraph 2.5.1.

Rape (Chapter 2 Section 3)

Rape is the unlawful and intentional act of sexual penetration committed by an individual against another individual without the latter's consent. The Amendment Act includes any form of penetration, i.e. the use of an object or penile penetration. The Amendment Act does not discriminate among genders as victims or perpetrators; both may be male or female. Victims may include adults, children or mentally disabled individuals (Minnie, 2009:546-548). This is applicable to Sections 3 and 5. During February 2010, it was reported that a 7-year-old female had been repeatedly raped each day for two school weeks during the first term in the school bathrooms by three boys aged nine and eleven years. The boys would take turns raping her while the other two stood guard at the door (Phaliso, 2010). Because of the operational definition of bullying, combined with the discussion of sexual bullying and harassment, the above-mentioned legislation is relevant to protect children from sexual bullying during and after school hours.

Sexual assault (Chapter 2 Section 5)

Sexual assault is accepted as any form of sexual violation of an individual without consent. Section 5 includes the threat of future sexual violation as grounds for sexual assault. In many instances sexual bullying can be regarded as sexual assault, which pertains to the sexual violation of another individual and may include an array of behaviours such as direct or indirect contact with sexual organs, the anus or female breasts. Furthermore, it may include direct or indirect contact with the mouth of one individual and the sexual organs, anus or female breasts of another individual.

Exposure or display of, or causing exposure or display, of child pornography or pornography to children (Chapter 3 Section 19)

Any person who unlawfully and intentionally exposes or displays, or causes exposure or display, of child pornography or pornography to children is guilty of a sexual offence. Section 19 coexists with the Films and Publication Amendment Act, Act 18 of 2004 (Minnie, 2009:558-559). Two separate incidents relevant to the current study were reported in 2010 and 2011. During 2010 three pupils from Jules High School were charged with statutory rape. These three pupils participated in sex at school, where the incident was recorded on cell phones. These images were then sold and distributed among school pupils (van Wyk, 2010). The second case was reported in 2011 in Oudtshoorn. Three boys aged 16, 17 and 18 years were arrested for statutory rape. The latter could legally speaking probably be treated as an adult because of his

age. Nevertheless two boys had sex with an under-aged female while the other boy recorded the incident on his phone. The 17-year-old boy also appeared on charges of the manufacturing and distribution of child pornography, as the girl was not of a legal age to consent to sexual intercourse (School pupils make..., 2011). Both these cases are direct violations of Section 19 of the Sexual Offences and Related Matters Amendment Act, Act 32 of 2007 and the Films and Publication Amendment Act, Act 18 of 2004.

Exposure or display of, or causing exposure or display of genital organs, anus or female breasts to children (Chapter 3 Section 22)

Any individual who is responsible for the exposure or displaying of their or another individual's genital organs, female breasts or anus, for sexual gratification or not, to a child with or without the child's consent is guilty of a sexual offence. Please note that such behaviour is permissible by law if committed in the interest of a legitimate cultural practice (Minnie, 2009:560).

Attempt, conspiracy, incitement or inducing another person to commit a sexual offence (Chapter 7 Section 55)

Any person who-

- “(a) attempts;
- (b) conspires with any other person; or
- (c) aids, abets, induces, incites, instigates, commands, counsels or procures another person, to commit a sexual offence in terms of this Act, is guilty of an offence and will be liable on conviction to the punishment to which a person convicted of actually committing that offence would be liable.”

According to section 55 of this Act, if an individual (A) pays, convinces, aids or forces another individual (B) to sexually bully individual (C); individual (A) is as guilty as individual (B) before a court of law and may be convicted of the same crime. Thus convincing another individual to commit a sexual offence can in itself be regarded as a sexual offence.

3.1.2.6 Assault

Snyman (in Geyer, 2007:87) defines assault as “unlawfully and intentionally applying force, directly or indirectly, to the person of another, or inspiring a belief in another person that force is immediately to be applied to him or her”. For an action to be regarded as assault, three main components have to be present (Snyman, 2012:475):

- (1) The behaviour has to infringe on another individual's bodily integrity or the individual has to believe that he/she is in immediate danger.
- (2) The behaviour has to be illegal.
- (3) The behaviour has to be intentional.

In the following section, each component will be discussed briefly.

- **Infringement of another individual's integrity:**

During assault, force may be applied directly or indirectly. Direct application of violence entails the aggressor physically assaulting the victim using a part of his body (e.g. a perpetrator of bullying hits his peer in the face with his fist). Indirect application of violence entails the perpetrator assaulting the victim with an object that is not part of his body (e.g. a perpetrator of bullying hits a peer with a ruler) (Snyman, 2012:476). Note that the victim does not have to be aware of the assault (e.g. shaving the victim's hair in his sleep without permission can be regarded as assault). Furthermore, poisoning and drugging a victim without his knowledge can be regarded as assault. A third party who witnesses either direct or indirect assault can be found guilty of assault. Thus inaction on the part of a witness, for example a teacher who witnesses bullying at school and does nothing to intervene, can lead to being found guilty of assault (Snyman, 2012:477). Non-violent actions such as gestures or verbal remarks that instil fear of immediate threat can be accepted as assault if such actions are aimed at the victim personally and instil fear in the victim. The threat must be of an immediate nature and the perpetrator must be able to carry out the threat (Snyman, 2012:478-479).

- **Illegal:**

Behaviour can only be deemed to be assault if it is illegal. Thus acting in self-defence, in the course of duty (police officer), in an emergency (pushing someone out of the way of a speeding car), and with consent (being bruised during an operation for which consent was given to be performed) cannot be regarded as assault (Snyman, 2012:480).

- **Intent:**

The perpetrator acted intentionally to harm the victim or instil fear in the victim. However, if the victim did not experience fear, intent cannot be proven (Snyman, 2012:481).

From the above discussion it is evident that bullying can be seen as assault, as bullying includes physical and verbal attacks on children, which aim to instil fear and are

methodologically planned by the perpetrator. Thus most acts of bullying comply with all three components needed to meet the criteria for assault.

3.1.3 Conclusion

To date the researcher could not locate records of any South African court cases involving bullying. Barnard (2011) gave the following four reasons for the lack of court cases regarding bullying:

- Taking a case to court is expensive, as one has to hire a lawyer and not many people are financially able to do so.
- Many people, when faced with a choice, would rather back down than get involved in a court case.
- Many victims suffer from low self-esteem as a result of bullying and thus are not emotionally able or willing to face the bully and the bullying incident in court.
- Lastly, South African legislation is open to interpretation, thus one magistrate will allow a case to be heard where another will not.

From the legislation discussed above, it is evident that there is applicable South African legislation in place to protect children from bullying. However, the researcher questions whether these pieces of legislation are useful and applicable in practice. If parents and educators are not willing to acknowledge and take a stand against bullying, no amount of legislation will protect the victims.

3.2 BODY TYPE: A THEORETICAL OVERVIEW

When determining whether a child is obese, one should consider the child's height, weight, age, sex and build (Glossary of children's..., 2007). Not all children have the same body type and for this reason many children are mistakenly labelled as overweight. Therefore parents should be aware of which body type their child is classified under in order to determine whether their child is in a healthy weight category for its particular build. If the child is classified as overweight, restrictions on snacks and fast food should be considered. In addition, the amount of time a child spends viewing TV programs should be monitored. In this section of Chapter 3 the researcher will explore the historical relevance of body type theories and their effect on current criminology. In the following section an overview of the body type theorists will be given. Special attention will be given to the work of Ernst Kretschmer, William Sheldon and Adolphe Quetelet

with regard to body type. Furthermore, the researcher deems it necessary to give an overview of Stephen Schoenthalers' study on the lack of proper nutrition and its probable effect on aggressive and anti-social behaviour.

3.2.1 Ernst Kretschmer (1888-1964)

There are many body type theorists, but the work of Ernst Kretschmer, which is particularly well known in criminology, will be used as a theoretical point of departure in this study, as he was instrumental in the development of constitutional psychology (Millon, Grossman, Millon, Meagher & Ramnath, 2004:19). Constitutional psychology "acknowledges a relation between structure and behaviour in every aspect of human life" (Hartl, Monnelly & Elderkin, 1982:3). The extent of Kretschmer's research in the field of psychiatry is evident in his book, *Physique and Character* (1925). He developed a body type classification system that is acknowledged as one of the first examples of the constitutional approach (Millon *et al.*, 2004:19). According to Hartl *et al.* (1982:544), the central thesis of the constitutional method is "... that behavio[u]r is the consequence of the total structure in action – that each person is unique and has his own environment and experiences on the continuum of growth and development from conception through adolescence and adulthood to senescence".

Kretschmer based his classification system on three main body types, namely the asthenic, the athletic and the pyknic type. In view of the extent of his research, only a brief overview of his classification system will be given.

Kretschmer and his team observed, measured, photographed and sketched images of hundreds of patients. Fixed categories were used during data collection. Table 9: Constitution scheme, gives an example of the categories used (Kretschmer, 1925:11-12).

Table 9: Constitution scheme

Name:	Profession:	[Date of examination]
Age:	Diagnosis:	
I. MEASUREMENT		
Skull: Horizontal circumference	Circumference: chest:	
Sagittal diameter	stomach:	
Frontal diameter	hips:	
Vertical diameter	forearm 1:	
Height of face	hand 1:	

Breadth of face Length of nose Height:	calf 1: Weight: Length: legs: arms: Breadth: shoulders: pelvis:
II. FACE AND SKULL	
Shape of head: high head; pyknic flat head; small round head; tower skull; bladder-shaped skull; indefinite Profile: angular profile; long nose profile; hypoplastic; pyknic profile; indefinite	Frontal outline: broad shield-shaped; flat five-cornered; steep egg-shaped; shortened egg-shaped; childish oval; seven-cornered; indefinite Height – proportions: (middle-face: chin:) Nose: Description:
III. PHYSIQUE	
Bones: Musculature (Relief)? Fat: Shoulders: Chest:	Stomach: Pelvis: Extremities (esp. length): Hands and feet: Description:
IV. HAIR	
Head hair: Brows: Beard: Pubes: Armpits: Skin condition:	Vascular condition (esp. colour): Trunk: Arm: Legs: Description:
V. GLANDS	
Thyroid: Mammary: Testicles:	Genitalia: Sexual abnormalities:
VI. TEMPORAL	
Commencement of mental disturbance: Commencement of puberty: Commencement of involution:	Commencement of fattening: Commencement of emaciation: Commencement of certain physical diseases:
CONCLUSIONS	

(Adapted from Kretschmer, 1925:11-12)

The results are reflected in the descriptions of the three body types.

The asthenic body type is classified as short, lean and narrowly built (Cullen & Wilcox, 2010:522). Men of this body type tend to have dry skin, a pale complexion and may experience premature aging. They have delicately boned hands and their extremities tend to be lean, with thin muscles. Their chests are flat, long and narrow, with prominent ribs (Kretschmer, 1925:21). As children they are described as fragile. Even though hard bodily labour is possible, it has a minimal effect on muscle size. Individuals from this category can eat large amounts of food and still remain thin. Kretschmer classified people from the asthenic type as apprehensive and introverted (Millon *et al.*, 2004:19). When considering psychological types, individuals from the asthenic type were believed to be predisposed to schizophrenia (Kretschmer, 1925:36).

In contrast, the athletic body type is characterised as having well-developed muscles that are prominently visible through a thin layer of fat. Individuals from this category are average-sized to tall, with a strong and well-developed bone structure (Cullen & Wilcox, 2010:522). The collar bones, bones in the hands and the joints of the hands and feet are coarse. Furthermore, individuals from this group tend to have wide shoulders, broad hands, firm stomachs and long heads and the trunk of the body is tapered. The skin is firm, elastic and thick (Kretschmer, 1925:24-25). During maturation the body becomes more plastic (soft). After 60 years of age, degeneration of the muscles can be found and is believed to be due to inactivity (Kretschmer, 1925:26). Kretschmer was of the opinion that there is a biological affinity between schizophrenia and the athletic body type (Kretschmer, 1925:36).

Individuals who have a pyknic body type are of average height with a rounded figure. This body type tends to have a soft, broad face, which is set on a short, enormous neck. The shoulders are rounded, set rather high and are pushed forward together. The upper portion of the spinal column has a slight kyphotic bend (Kretschmer, 1925:29). Furthermore, the abdomen has a moderate covering of fat and a pot belly is often present. The limbs are short, soft and rounded. The hands are soft, short and wide. The muscles are of moderate strength but are of a soft consistency. The skin is smooth, well fitting and of moderate thickness (Cullen & Wilcox, 2010:522; Kretschmer, 1925:30). Weight remains relatively consistent as age increases. Kretschmer classified individuals from the pyknic type as being dependent on others, sociable and friendly (Millon *et al.*, 2004:19). He was of the opinion that the pyknic body type is predisposed to bipolar disorder (Kretschmer, 1925:36).

As early as 1925 Kretschmer undertook a methodologically sound study to determine whether a correlation existed between body types and the mental disorders schizophrenia and bipolar disorder. His findings were conclusive when applied to males. He set the benchmark for somatotype research in the field of psychological anthropology. Many scholars built on Kretschmer's body type theory, of which the best known was William Sheldon.

3.2.2 William Sheldon (1898-1977)

Sheldon was instrumental in the development of criminology. Many similarities can be found between Sheldon's work and the *Republic* of Plato, the work of George Gurdjieff and the tridosha system of Ayurveda (Rizzo-Sierra, 2011:466). Sheldon and his co-workers believed that one could only understand human behaviour through biologically orientated psychology and psychiatry (Hartl *et al.*, 1982:ix). Sheldon's theory was grounded in embryology, which is the human's natural growing process within the womb. He was of the opinion that all embryos must develop three distinct layers of tissue and it is during the foetal developmental stage that an individual may emphasise one of these three layers. The development of three distinct layers of tissue during foetal development is currently still acknowledged by perinatal medical researchers (Tibbetts, 2012:76-77).

After the egg has been fertilised and has gone through several changes, it is called a blastocyst. The blastocyst develops into three distinct layers of tissue, which Sheldon classified under the term "somatotypes". The three somatotypes are the endoderm, mesoderm and ectoderm. Sheldon selected these somatotypes for his research, as they were regarded as the most extreme forms of physique. In his view, individuals from the normal weight category would possess a somatotype which was a well-balanced combination of all three main somatotypes (Somatotype..., 2009).

Sheldon associated the ectoderm, which is the outer layer, with the ectomorphic body type (Vold, Bernard & Snipes, 2002:36). The ectoderm will eventually transform into hair, nails, teeth, organs, the nervous system and the outer layer of the skin (Louw, 1998:120). Individuals who have an ectomorphic body type tend to be thin, have a fine build, a low body mass with a small face and a sharp nose. Sheldon proposed that individuals with this specific body type had larger brains and central nervous systems (Cullen & Wilcox, 2010a:835; Tibbetts, 2012:77). These individuals often complain of allergies, skin irritations, insomnia, chronic fatigue, sensitivity to distractions and loud noises and general discomfort in crowds (Vold *et al.*, 2002:36). Individuals

with an ectomorphic body type tend to have a cerebrotonic personality and are often classified as introverts. Furthermore, they tend to be sensitive, inhibited and thoughtful (Cullen & Wilcox, 2010a:834).

The middle layer of tissue, namely the mesoderm, will develop into muscles, skeleton, the inside layer of skin and the blood circulation and excretion systems (Louw, 1998:120). The mesomorphic body type (mesoderm), as referred to by Sheldon, is predominantly muscular, with a large chest. This body type can vary from lean to large. A mesomorphic body type has been seen to embody a somotonic personality. This personality type presents personality traits such as assertiveness, adventurousness, courage, boldness, competitiveness, dynamism and energy. Furthermore, people of this type have been associated with personality traits that may predispose them to criminal behaviour, for example aggressiveness, risk-taking and a desire for dominance and power (Tibbetts, 2012:77-78; Vold *et al.*, 2002:36). Sheldon applied his somatotype theory to criminal delinquents and found that they were more likely to have a mesomorphic body type. Further studies by other researchers showed positive correlations with Sheldon's findings (Cullen & Wilcox, 2010a:835). From these findings it may be deduced that personality traits (e.g. aggression and risk-taking), which are common to individuals with a mesomorphic body type, may have an impact on the occurrence of criminal behaviour.

The inner layer of tissue, namely the endoderm, will develop into the digestive and respiratory systems, liver, pancreas and sweat glands (Louw, 1998:120). According to Sheldon an individual with an endomorphic (endoderm) body type is gluttonous, more inclined to put on weight and to be plump in most regions of the body, has short limbs, soft skin and an overdeveloped digestive system. Furthermore, the endomorphic body type tends to have a viscerotonic personality, which is marked by a generally relaxed temperament and a sensitive nature. Viscerotonic personalities tend to be extroverts with a good sense of humour (Vold *et al.*, 2002:36). Lastly, they can be seen as sociable and relish affection and social support (Brown, Esbensen & Geis, 2010:203).

To illustrate the differences and similarities between Sheldon and Kretschmer's body type theories, see Table 10: Comparison between Sheldon and Kretschmer's body type theories.

Table 10: Comparison between Sheldon and Kretschmer's body type theories

William Sheldon		Ernst Kretschmer	
Body type	Characteristics	Body type	Characteristics
Ectomorphic	Thin Fine build Low body mass Skin irritations Small face Sharp nose Allergies Insomnia Chronic fatigue Sensitivity to distractions and loud noises General discomfort in crowds Introverts Sensitive Inhibited Thoughtful Larger brains and central nervous systems	Asthenic	Lean Narrowly built Eat large amounts of food and still remain thin Dry skin Short Pale complexion Delicately boned hands Extremities tend to be lean with thin muscles Their chests are flat, long and narrow with prominent ribs Apprehensive and introverts Described as frail children Despite hard bodily labour where they exercise their muscles, their muscles remain small Premature aging Possibly biological affinity to schizophrenia
Mesomorphic	Muscular Vary from lean to large Large chest Assertive Dynamic Energetic Aggressive Adventurous Courageous Bold Competitive	Athletic	Muscles are prominently visible through a thin layer of fat Middle-sized to tall Strong and well-developed bone structure The collar bones, bones in the hands and the joints of the hands and feet are coarse Wide shoulders Broad hands Firm stomach Long head The trunk of the body is tapered The skin is firm, elastic and thick

			<p>During maturation the body becomes more plastic</p> <p>After 60 years of age degeneration of muscle occurs owing to inactivity</p> <p>Possible biological affinity to schizophrenia</p>
Endomorphic	<p>Inclined to put on weight</p> <p>Plump in most regions of the body</p> <p>Short limbs</p> <p>Soft skin</p> <p>Well-developed digestive system</p> <p>Generally relaxed temperament</p> <p>Sensitive nature</p> <p>Extroverts</p> <p>Gluttonous</p> <p>Good sense of humour</p> <p>Sociable</p> <p>Relish affection and social support</p>	Pyknic	<p>Middle height</p> <p>Rounded figure</p> <p>Abdomen has a moderate covering of fat and a pot belly is often present</p> <p>The limbs are short, soft and rounded</p> <p>The skin is smooth, well-fitting and of moderate thickness</p> <p>Soft broad face</p> <p>Short, enormous neck</p> <p>Shoulders are rounded, set rather high and are pushed forward together</p> <p>The upper portion of the spinal column has a slight kyphotic bend</p> <p>The hands are soft, short and wide</p> <p>The muscles are of moderate strength but are of a soft consistency</p> <p>The weight remains relatively consistent as age increases</p> <p>Dependent on others</p> <p>Sociable</p> <p>Friendly</p> <p>Possible biological affinity to manic depressive disorder (bipolar disorder)</p>

From this comparison of body types, the deduction can be drawn that people tend to differ in weight, build and body shape as a result of their biological composition. Poor diet and lack of physical activity, combined with the biological tendency of certain body types to become overweight, influence the prevalence of obesity. Medical conditions that may cause weight gain should be ruled out before categorising a child as overweight or prescribing weight reduction

diets. When a child with a slender build becomes overweight, it should become a matter of concern and all factors contributing to the problem should be identified.

3.2.3 Adolphe Quetelet (1796-1874)

Adolphe Quetelet is regarded as the founding father of social science because of his application of statistics and calculus to study and explain social and moral issues. He was a Belgian astronomer, mathematician, statistician and sociologist, whose research encompassed meteorology, demography, criminology and history of science (Beirne, 1987:1140; Eknoyan, 2007:47). After the end of World War II, life insurance companies noticed an increase in deaths among their overweight policy holders. These deaths sparked an interest in the scientific community to study the relationship between obesity and cardiovascular disease (Eknoyan, 2007:47).

In reaction to this social issue, Quetelet developed the body mass index (BMI). The BMI was originally named the Quetelet Index after its creator. It should be noted that Quetelet did not develop the BMI in order to study obesity; his aim was to determine the characteristics of the average man. However, it has become common practice to use the BMI to determine whether an individual is below, average or above the recommended weight. The BMI uses weight in kilograms and divides it by height in square metres. The BMI is still used by professionals to determine whether an individual is overweight in correlation to his height (Eknoyan, 2007:48-49). Thus obesity is being overweight for one's age, height and sex. An individual is considered to be obese if he weighs more than 85-95 percent of his peers of the same age, height and sex (Hepler, [sa]). To illustrate how the BMI scale works, see Table 11: BMI weight chart.

Table 11: BMI weight chart

BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
Height (metres)	Body weight (kilograms)																
1.47	41	44	45	48	50	52	54	56	59	61	63	65	67	69	72	73	76
1.5	43	45	47	49	52	54	56	58	60	63	65	67	69	72	74	76	78
1.52	44	46	49	51	54	56	58	60	63	65	67	69	72	74	76	79	81
1.55	45	48	50	53	55	57	60	62	65	67	69	72	74	77	79	82	84
1.57	47	49	52	54	57	59	62	64	67	69	72	74	77	79	82	84	87
1.60	49	51	54	56	59	61	64	66	69	72	74	77	79	82	87	89	89
1.63	50	53	55	58	61	64	66	68	71	74	77	79	82	84	87	89	93
1.65	52	54	57	60	63	65	68	71	73	76	79	82	84	87	90	93	95
1.68	54	56	59	62	64	67	70	73	76	78	81	84	87	90	93	95	98
1.70	55	57	61	64	66	69	72	75	78	81	84	87	90	93	96	98	101
1.72	57	59	63	65	68	72	74	78	80	83	86	89	92	95	98	101	104
1.75	58	61	64	68	70	73	77	80	83	86	89	92	95	98	101	104	107
1.78	60	63	66	69	73	76	79	82	85	88	92	95	98	101	104	107	110
1.80	62	65	68	71	75	78	81	84	88	91	94	98	101	104	107	110	113
1.83	64	67	70	73	77	80	83	87	90	93	97	100	103	107	110	113	117
1.85	65	68	72	75	79	83	86	89	93	96	99	103	107	110	113	117	120
1.88	67	70	74	78	81	84	88	92	95	99	102	106	109	113	116	120	123
1.91	69	73	76	80	83	87	91	94	98	102	105	109	112	116	120	123	127
1.93	71	74	78	82	86	89	93	97	100	104	108	112	115	119	123	127	130
BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35

(Adapted from BMI weight charts, 2003)

In order to calculate an individual's BMI, locate the individual's height in the left-hand column, then move across to the right to select the individual's weight. The number at the top of that column is the individual's BMI (Pediatrics, 2003). A BMI score of 18.5–24.9 falls within the healthy weight category. An individual with a BMI score of 25–29.9 can be regarded as overweight and a BMI score of 30 or higher is deemed obese (Defining Overweight and..., 2009).

The validity of somatotype theories is questionable at best. However, somatotype theories were instrumental in the development of criminology and psychology. The section below will depict a few issues concerning these theories.

3.2.4 Concerns with biological and somatotype theories

Early biological studies suffered from methodological errors (e.g. measurement and sampling errors) and conceptual issues. By current standards many of these studies would be deemed illogical and impossible to replicate or test. Many studies that linked crime and biology results

were mixed or weak. These factors complicated proving or disproving findings, thus most early biological studies should be viewed with caution. Somatotype theories had their own shortcomings, for example Sheldon's study was extremely expensive and time-consuming to conduct, as three pictures of each participant had to be compared. This could take three to four months per participant to complete (Cullen & Wilcox, 2010a:837).

Researchers of the day placed little emphasis on females in their research (Cullen & Wilcox, 2010a:837), as they were not deemed academically relevant. The lack of females in research studies meant that results were not applicable to females and little or no information regarding them was available. This is evident in Kretschmer's study, as his theory was not as successful when applied to females.

Furthermore, ethical review boards were lacking, leaving participants at the mercy of researchers who often performed shocking and unethical procedures; for example, many individuals who participated (willingly or unwillingly) in research were photographed naked. In modern times ethical review boards would rarely allow such research, even if a researcher could find individuals willing to participate in such a sensitive and exposing study (Cullen & Wilcox, 2010a:837).

3.3 STEPHEN SCHOENTHALER

Schoenthaler was one of the first individuals to study the effect of nutrition on anti-social and aggressive behaviour. Schoenthaler undertook three similar studies among schoolchildren (6–12 years), adolescent delinquents (13–17 years) and incarcerated adult males (18–26 years). All three studies yielded similar results. The aim of his study was to determine whether diet, more specifically lack of vitamins and minerals, had an impact on juvenile delinquency and violent behaviour (Schoenthaler & Bier, 2000:7). All three groups of participants were divided into a control group and a test group. Individuals in the control group were given placebo tablets or were allowed to continue with their current diet, whereas the test group received vitamin-mineral supplements or had their diets altered to healthier choices. It was noted that low levels of water-soluble vitamins and minerals in the blood may impair brain functioning, leading to anti-social and aggressive behaviour (Schoenthaler & Bier, 2000:8). The results indicated that a decrease in nearly half of aggressive and anti-social behaviours such as assault, fights and theft could be achieved by introducing balanced healthy diets or providing supplements containing

low concentrations of vitamins and minerals (Bartollas, 1993:120; Schoenthaler & Bier, 2000:16). Note that supplementation was more successful in individuals who presented with low concentrations of water-soluble vitamins before the study commenced. Supplementation had little or no effect on individuals with a normal base line of water-soluble vitamins (Schoenthaler & Bier, 2000:11). Thus consuming a healthy balanced diet may lead to better mental functioning and thus better academic achievement and behaviour among school-aged children. Furthermore, certain sociobiological theories propose that other factors, such as lead consumption, allergies and stimulation by certain colours, are strongly linked to delinquent behaviour among children (Bartollas, 1993:120).

3.4 CONCLUSION

From the theoretical framework presented in this chapter it can be deduced that many attempts have been made in the past two centuries to link physical appearance to behaviour, personality traits and criminality. This correlation between appearance, behaviour and personality traits has not yet been proven scientifically; however, the link has been solidified in a stereotyping society (Taylor, 2012:96). In this regard Kretschmer (1925:3) stated:

“In the mind of the man-in-the-street, the devil is usually lean and has a thin beard growing on a narrow chin ... Where there is brightness and jollity we see the fat knight Falstaff ... To put it shortly. The virtuous and the devil must have a pointed nose, while the comic must have a fat one. What are we to say to all of this? At first only this much: It may be that phenomena, which the phantasy of the people has crystallized into the tradition of centuries, are objective documents of folk-psychology – jottings from the observation of mankind, worthy, perhaps, of a glance even from the eyes of the experimenter.”

It then follows that somatotype theories should be regarded with scepticism, as very few could be empirically tested and proven. However, their historical relevance and the role they played in the development of current criminology and psychology should not be dismissed. Lastly, Schoenthaler should be credited for the emphasis his study placed on the importance of good nutrition with regard to the effects it has on behaviour. Furthermore, good nutrition is a key factor in maintaining a healthy mind, body and weight.

The lack of specific theories explaining behaviour by certain body types and the lack of interest from society makes research of this type important. The accumulation of evidence showing the link between body type and certain behaviours, as well as the influence a diet can have on behaviour, remains of serious concern. Although the current study contributes to the existing body of knowledge to understand the actions of certain children who bully and why certain individuals become the victims of bullies, the demonstrated links between diet, body shape and behaviour gravely need to be extended as a matter of urgency, and the importance of this societal problem needs to be recognised.

In Chapter 3 relevant legislation with regard to the current study was put forward. A theoretical overview was presented and relevant theorists were discussed with regard to their contributions to criminology. Chapter 4 will elucidate the research design and methodological procedures and techniques of the current study.

CHAPTER 4

RESEARCH DESIGN: METHODOLOGICAL PROCEDURES AND TECHNIQUES

Chapter 4 will elaborate on the research design and methodology that the researcher plans to use during the envisioned study. A research design is “a specification of the most adequate operations to be performed in order to test a specific hypothesis under given conditions” (Bless, Higson-Smith & Kagee, 2006:71). Thus an exposition of the research design, procedures, measuring instruments, ethical implications and a conclusion will be presented in this chapter.

4.1 QUALITATIVE RESEARCH

For the purpose of this study the qualitative approach will be used. The researcher regards the qualitative approach as the most appropriate option for this study, as it will enable her to gather nonnumeric information by means of observation (Babbie, 2007:286), interviewing (Greeff, 2011:342), document study and secondary analysis (Greeff, 2011:342). For this reason the researcher will use qualitative methods to collect in-depth information with regard to bullying and obesity in order to gain a better understanding of these phenomena. This data-collecting approach will ensure that the data collected are rich in meaning, as proposed by Babbie (2007:24).

As weight and bullying are sensitive matters for many early adolescents, the researcher deems it necessary to interview the participating early adolescents one-on-one in a secure environment where the research participant can openly air his feelings concerning the topic. By adopting the qualitative research approach the researcher hopes to gain insight into early adolescents' perceptions of obesity, and to determine whether it has an effect on bullying behaviour.

4.2 PROCEDURES

In this section an overview of the procedures the researcher intends to use during the study will be put forward.

4.2.1 Literature review

According to Hart (in David & Sutton, 2004:7), a literature review can be defined as:

“The selection of all available documents (both published and unpublished) on the topic, which contain information, ideas, data and evidence written from a particular standpoint to fulfil certain aims or express certain views on the nature of the topic and how it is to be investigated, and the effective evaluation of these documents in relation to the research being proposed.”

A literature review was undertaken in order to establish what research has been conducted in her field of study, specifically with regard to bullying and obesity (Mouton, 2001:87). The researcher hoped to identify shortcomings in recent studies, and where possible, augment the current knowledge base, thereby improving and building on the current literature in her field of study. In this regard Flick (2009:51) proposes that conducting a literature review before commencing with a study may help one identify certain pitfalls in similar studies, thus allowing one to avoid these mistakes. Furthermore, by conducting a literature review the researcher can become acquainted with the topic and identify different writing styles that can be applied to the researcher’s own study. According to Mouton (2001:87), the most recent definitions and empirical findings can be obtained by doing a thorough literature review. Lastly, a literature review demonstrates that the researcher has ample background knowledge in order to complete the study at hand successfully. For these reasons the researcher deems it fit to familiarise herself with the current literature before the study commences, as there seems to be a lack of research on the effect obesity has on bullying behaviour in South Africa.

4.2.2 Sampling

The researcher’s target population for the study will be all the school-going early adolescents within the Brooklyn policing precinct, which encompasses 49 km². As the researcher could not find any clear boundaries for the so-called Pretoria East area, the Brooklyn policing precinct will be used as the demarcated area (Strydom, 2011:223). The Brooklyn policing precinct is a specific geographical area with specific boundaries. See Table 12: Geographical boundaries of the Brooklyn policing precinct.

Table 12: Geographical boundaries of the Brooklyn policing precinct

Geographical boundaries of the Brooklyn policing precinct			
Northern border	Eastern border	Southern border	Western border
N4	N1	Solomon Mahlangu Drive [previously known as Hans Strijdom drive]	Nelson Mandela Drive
	Lynnwood Road		Florence Ribeiro Avenue [previously known as Queen Wilhelmina drive]
	January Masilela Drive [previously known as General Louis Botha drive]		University Road

The various borders as outlined in Table 12 constitute a clearly defined area in which to conduct the study. The University of Pretoria, as well as 36 schools, are located within the Brooklyn policing precinct. However, only 13 schools were chosen to participate in the study. All the high schools, crèches and schools for children with special needs will be excluded, as the focus of the current study is on early adolescence; hence primary schools. The management councils of the 13 primary schools will be mailed letters of introduction (see Appendix B) to inform them of a possible study to be undertaken in their schools.

Since only 13 applicable schools are situated in the Brooklyn policing precinct, all these schools will be requested to participate in the study. Note that the schools will not be the primary participants in the qualitative study; the schools will form the population from which the researcher will identify the sample of pupils. The grades and classes will be chosen via purposive sampling. This means that the researcher will identify certain characteristics relevant to the study which may exclude some learners, as only those who qualify as having the required characteristics will be targeted. The cases selected for the study have to have the ability to illuminate the phenomenon under investigation (Strydom, 2011:232). Thus the cases are not selected for empirical generalisation but rather for the rich information that they can generate, as proposed by Patton (2002:46). Furthermore, the primary schools are identified as an ideal population from which to draw a sample, as they provide education for the age group (12–13 years or grades six and seven) in which the researcher is interested. Permission to conduct the

study in the identified primary schools will be obtained in writing from the Gauteng Department of Education (see Appendix A).

As the researcher will be working with primary school learners, laws and regulations applying to an *in loco parentis* (common law) situation could be relevant. *In loco parentis* means “acting in the place of a parent who has entrusted the custody and control of his or her child to an educator or another person during normal intramural or extramural school activities” (Department of Education, 2002). In view of the fact that the management councils and teachers function *in loco parentis*, the schools’ management councils will be approached to obtain approval to conduct the study in the 13 primary schools. As soon as consent has been granted in writing by the management councils (see Appendix C), the parents/legal guardians of the selected participants will be informed of the envisaged study via a cover letter (see Appendix D) and will be requested to sign a consent form (see Appendix E) granting the researcher permission to make contact with their child as a research participant. Furthermore, the selected participants will also be requested to sign an assent form (see Appendix F) before the study can commence. Pupils in early adolescence from the 13 schools will be the primary participants in the qualitative study. The individual participants will be selected via systematic sampling.

Systematic sampling is probability sampling, thus each case has the same likelihood to be selected for the study (Strydom, 2011:228). The different grades and classes will be selected via purposive sampling. The grade six and seven pupils in each school will be identified and class lists will be obtained from each school’s secretary. All the pupils’ names will be numbered and the first participant from each class list will be chosen via a random table of numbers. A five percent sample from the total number of pupils will be drawn. A ten percent sample will not be feasible for the researcher to cover in this study, as a ten percent sample will be too costly and time-consuming for the researcher to conduct, particularly as the interviews will be conducted on a one-on-one basis.

The researcher’s decision to use early adolescents as research participants is based on Piaget’s cognitive structural theory. According to his theory, children in the formal operational period of their development have reached their optimal cognitive development. During this stage of development, adolescents are capable of deductive as well as inductive reasoning (Meyer & van Ede, 1998:80-81). Thus they are capable of more abstract thought (Maree, 2004:400). Adolescents in their operational period of development are capable of higher order

metacognition, which is the ability to think about thoughts (Finestone, 2004:67; Human-Vogel, 2004:22). This is higher order thinking compared to younger children who have a limited ability to use metacognition effectively. Younger children tend to think about their environment rather than their own thoughts (Meyer & van Ede, 1998:80-81). Thus early adolescents are capable of thinking about questions abstractly and of answering them in more detail.

4.3 MEASURING INSTRUMENTS

For the purpose of this study the researcher aims to make use of semi-structured interviews to gather information from youths in early adolescence regarding obesity and bullying behaviour.

4.3.1 Interviewing procedure

For a researcher to collect the best possible data during an interview, certain interpersonal skills are required. Interviews can be stressful for both the interviewer and the participating early adolescent. For this reason the researcher will attempt to create a relaxed atmosphere in which both the researcher and the participant are comfortable. Interviews will be conducted on a one-on-one basis to avoid inter-personal interference and influence between participants. The researcher will inform the participant of the proceedings and the nature of the research. In doing so the researcher aims to put the participant at ease and inform him about the relevant topics to be discussed. The researcher resolves to listen attentively and avoid reactions or expressions of shock, anger or disgust. However, sympathy and empathy will be communicated when the situation demands it, as suggested by Whitley (2002:324). To elucidate and avoid ambiguous interpretations, the researcher will make use of probing questions when necessary in order to collect valuable data. To protect the interests of the participants, a social worker/psychologist will be present for the duration of each interview.

4.3.2 Interview schedule

Semi-structured interviews will be used as the data collection method. Semi-structured interviews are ideal for use with early adolescents as the method is flexible. It will allow the researcher to study the early adolescents' perceptions and personal feelings concerning obesity and bullying behaviour. In addition, it will allow the researcher to pursue interesting avenues, for example a statement made by an early adolescent concerning the social standing of an obese friend will be explored in more depth to gain a deeper insight into the participant's perceptions. A list of predetermined questions in the form of an interview schedule (see Appendix G) will be

kept close at hand; however, the researcher will not follow the interview schedule stringently but rather allow the interview to flow naturally, as proposed by Greeff (2011:351-352). The researcher will record questions during the interview that may arise out of an interesting comment that a participant makes (ESDS qualidata teaching..., 2007). During semi-structured interviews the participant is the expert and the researcher is interested in hearing the participant's story (Greeff, 2011:352). For this reason the researcher will not be personally engaged in discussions but will rather act as a facilitator for the participant's narrative (ESDS qualidata teaching..., 2007).

4.4 THE PROCESS OF INTERVIEWING

As mentioned previously, the researcher intends to use one-on-one semi-structured interviews as the data collection method. This section will cover the settings, procedures and the duration of the interviews.

4.4.1 Setting for the interviews

Since the researcher plans to interview the participating early adolescents from 13 primary schools in the Brooklyn policing precinct, she will arrange for access to a classroom or office in each school where the interviews can be conducted in private and relative silence (Greeff, 2011:350). The researcher will send letters to the parents of the participating early adolescents to arrange a specific date on which the interviews will be conducted. The participants will be reminded of the scheduled interview the day prior to the interview in the hope of ensuring that the participants will be present for the interviews.

4.4.2 Procedures to be followed during the interviews

- The participants will be asked to come to the interview room one at a time.
- The researcher will then enquire whether the participant's parents/legal guardians have explained the reasons for the study and what the study entails.
- The participating early adolescent will be asked whether he wants to read the assent form. If he declines, the researcher will verbally explain his rights to him.
- The participant will then be asked whether he wants to proceed with the interview and will be informed that failure to do so will have no repercussions for him, as suggested by Greeff (2011:350).

- The participant will be asked to give the researcher permission to make a digital audio recording of the interview and will be assured that no one else will listen to it and that his name will not be mentioned either during or after the interview (Greeff, 2011:350).
- The researcher will introduce the social worker/psychologist to the participant and explain the reason for his presence during the interview.
- The participant will be informed of his right to skip any question if he does not wish to answer it; thus it will not be compulsory to answer all questions.
- The researcher will then proceed with the semi-structured interview.
- After the interview has ended the participant will be asked whether he has any questions for the researcher or whether he has anything else he would like to add.
- The participant will also be asked whether he would like to talk to the social worker/psychologist in private.
- Lastly, the researcher will thank the participant for his participation before greeting him.

4.4.3 Duration of the interviews

There are certain limitations when interviewing youths in early adolescence. The researcher has to keep in mind that concentration for long periods of time and the availability of participants after and during school hours could be obstacles. For this reason the researcher will compile the semi-structured interview schedule in such a manner that the interviews will not exceed 20 minutes. The researcher foresees that the duration of the interviews will average between ten and 20 minutes, depending on the participant's willingness to converse with the researcher.

4.5 ETHICAL IMPLICATIONS

The researcher must at all time act according to a set of moral and accountable principles during research. "Research ethics concern the responsibility of researchers to be honest and respectful to all individuals who are affected by their research studies or their reports for the studies' results" (Gravetter & Forzano, 2012:72). The ethical guidelines followed by the researcher will be discussed below.

4.5.1 Informed consent and assent

Informed consent pertains to receiving consent from the participant to take part in the research and informing participants adequately to such a degree that they are capable of making a voluntary decision on whether they wish to participate (Strydom, 2001a:117). Consent and

assent forms are used to protect the rights of the participants. These rights may include the right to privacy and the right to information pertaining to the study. For these reasons the participants' parents/legal guardians have to complete a consent form in which they give written permission to allow their child to participate in the research. They will also be required to state whether they understand what the research aims to achieve. The consent form outlines the reasons for the study, possible outcomes, benefits and any risk factors. Furthermore, the researcher will provide a contact number where she can be reached if any questions concerning the study arise (Whitley, 2002:69). The consent form will be in a language which the participants' parent/legal guardian can understand. It will be made clear that the participant may leave the study at any time if they so wish and that doing so will have no repercussions for the participant (Gravetter & Forzano, 2003:75, 79). The participants' parents/legal guardians have the right to ask for the research results as soon as these are available. It is envisaged that the above mentioned measures may increase the chances of the community being willing to participate in future studies, as proposed by Strydom (2005:66). In terms of consent and assent, the following will apply to the current study:

“For subjects who are not able to give consent, either because they are minors or because they are legally incompetent, agreement to participate is still required. These individuals must not be enrolled if they do not want to participate. Agreement to participate by such individuals who cannot "consent" is called "assent"” (Human subjects..., 2008).

The early adolescents participating in this study will be required to sign an assent form which, much like a consent form, gives the researcher permission to use them as research participants. The assent form will be written in a child-friendly language and manner to ensure that the participant will be fully aware of what the study entails. The assent form will describe the study in relation to its goal and duration, possible incentives and the possibility of harm. The researcher will be vigilant when working with early adolescents, as many of them are generally eager to please and might participate in research in order to gain the goodwill of the researcher. Furthermore, incentives such as special privileges, for example a pardon from class, might be too appealing for the early adolescent to refuse (Strydom, 2011a:118). For this reason interviews will not be conducted during class time but rather outside academic time.

4.5.2 Avoidance of harm

During the research the researcher will take the necessary precautions not to harm the early adolescents in any manner. Avoidance of harm is an ongoing preventative procedure, since participants can be emotionally harmed during the study and after its completion. When assessing possible harm, the researcher will focus on the risk of emotional, physical, psychological and social harm (Whitley, 2002:62). Each of these will be assessed in terms of its possible likelihood, severity, duration, reversibility and detection, as proposed by Whitley (2002:63). Table 13: Risk assessment matrix, highlights the different risk factors that should be assessed to determine whether or to which extent a participant could be harmed. This table takes the different dimensions of risk into consideration, for example the likelihood, severity, duration, reversibility and detection of harm.

Table 13: Risk assessment matrix

Category of risk	Dimension of risk				
	Likelihood	Severity	Duration	Reversibility	Detection
Inconvenience					
Physical					
Psychological					
Social					
Emotional					

(Adapted from Whitley, 2002:64).

This procedure will be repeated during every phase of the study, namely before the study commences, during data collection and after the data collection has been completed. Making risk assessment an ongoing precaution minimises the possible risks and makes the researcher continuously aware of the possible harm the research may cause to participants. After the researcher has weighed the potential risks against the potential benefits, the benefits must outweigh the risks for the study to be deemed ethical (Whitley, 2002:65).

Children in early adolescence are vulnerable in many ways; extra care has to be taken when they are used as research participants. The nature of the research in this particular study could be sensitive, as it is based on early adolescents and their weight. Emotional and psychological harm could be experienced by the early adolescents and for this reason the researcher will not target a specific group of early adolescents (e.g. overweight early adolescents) but rather, the participants will be selected randomly. This will ensure that labelling is kept to a minimum

(Strydom, 2011a:115). Furthermore, the researcher will arrange for a social worker/psychologist to be present during the interviews, with the early adolescents' consent, to assist if any of the children display any signs of discomfort or distress.

4.5.3 Confidentiality and the violation of privacy

Confidentiality pertains to the manner in which the participants' information is used as well as the protection of their identities. When information is confidential, only the researcher and at times the researcher's team know the identity of the participants (Strydom, 2011a:120). The researcher will conduct semi-structured interviews with the participants, thus the participants cannot remain anonymous to the researcher. As the names of the participants will be known to the interviewer and attending social worker/psychologist, only confidentiality can be assured. The nature of the study is sensitive; for this reason the participants' information will remain confidential. Hence, after the validation of the information (data) and the completion of the study, all identifying information regarding the participants will be kept by the Department of Social Work and Criminology, University of Pretoria, in a departmental safe room for 15 years, whereafter it will be destroyed. Furthermore, no identifying information will be released in any report that can be linked to a particular participant or school.

4.5.4 Deception

There are two forms of deception, namely active and passive. Active deception is when the researcher purposefully misleads the participant in relation to the study's goal. Passive deception is when the researcher withholds information pertaining to the study. Therefore Gravetter and Forzano (2012:85) define deception as occurring in the following way: "... when a researcher purposefully withholds information or misleads participants with regard to information about a study ...". All forms of deception are unethical and as the researcher views it as a violation of voluntary participation, care will be taken to avoid any such practices in the current study. All participants will be requested to sign an assent form in which the objectives and the goal of the study will be explained. Thus the participants will be fully informed regarding the study and for this reason no deception will take place during the study.

4.5.5 Debriefing of research subjects

Debriefing is the correction of misunderstandings which respondents may have experienced during the study. It also offers respondents the opportunity to ask questions about the study. Furthermore, it is an opportunity for the respondents to voice their feelings concerning the

research study and an opportunity for the researcher to correct any possible wrongdoing that may have occurred during the research study (e.g. a misunderstood question or statement). The best time to debrief a participant is directly after the interview has ended (Strydom, 2011a:122). As mentioned previously, a social worker/psychologist will be present during every interview and will be available after the interview for debriefing if necessary. Before conducting the study at the participating primary schools, arrangements will be made with the principals or designated educators concerning the availability of a social worker/psychologist from the school to aid the participants should it become necessary. In cases where a practitioner is not available, the researcher will request a social worker/psychologist known to her in her private capacity to support her with debriefing.

4.5.6 Cooperation with contributors

As the researcher received a bursary from the University of Pretoria, the institution can be regarded as a financial contributor. By law the university has to establish an Institutional Review Board (IRB) (Babbie, 2007:69). The IRB has to review all research proposals that use people as subjects. Furthermore, it has to ensure that the proposed study conforms to the ethical guidelines and that it protects the rights of the research subjects. The IRB has the authority to instruct the researcher to adjust sections of the research so it does not harm the participants. If the proposal is not deemed ethically sound, the IRB may refuse to approve the study. If all is in order and all ethics have been adhered to, the IRB may decide to approve the proposed study (Babbie, 2007:69; Strydom, 2011a:129). One has to keep in mind that as the researcher is doing her research through the University of Pretoria; the university can be seen as a contributor, as the proposed study has to be accepted by the research and ethics panels of the department and faculty before the study can be undertaken. These two panels act as review boards and they ensure ethically sound research outputs.

4.5.7 Actions and competence of the researcher

The researcher has to act ethically at all times while conducting the research. The researcher has a responsibility towards her field of study and has to be capable of conducting the research in a proper and professional manner. Care will be taken to present the true findings of the research study, as failure to do so could have repercussions for the researcher, such as having existing degrees declared null and void (Gravetter & Forzano, 2012:96). Not only the research successes should be reported, but also the difficulties and pitfalls experienced by the researcher (see Chapter 6, Paragraph 6.4). By reporting the difficulties that were experienced, the

researcher may help other researchers prevent or overcome similar pitfalls (Babbie, 2005:69). Furthermore, the researcher will refrain from plagiarising another person's work and ensure that all sources are correctly and fully cited when used (Strydom, 2011a:123).

4.5.8 Trustworthiness of data

To ensure trustworthiness of the research data, the researcher will adhere to a specific set of guidelines to maintain credibility, transferability and confirmability. In order to guarantee credibility the researcher will follow a well defined methodological design which includes the systematic random sampling of participants which ensures that they are representative of the group under investigation. Furthermore the researcher will inform the participants that there are no right or wrong answers thus increasing the chances that participants will respond honestly (Shenton, 2004:65-66; White, Oelke & Friesen, 2012:246). The researcher aims to compare the findings from the current study to those of previous research in the particular study field in order to ascertain whether the data supports the current body of knowledge (Shenton, 2004:69).

Transferability entails that the researcher gives ample background data regarding the context of the study so that comparisons can be made between similar studies and whether the findings are applicable to other situations (Shenton, 2004:70).

All steps to be taken in the current study will be clearly and methodically communicated in the text thus ensuring that other researchers are able to replicate the study. Confirmability is established by having an accurate and comprehensive audit trail which provides a step by step account of how data was collected and analysed. Lastly, the researcher will present the readers with shortcomings and difficulties experienced during the research study thus allowing the research study to be scrutinised (Shenton, 2004:72; White *et al.*, 2012:247). For the above mentioned reasons the researcher regards to conduct the research in such a manner that the research findings will be trustworthy and sound. In the current study, the researcher endeavours to follow the ethical considerations that are outlined in Paragraph 4.5 stringently.

4.6 DATA ANALYSIS

Even though qualitative data analysis may seem a daunting task, it is possible to divide it into smaller sections. This may help to make the data more manageable (Schurink, Fouché & De Vos, 2011:398). The planning for the recording of data can be seen as the first phase in data

analysis (Schurink *et al.*, 2011:403). As part of the first phase, the researcher proposes to make use of a digital audio recording device. However this device will only be used after the participants have given consent to the researcher, allowing her to record the interviews on a digital audio recording device. This will enable the researcher to listen and re-listen to the interviews, allowing her to pay full attention to the participant during the interview (Greeff, 2011:359).

The researcher will ensure that the recording device is fully charged every night before a scheduled interview and intends to carry spare batteries in the event that the original batteries malfunction (Schurink *et al.*, 2011:404).

The second phase is a twofold approach where the researcher has to balance the analysis of the data while she is both at and away from the research site (Schurink *et al.*, 2011:405). Thus the collection and analysis of data are inseparable during qualitative data analysis. As the data are collected, it is continually analysed in order to make adjustments to the manner of collection. This ensures that alternative hypotheses are generated and that the best possible data are collected (Schurink *et al.*, 2011:405). For these reasons the researcher resolves to transcribe the interviews at the end of each day to guard against becoming overwhelmed by the sheer volume of data. Furthermore, the researcher wants to have the interviews fresh in her memory in order to make notes about the participants' comfort level, as this could have an impact on the length and quality of the data which the researcher gathered during the interview.

During the third phase of data analysis the researcher intends to organise the data into specific folders on the computer. Each participant will be assigned a letter and number (e.g. A7); the letter will correlate with the participant's school (e.g. school A) and the number will correlate with the participant's interview number (e.g. interview number seven). Thus the number and letter allocated to the participant will correlate with the interview folder on the audio recording device. These files will then be converted into the correct text units. Organising and transcribing interviews allow the researcher to become immersed in and familiar with the data as a whole. Backups will be made of the data. As a precautionary procedure a master copy will be stored in a safe place in case of the loss or damage of the original data/document, as proposed by Schurink *et al.* (2011:408).

The fourth phase of qualitative data analysis entails reading through the transcripts and writing memoranda. Reading and rereading the transcripts will give the researcher a feeling for the data as a whole before these are categorised. Notes will be made in the margins of the transcripts as the researcher reads through them; this makes the data more manageable (Schurink *et al.*, 2011:409).

As the above processes progresses, certain themes will emerge from the interviews. Therefore, during the fifth phase of data analysis, these themes will be categorised according to mutual beliefs, ideas or phrases that were used by the various participants in different settings (Schurink *et al.*, 2011:410). Thus the data will be analysed by clustering all the respondents' beliefs, ideas and phrases. The data will be coded; this can be achieved in many ways (e.g. coloured dots, abbreviations or numbers). Corrections will be made in red, mood indicators will be marked in blue and key phrases will be marked in green. All phrases that are categorised in the same category will be marked with the same code (e.g. all phrases pertaining to bullying will be marked with the number 1) (Schurink *et al.*, 2011:411).

During the next phase the researcher will test the findings in order to stipulate whether the data are plausible and whether alternative explanations are more suited to the data. Furthermore, the researcher will have to determine whether the data clarified the research question (Schurink *et al.*, 2011:415).

Finally, a research report will be written in which the data will be condensed into text form and presented logically.

4.7 CONCLUSION

This chapter outlined the qualitative research approach and what it will entail to conduct the current study. Furthermore, it highlighted the procedures and the process involved in conducting semi-structured interviews. The ethical implications were thoroughly discussed. Finally, data collection and analysis processes were explained and the steps that will be followed up to the report writing stage were elucidated. In the next chapter the researcher will present a brief overview of the methodological steps that were used to conduct the current study. The findings derived from the semi-structured interviews will also be presented in Chapter 5.

CHAPTER 5

METHODOLOGICAL REVIEW AND RESEARCH FINDINGS

5.1 INTRODUCTION

Chapter 5 focuses on a brief overview of the methodological steps that were followed in the current study. The findings derived from the semi-structured interviews will also be presented in this chapter.

5.2 METHODOLOGICAL REVIEW

In this section the researcher will give an overview of the methodology and procedures discussed in Chapter 4. The aim of the methodological overview is to refresh the reader with regard to all the aspects and procedures that were followed in the current study. All the steps and procedures were followed stringently as far as possible.

5.2.1 Sample

No geographical borders could be identified for Pretoria East and for this reason the researcher decided to use the Brooklyn policing precinct as the demarcated area, as it falls in the so-called “old” Pretoria East area. In addition to the University of Pretoria, there are 36 other educational facilities, such as high schools, primary schools, crèches and schools for persons with special needs in this geographical area, of which only 13 were selected. The selection was based on the criteria stipulated in Chapter 4, Paragraph 4.2.2, namely that the educational institutions had to provide education to early adolescents aged 12–13 years. Thus all high schools, crèches and schools for children with special needs were excluded, as they did not meet the researcher’s specific criteria. The researcher approached the 13 primary schools after she had obtained written permission from the Department of Education to conduct the research in these particular schools. Only four of the identified 13 primary schools located within the Brooklyn policing precinct were willing to participate in the current study.

In view of the fact that the management councils and educators function *in loco parentis*, the schools’ management councils were approached to obtain approval to conduct the study in the four primary schools. As soon as written approval had been granted by the management councils, the parents/legal guardians of the selected participants were informed of the envisaged

study and were requested to sign a consent form giving the researcher permission to utilise their child as a research participant. Furthermore, the selected participants were requested to sign an assent form before the study commenced. Pupils in early adolescence (12–13 years or grades six and seven) from the four schools were the primary participants in the qualitative study.

The individual participants were selected via systematic sampling, which is regarded as probability sampling; thus each individual had the same chance of being selected to participate in the current study (Strydom, 2011:228). The different grades and classes were selected via purposive sampling. The grade six and seven pupils in each school were identified and class lists were obtained from each school's secretary. All the pupils' names were numbered and the first participant from each class list was selected using a random table of numbers. The parents/legal guardians of each selected pupil, namely every tenth name following the first randomly chosen participant, were sent a covering and consent letter to request their permission for their child's participation in the study.

The researcher envisaged using a five percent sample, which should have resulted in approximately 107 interviews. However, obtaining consent was challenging and after sending out numerous covering and consent letters, the researcher received permission to interview only 35 early adolescents. Note that the participant numbers (e.g. A15) used in the remainder of the study does not reflect the number of participating students per school but refers to a specific reference number allocated to a participant.

5.2.2 Unit of analysis

Table 14: Unit of analysis, gives an outline of the demographics of the participating youths in early adolescence from the four primary schools.

Table 14: Unit of analysis

School	Grade		Gender		Home language		Total
	6	7	Male	Female	Afrikaans	English	
A	3	7	4	6	10	0	10
B	6	4	8	2	10	0	10
C	2	5	0	7	0	7	7
D	5	3	4	4	5	3	8
Total	16	19	16	19	25	10	35
	35		35		35		N=35

5.2.3 Pilot study

Because of the small sample obtained, the researcher could afford to involve only one pupil from school A in the pilot study. Note that this pupil's interview did not form part of the data collection and analysis as it was purely used to test the semi-structured interview schedule. The pilot study ensured that the questions were clear and understandable for an early adolescent aged 12–13 years. Where the researcher had to explain a question to the participant, alterations and corrections to the specific question were made. The participant was able to understand and answer the questions. As the researcher conducted semi-structured interviews, it was possible to add questions and probe when needed, enabling the researcher to gather in-depth information from the participants without conducting a vast and time-consuming pilot study.

5.3 RESEARCH RESULTS

In the following section the results of the current research study will be presented. The results will be presented in a framework conducive to achieving the three research objectives discussed in Chapter 1 (see Paragraph 1.6). As all questions posed to the participants were voluntary, it should be noted that some participants may have elected not to answer particular questions for various personal reasons.

5.3.1 The nature of actions youths in early adolescence perceive as bullying

From Table 15: Early adolescents' observations regarding bullying, it became evident to the researcher that the participants perceived several actions as part of bullying behaviour. The actions identified by the participants included verbal, physical, relational, emotional and psychological harm caused to an individual. Furthermore, these actions were perceived by some participants to occur on a continuous basis. Note that neither sexual nor cyber bullying was mentioned by any of the participants. Verbal bullying was mentioned most frequently, followed by physical and then relational bullying. Fewer participants mentioned emotional bullying. Psychological bullying was mentioned least often, with only one participant judging it as bullying behaviour. In Table 15 the above findings are listed.

Table 15: Early adolescents' observations regarding bullying

Themes	Description	Participant	Total
Verbal Bullying	Verbally picking on others	*A14, B9, C3, C6, D8	***5/35
	Insulting others	A6, A7, **A10	3/35
	Saying nasty things	A8, A9, A10, A11, B4, B5, C1, C5, D3, D4, D8	11/35
	Speaking rudely about others	A10, B4, C1, C2, C4, D9	6/35
	Belittling others	A6, A7, A8, A9, A11, A14, B3, B7, B10, B11, D7	11/35
	Name-calling	A15, B3, B4, B10, B12, C5, D5	7/35
	Spreading rumours	A6, A9, B9, C2, C4	5/35
	Swearing at others	A7, B12	2/35
	Teasing others	A6, A9, A11, A12, A15, B3, B5, B8, B11, B13, C1, C4, D1, D2, D8	15/35
Emotional Bullying	Emotional belittling	A10, A13, B11	3/35
	Blackmailing	B5	1/35
	Humiliating others	A15, D1	2/35
	Hurting someone emotionally	B3	1/35
	Extortion	A9	1/35
	Messing with someone	C1	1/35
	Lowering someone's self-esteem	C6	1/35
Psychological Bullying	Psychological bullying	B13	1/35
Physical Bullying	Physically hurting someone	B3, B5, B11, B13, D3, D5	6/35
	Hitting someone	A6, A15, B7, B8, B10, C1, C6	7/35
	Being physically abusive	C1	1/35
	Shoving others around	A11, C1, C5, D4, D8	5/35
	Pushing a person up against a wall	A9	1/35
	Forcing someone to do something that he/she really does not want to do	A9	1/35

	Negative body language	A7, C3	2/35
	Intimidation	D8	1/35
	Fighting	B9, D4	2/35
Relational Bullying	Exclusion from peer group activities	A14, A15, B4, B5, B8, B10, B11, B13, C3, C7, D3, D5, D7	13/35
Continuously	Continuously	A8, A11, B4	3/35
	Every day	C6	1/35

- * Blue participant numbers indicate participants who identified specific types of bullying behaviour without hesitation when questioned with regard to what they perceived as bullying behaviours.
- ** Green participant numbers indicate participants who referred to different types of bullying throughout the interviews.
- *** Black numbers indicate the total number of participants that identified the specific type of bullying behaviour.

Table 16 presents a summary of the frequency with which the participants perceived specific types of bullying behaviour to occur.

Table 16: Frequency of early adolescents' observations regarding bullying

Verbal bullying	Emotional bullying	Physical bullying	Relational bullying	Psychological bullying	Continuously
A6*	A6	A6	A6	A6	A6
A7	A7	A7	A7	A7	A7
A8	A8	A8	A8	A8	A8
A9	A9	A9	A9	A9	A9
A10	A10	A10	A10	A10	A10
A11	A11	A11	A11	A11	A11
A12	A12	A12	A12	A12	A12
A13**	A13	A13	A13	A13	A13
A14	A14	A14	A14	A14	A14
A15	A15	A15	A15	A15	A15
B3	B3	B3	B3	B3	B3
B4	B4	B4	B4	B4	B4
B5	B5	B5	B5	B5	B5
B7	B7	B7	B7	B7	B7

B8	B8	B8	B8	B8	B8
B9	B9	B9	B9	B9	B9
B10	B10	B10	B10	B10	B10
B11	B11	B11	B11	B11	B11
B12	B12	B12	B12	B12	B12
B13	B13	B13	B13	B13	B13
C1	C1	C1	C1	C1	C1
C2	C2	C2	C2	C2	C2
C3	C3	C3	C3	C3	C3
C4	C4	C4	C4	C4	C4
C5	C5	C5	C5	C5	C5
C6	C6	C6	C6	C6	C6
C7	C7	C7	C7	C7	C7
D1	D1	D1	D1	D1	D1
D2	D2	D2	D2	D2	D2
D3	D3	D3	D3	D3	D3
D4	D4	D4	D4	D4	D4
D5	D5	D5	D5	D5	D5
D7	D7	D7	D7	D7	D7
D8	D8	D8	D8	D8	D8
D9	D9	D9	D9	D9	D9
33/35***	10/35	21/35	13/35	1/35	4/35
(94.3%)	(28.6%)	(60.0%)	(37.1%)	(2.9%)	(11.4%)
2/35	25/35	14/35	22/35	34/35	31/35
(5.7%)	(71.4%)	(40.0%)	(62.9%)	(97.1%)	(88.6%)
N=35 (100%)	N=35 (100%)	N=35 (100%)	N=35 (100%)	N=35 (100%)	N=35 (100%)

* Blue participant numbers indicate participants who were able to identify specific behaviours perceived as bullying.

** Red participant numbers indicate participants who did not identify the specific type of bullying.

*** Black numbers indicate the total number of participants that answered the question.

5.3.2 The influence of bullying on the general behaviour of the victim

From the discussions with participants, the researcher identified four categories with regard to how bullying affects an early adolescent's behaviour. The researcher identified the following categories: becoming a reactive victim; causing the victim to feel bad; internalisation; and long-term consequences. The four categories identified will be presented in Table 17 hereafter. The

first column presents the four categories identified by the researcher during the transcription and analysis of the data that were collected. The second column presents relevant remarks made by participants during the semi-structured interviews on the influence bullying have on an early adolescent's behaviour. Finally, the last column indicates from which interview the researcher is quoting.

Table 17: Effects of bullying on an early adolescent's behaviour

Categories	Quotes	Participant
The reactive victim	<p><i>"... mense het hom dalk gespot toe hy bietjie jonger was en soos nou het hy dit aangeleer en soos nou het gaan hy soos aan en um doen dit wat mense aan hom gedoen het toe hy jonger was. So dalk iets wat dalk met hom verkeerd was of iets en was mense lus om hom te boelie en nou't hy dit aangeleer."</i></p> <p>["... people could have teased him when he was a bit younger and by now he has learnt it and now he just carries on and um do to people what others did to him when he was younger. So maybe something was wrong with him that made people want to bully him and now he has learnt it."]</p>	A12
	<p><i>"Want ek dink, ek het 'n maatjie maar ek, niemand net my ma is goeie vriende met sy ma, sy ma vertel redelik baie vir my ma dat sy, dat sy boetie nou in graad agt is, dat sy boetie hom baie boelie en hy boelie ook kinders by die skool".</i></p> <p>["Because I think, I have a friend but I, nobody except my mother is a good friend of his mother's, his mother tells my mother quite often that his, that his brother who is in grade eight bullies him a lot and he also bullies children at school."]</p>	A14
	<p>"Normally children who have problems at home. They're bullied at home so they think they should take it out on other children."</p>	C5
	<p><i>"En soos wat ek nou nou gesê het die bully begin by die huis of hulle self word geboelie, aangerand, of ja ..."</i></p> <p>["And as I just said, the bully starts at home or they are bullied themselves, assaulted, or yes ..."]</p>	D8
Internalisation	<p><i>"... ons graad sewes het baie kinders geboelie oor hulle gewig en</i></p>	A8

	<p><i>dan sê hulle nee jy's vet en dan gaan daai kind en huil op 'n plekkie en dan dink hy so van homself."</i></p> <p>["... our grade sevens often bullied children about their weight; they would say no you're fat and then that child would go off and cry in some place and think like that about himself."]</p> <p><i>"... maar dit hang af ok hoe jy as persoon oor jouself dink so dis nou hoe jy reageer, as ander mense vir jou sê jy's vet na 'n ruk sal jy dit begin glo en dit hang af of jy sterk genoeg is om dit te glo of nie."</i></p> <p>["... but it also depends on how you personally think about yourself so that's how you react when others tell you you're fat; after some time you will start believing it and it depends on whether you are strong enough not to believe it or not."]</p> <p><i>"Ek dink meestal gaan kinders op 'n dieet omdat hulle begin glo as kinders vir hulle sê 'jy's vet' en alles begin hulle dit self glo en dan gaan hulle op 'n dieet ..."</i></p> <p>["I think children mostly go on a diet because they start believing it when children tell them, 'you're fat'. They then start believing it themselves and go on a diet ..."]</p> <p><i>"At my old school in Joburg I used to be very um ... fat and I would think of myself as fat because everyone called me that."</i></p>	<p>A10</p> <p>A11</p> <p>D5</p>
<p>Feeling distressed: Makes the victim feel bad</p>	<p><i>"As mense mekaar baie lelike goed sê en as dit die ander persoon baie sleg laat voel."</i></p> <p>["When people say very nasty things and when it makes the other person feel really bad."]</p> <p><i>"As jy nie in is nie dan sal hulle oplet om net nog goed te sien om jou mee te kan lelik sê, wat hulle kan kry om jou mee te kan sleg sê en jou maak sleg voel en alles."</i></p> <p>["If you are not one of the in-crowd, they will look out for more reasons to say nasty things to you, see what they can find to insult you and make you feel bad and so on."]</p>	<p>A10</p> <p>A11</p>

<p>Makes the victim cry</p>	<p><i>“... ons graad sewes het baie kinders geboelie oor hulle gewig en dan sê hulle nee jy’s vet en dan gaan daai kind en huil op ’n plekkie en dan dink hy so van homself.”</i></p> <p>[“... our grade sevens often bullied children about their weight; they would say no you’re fat and then that child would go off and cry in some place and think like that about himself.”]</p>	<p>A8</p>
<p>Causes the victim to become grumpy, nasty and rude</p>	<p><i>“... partykeer is die oorgewig kinders is hulle nors en lelik partykeer en ongeskik omdat hulle oorgewig is en almal lelik is met hulle dit beïnvloed hulle persoonlikheid dink ek.”</i></p> <p>[“... sometimes the overweight children are grumpy and nasty and rude because they are overweight and everybody is horrid to them and that influences their personalities, I think.”]</p>	<p>A9</p>
<p>Makes the victim angry</p>	<p><i>“Want hulle spot jou oor jou ... as jy oorgewig is en sulke dinge; “like” dit nie baie nie en dan raak jy nogal kwaad en ignore hulle ... ek sal graag maerder wil wees want mense “like” jou nie regtig as jy so groot is nie.”</i></p> <p>[“Because they tease you because of ... if you are overweight and so on ... don’t like it at all and then you get quite angry and ignore them ... I’d like to be slimmer because people don’t really like you when you are so big.”]</p>	<p>B3</p>
<p>Truancy</p>	<p><i>“Ek dink afhangende van hoe hulle geboelie word is hulle persoonlikheid; wil nie skool toe kom nie van al die ouens wat hulle boelie.”</i></p> <p>[“I think depending on how they are bullied, their personalities develop ... don’t want to come to school because of all the guys who bully them.”]</p>	<p>A11</p>
<p>Long-term consequences: The victim will always remember the bullying incident and always be fearful of people. The victim</p>	<p><i>“As ’n iemand doen iets aan hom soos vyf jaar terug, hy slaan hom of doen iets lelik met hom sal daai persoon dit altyd onthou, en dan sal hy altyd bang wees vir persone en nooit uitstaan of hy sal nooit sy lewe lewe vat soos hoe hy wil nie.”</i></p> <p>[“If somebody did something to him, maybe five years previously, he hit him or did something nasty to him, that person will always</p>	<p>D9</p>

will never lead the life he wants to.	remember it, and then he'll always be scared of people and never stand out or never live his life as he would like to do.”]	
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Note that one of the quotes appears twice in the table above as the participant’s statement encompassed both themes, namely internalisation and crying. In order to reflect the two separate themes the researcher deemed it necessary to repeat the participant’s statement.

5.3.3 Impact of obesity on bullying behaviour

The researcher used many avenues to explore the impact of obesity on bullying behaviour. For this reason a general overview of perpetrators of bullying and victims will be presented. Subsequently, the researcher will pay specific attention to the effect body shape has on bullying behaviour.

5.3.3.1 General overview of perpetrators and victims of bullying

In order to establish to what extent obesity has an impact on bullying behaviour, the researcher aimed to determine whether obesity was a factor in the perpetration of bullying behaviour and falling victim to it. While exploring the phenomenon, the researcher became aware of certain themes that were repeatedly mentioned by the participants. These were sport and academic achievement, economic status, physical appearance, social relationships and personality traits. These categories were evident in factors contributing to both perpetration of bullying and becoming a victim. Note that at this stage the researcher did not ask the participants whether obesity affected the prevalence of bullying or victimisation, so as not to lead the participants in a specific direction. In Table 18 an outline is given of the participants’ perceptions regarding the characteristics of perpetrators of bullying. Each column presents one of the categories mentioned above. Each category is divided into sub-categories. These sub-categories were provided by the participants. The number next to each column represents the participant who identified the particular sub-category.

Table 18: Type of person perceived to be a perpetrator of bullying

Categories									
Sport and academic achievement		Economic status		Physical appearance		Social relationships		Personality traits	
Rugby players	A6	Not rich	A8	Overweight	A6 A8 A14 B4 B11 C1 D4	Popular (see Tables 20 & 21)	A9 A10 A11 A15 B8 C7 D7	Low self-esteem	A6 A11 B11 C4 D9
Poor academic achievement	A7 A8	Rich	A11 B8	Strong	A9 B3 D4	Being part of the in-crowd (clique)	C2	Jealousy	A6 B4
						Feeling that they do not belong	C3	Feeling and experiencing sadness	A7
						Lonely	C7	Frustrated and needs to vent feelings	A7 A8 C5
						Scolded often	A7	Build-up of feelings	A8
						Ridiculed	A7	Hurting others to feel better	A10 A11 C3 D5
						Problems at home	A8 B4 C1 C5 D5 D8	Thinks he is big	B7
						Lack of parental love	A11	Thinks he is better	B8 D7
						Abuse	B4	No manners	B12
						Nurturing	C1	No self-respect	B12

						Previous victim (reactive victim)	A12 A14 D8	Thinks he is strong	C4
						Older	B10	Insecure	C6
								Watches 'ugly stuff' on TV	D9

Like the perceptions regarding perpetrators of bullying, the findings with regard to victims followed similar trends, with participants identifying sport and academic achievement, economic status, physical appearance, social relationships and personality traits as key factors in becoming a victim. Table 19, which focus on the reasons why youths are targeted as victims of bullying, is delineated in the same manner as Table 18.

Table 19: Reasons why certain youths are targeted as victims of bullying

Categories									
Sport and academic achievement		Economic status		Physical appearance		Social relationships		Personality traits	
Do not participate in sport	A6 B4 B9 D7	Materialistic status	A15 D1 D8	Physical appearance	A7 A8 A12 A13 A15 B4 B11 B13 C3 D7	Not part of the in-crowd	A11 A15 B3 B10 C2 D1 D7	Personality	A13 D7
Academic achievement	B4 B13	Lower economic status	B5 D7 D8	Fashion sense	A7	Unpopular (see tables 20 & 21)	A15 B3 B10 B12 D1	Jealousy	A14 B4
		Your environment	A7 D7	Thin	A9 A13 B4 B5	Isolated	C5	How you react to certain	C3

					B7 B10 C1 D8 D9			situations	
		Where you are from	A7	Overweight	A8 A9 A13 A14 A15 B3 B5 B7 B9 B10 B11 B12 B13 C1 C2 C3 C4 C7 D2 D3 D5 D7	Something different about you	C7	Quiet (withdrawn)	C5 C7
				Weaker	B12 C4 D4 D5	Different culture	D4	Manner of speaking (articulation)	A7
						How you are raised	A7		
						Do not stand up for yourself	A11		
						Younger	D7		

From Tables 18 and 19 it is evident that being popular among one's peers usually serves as a protective factor in bullying behaviour. For this reason the researcher deemed it necessary to explore the phenomenon of what makes a pupil popular or unpopular among peers. In addition the objective was to determine whether obesity plays a role in early adolescents' social standing among their peers. From the semi-structured interviews it was possible to attain some findings

on the factors that make an early adolescent popular/unpopular at school. These findings are presented in Table 20.

Table 20: Factors that make an early adolescent popular/unpopular at school

Popular	Participant	Unpopular	Participant
Physical appearance	D4	Physical appearance	
Pretty	A12, B13, D5	Not a perfect body shape	A12
Between average and small	A13	Thin	A14, B4, B8, C2
Perfect body	A15, B11, D5	Skin problems	B11
Thin	A12, D2, D3	Overweight	A14, A15, B3, B8, B11, C1, C2, C3, C4, D2, D3, D5, D7
Average body type	A6, A9, A15, B4, B7, B8, B9, C1	Does not swear and does not want to do bad things	A11
Ability to do something better than others	D9		
Athletics	A6, A7, A12, B11, D9		
Academic performance	A10, A12		
Personality	A8, A10		
Teacher's pet	A10		
Attitude	A7, D2		
Takes part in everything	A10		
Financial affluence	D9		

Table 21 presents a summary of the frequency with which the participants perceived specific factors that contribute to the popularity or unpopularity of their peers.

Table 21: Frequency of early adolescents' observations regarding factors that contribute to popularity/unpopularity among peers

Total	Popular	Physical appearance *	Unpopular	Physical appearance *	Obese or overweight **
A6	A6	A6 *	A6	A6	A6
A7	A7	A7	A7	A7	A7
A8	A8	A8	A8	A8	A8
A9	A9	A9 *	A9	A9	A9
A10	A10	A10	A10	A10	A10
A11	A11	A11	A11	A11	A11
A12	A12	A12 *	A12	A12 *	A12
A13	A13	A13 *	A13	A13	A13
A14	A14	A14	A14	A14 *	A14 **
A15	A15	A15 *	A15	A15 *	A15 **
B3	B3	B3	B3	B3 *	B3 **
B4	B4	B4 *	B4	B4 *	B4
B5	B5	B5	B5	B5	B5
B7	B7	B7 *	B7	B7	B7
B8	B8	B8 *	B8	B8 *	B8 **
B9	B9	B9 *	B9	B9	B9
B10	B10	B10	B10	B10	B10
B11	B11	B11 *	B11	B11 *	B11 **
B12	B12	B12	B12	B12	B12
B13	B13	B13 *	B13	B13	B13
C1	C1	C1 *	C1	C1 *	C1 **
C2	C2	C2	C2	C2 *	C2 **
C3	C3	C3	C3	C3 *	C3 **
C4	C4	C4	C4	C4 *	C4 **
C5	C5	C5	C5	C5	C5
C6	C6	C6	C6	C6	C6
C7	C7	C7	C7	C7	C7
D1	D1	D1	D1	D1	D1
D2	D2	D2 *	D2	D2 *	D2 **
D3	D3	D3 *	D3	D3 *	D3 **
D4	D4	D4 *	D4	D4	D4
D5	D5	D5 *	D5	D5 *	D5 **

D7	D7	D7	D7	D7 *	D7 **
D8	D8	D8	D8	D8	D8
D9	D9	D9	D9	D9	D9
Total: 27/35 (77.1%) 8/35 (22.9%)	Total: 20/35 (57.1%)	16/35 (45.7%)	16/35 (45.7%)	15/35 (42.9%)	13/35 (37.1%)
N=35 (100%)					

Red participant numbers indicate participants who chose to answer this question.

Green participant numbers indicate participants that did not respond to the question.

- * Indicates participants that regarded physical appearance as a contributing factor in being seen as popular or unpopular by peers.
- ** Indicates participants that regarded being overweight or obese as a contributing factor in being seen as unpopular by peers.

From Table 20 it is evident that there are four popularity indicators that could contribute to the popularity of early adolescents. However, it was found that physical appearance is the leading factor that causes an early adolescent to be seen as unpopular by his/her peers (see Table 21). Thirty-five respondents participated in this study, of which 27 responded to this particular question. On the question regarding unpopularity among peers, 15 out of 35 (42.9%) participants indicated physical appearance as a reason for an early adolescent being regarded as unpopular by his/her peers. Thirteen [13/35] (37.1%) participants regarded being overweight as one of the main reasons for being unpopular. From the 35 participants, 20 participants had opinions regarding why an early adolescent is deemed popular by his/her peers. Similarly, physical appearance was seen as important in being perceived as popular, with 16 out of the 35 (45.7%) participants mentioning physical appearance as a possible reason for an early adolescent being deemed popular among peers.

Unlike the description of perceived perpetrators of bullying, the participants produced more in-depth information on victims of bullying. Since physical appearance was identified as a factor in being bullied, the researcher wanted to determine what other factors correlated with this finding. It was determined that stereotypes were recognised as a correlating factor that could also play a role in the occurrence of bullying of overweight/obese early adolescents by their peers. For this

reason the participants were asked how they perceived the eating habits and exercise routines of thin, average and overweight peers. From these findings it was possible to determine whether early adolescents held stereotypical views on weight, eating habits and exercise routines.

Table 22: Perceptions regarding the eating habits and exercise routines of thin early adolescents

Eating habits	Participant	Exercise routine	Participant
Eat less	A6, A9, A14, A15, B3, B4, B7, B8, B11, B13, C1, D2, C7	Exercise every morning	A8
Eat extremely little	A11	Do a lot of running sport and are constantly busy	A6, B3
Eat [food] like fruit	A12	Take part in a lot of sport	A13, D1
Be careful about what they eat	C4	Exercise a lot	A9, A10, A14, B8, B9, B10, B13, C1, C4, D2, D3, D4
Eat very healthily, eat a lot of fruit and only drink water	A8, B9, B10, C1, D4	Exercise	A15, B7
Do not get a lot of food	B5	Exercise every week	A12
Eat junk food often	D8 (observation made by a thin child regarding himself)	Sometimes exercise	D8 (observation made by a thin child regarding himself)
On diets	B13, C1, C2, D7	Sit at home and do nothing	A11
		Do not take part in sport often	B4
No difference in eating habits between the three groups (C6)			
Genes (A7)			
May be born that way (A10)			

It should be noted that only 31 out of 35 participants chose to voice their opinion with regard to the exercise routines and eating habits of their peers with a thin body type. From Table 22 it was clear that most participants perceived thin early adolescents as very active. Furthermore, thin early adolescents were perceived to eat healthy meals or very little. Four participants (B13, C1, C2 and D7) noted that it was often the very thin early adolescents who were on diets. In this regard participant C2 stated that her cousin was a restrictive eater.

Table 23 presents the perceptions of the participants with regard to the exercise routines and eating habits of peers with an average body weight.

Table 23: Perceptions regarding the eating habits and exercise routines of early adolescents of average weight

Eating habits	Participant	Exercise routine	Participant
Eat a lot	C7	Exercise sometimes	D2
Eat more than thin children	D2	A little sport and exercise	A13, B5, B7, B8, B9
Junk food	D4, A12	Sport and culture	A6
Eat a few sweets and 'stuff' [junk food]	A8, C1, B9	Exercise and sport	A10, B11
Average	A6, A9, A13, A14, A15, B5, B7, B8, B10, B13	Average	A9, A15, B10, B13
Healthy	A9, A11, B3, B9, B10, B11, B13, D4	Exercise three times a week	A8, C1
May be born that way	A10	Exercise four times a week	A12
		Do well in sport	B4
		Do a lot of sport and exercise	A11, A14, C7
No difference in eating habits between the three groups (C6)			

Only 27 out of 35 participants chose to voice their opinion with regard to the exercise routines and eating habits of their peers with an average body weight. The participants often used the word "normal" to describe eating habits and exercise routines of early adolescents of average weight, as if the participants regarded any other body shape as outside the realm of normal. The correlation between body shape and victimisation among youths in early adolescence is highlighted in Table 27. The results show that overweight and thin early adolescents run a higher risk of falling victim to bullying. Early adolescents of average weight were not mentioned as victims of bullying.

Table 24: Perceptions regarding the eating habits and exercise routines of overweight early adolescents

Eating habits	Participant	Exercise routine	Participant
Too much (tend to overeat, problems with eating habits e.g. parents buy take-aways for them)	A7, A9, A14, B3, B8, B11, B13, C1, D2	They may exercise but I do not know what happened. Some of them do a lot of sport	A12, D7
Unhealthy	A8, A9, A11, A13, B5, B9, B10, C2, D1, D4	May not have the opportunity to exercise	B10
Do not control their cravings	A7, B7	Play rugby	A11
Just eat	B7	Take part in one sport	A6
Think of what they can eat; hungry all the time	C4	Sit on couch and watch TV	A6, A11, B5
Healthy (we are all equal at the end of the day)	A12, C1	Do not exercise or take part in sport	A13, B7, B9, D2, D4, D7
		Do nothing, just cultural activities	A13
		Do not exercise a lot	A8, A9, A14, B3, B8, B13
		Lazy	B11, D1
		Not motivated	C2, C7
Other:			
No difference in eating habits between the three groups (C6)			
Genetic reasons (A7)			
“Eat but may try to hide it because I think they feel bad or something” (C7)			
May be ill (D7)			
Medical reasons (A7)			
Born that way (A10, B13)			
May have a larger build and be taller than their peers and could be incorrectly labelled as being overweight (A15)			

Out of 35 participants, 30 chose to voice their opinion with regard to the exercise routines and eating habits of their peers with an overweight or obese body type. From Table 24 it can be deduced that the majority of the participants held stereotypical views regarding the eating habits and exercise routines of overweight peers. Negative stereotyping, such as believing that

overweight early adolescents eat too much and do not exercise, may lead to discrimination and victimisation. It should be noted that other non-stereotypical reasons for excess weight were identified by six participants. These participants mentioned factors such as genetic reasons, illness, medical reasons and nature. If participants could hold stereotypical views regarding the eating habits and exercise routines of overweight early adolescents, such stereotypes could possibly be related to personality traits of overweight early adolescents as well. In Table 25 the correlation between personality traits and body shape are presented.

Table 25: Correlation between personality traits and body shape

No difference	Thin	Average	Overweight
A7, A8, A11, A13, A15, B3, B8, B10, B12, B13, C2, C4, D4, D7, D8	Nice B11, *D5	Friendly A12	Nice *D5, *B11 (r)
	Spiteful *A9	Outgoing *B4	Caring *D5
	Nasty B11	Cool but lead an ugly life B9	Outgoing *C1
	Egoistic D1, D3	Egoistic D1	
	Attitude D2	Strong *B4	<i>Oulik</i> [cute] B9
	Mean *D5	Normal B11	Clever B9
	Shy A6		Friendly A12, *C3, *C7, D5
	Hyperactive *B4		Rude A6 (r), *A9 (r)
	Quiet *B4		Nasty *A9 (r), B11 (r)
			Grumpy *A9 (r)
			Mean *D5
			Quiet B4, C3
			Shy C1, D2

* A9, B4, B9, C3, C7, D5 did not give definite answers; words like “*partykeer*” [sometimes], “*party*” [some], “although” and “some of them” were used.

Where a lowercase “r” is present in Table 25, the respondent provided the researcher with a reason for the personality trait that was ascribed to an individual. Only explanations were given for why overweight early adolescents had certain personality traits. No reasons were given to support personality traits associated with thin peers and those of average weight. This may require further research in order to determine why participants gave reasons for only certain personality traits they felt coincided with being overweight.

When these remarks were refined to percentages, it was evident that the participants ascribed more positive personality traits to the average and overweight early adolescents and more negative personality traits to the thin early adolescents. **Note** that the percentages were not derived from the number of participants but from general remarks made regarding personality traits and body shape. Thus all percentages were calculated by dividing the number of personality traits in the second column between positive, negative and ambiguous personality traits. These findings are presented in Table 26.

Table 26: Overall average percentages

	Number of personality traits	Positive personality traits ascribed	Negative personality traits ascribed	Ambiguous personality traits ascribed	N=100%
No difference	15	/	/	/	100%
Thin	11	2 (18.2%)	6 (54.5%)	3 (27.3%)	100%
Average	6	3 (50.0%)	2 (33.3%)	1 (16.6%)	100%
Overweight	20	10 (50.0%)	6 (30.0%)	4 (20.0%)	100%

5.3.3.2 Correlation between body shape and victimisation

After attaining a general overview of certain characteristics of perpetrators of bullying and victims, the researcher attempted to ascertain whether body shape influenced the way in which early adolescents were treated by their peers and whether being overweight increased an early adolescent's chance of being bullied at school. In Table 27 the correlation between body shape and victimisation among youths in early adolescence and the participants' perception of the influence body shape has on victimisation is elucidated. During the semi-structured interviews the researcher became aware that most participants referred to specific types of bullying incidents. Participants stated that during most of these incidents overweight early adolescents were perceived to be verbally abused and/or bullied in their interpersonal peer group settings.

Table 27: The correlation between body shape and victimisation among youths in early adolescence

Participant	Non-specific bullying behaviours	Physical bullying	Bullying in interpersonal relationships	Verbal bullying
A8	Bullied because they are fat.			
A9	The boys tease and are mean to the overweight girls. If you are fat they will bully and tease you and if you are thin they will bully and tease you.			The boys tease and are mean to the overweight girls. If you are fat they will bully and tease you and if you are thin they will bully and tease you.
A13				<p>(Quote refers to overweight peers)</p> <p><i>“Soos daar kan, daar is ’n paar mense wat afgekraak word as gevolg van hoe hulle lyk en alles. Hulle let dit net natuurlik op, ek dink nie mense sien mos hoe mekaar lyk en alles en hulle let ek dink baie mense let meer op hoe ’n mens lyk voordat hulle hulle persoonlikheid leer ken.”</i></p> <p>[“So it could be, there are a few people who are belittled because of their looks and such things. They just notice it naturally, I don’t think people really see</p>

				others, I think many people notice what somebody looks like before they have learnt to know the personality.”]
A14	Boys in class bully the girls a lot because they are fat.		<p>“... <i>hoe groter jy is hoe meer sluit, die ander kinders jou uit want hulle ek dink, hulle wil nie gesien word dat hulle saam met al die vet maatjies speel of iets nie ... As jy te vet is dan dink ek dit is nogal 'n uitdaging om in te pas.</i>”</p> <p>[“... the bigger you are the more you are excluded, the more other children exclude you, because I think they don't want to be seen playing with fat friends or something ... If you're fat, I think it's quite a challenge to fit in.”]</p>	
A15				The boys call the overweight girls names.
B4	The overweight children get bullied because of how they look.		<p>“... <i>die mollige mense hulle, hulle word nie toegelaat by die gemiddelde mense om pouses rugby saam te speel nie. Die maer kinders kom ons sê</i></p>	

			<p><i>hulle speel 'n game dan kies hulle gewoonlik 'n swak posisie vir daai persoon.</i></p> <p>[“... the plump people – they are not allowed to play rugby with the average people during intervals. Suppose the skinny children play a game, they usually choose a poor position for that person.”]</p>	
B7				They tell you that you are too thin if you are thin and if you're fat they say that you are going to roll.
B9				A girl in class is fat; the other children tease her and are mean to her.
B11			Girls like boys with six packs and they will not go for the fat boys.	
B13			Overweight children are rejected a little.	An overweight boy in class teased because of his weight.
C1		Small thin ones are pushed around.	“... if you are middle size you'll obviously be in the popular group and if you are quite big and uhh ... you will obviously be down at the bottom.”	The overweight ones are teased because of their weight.
C2				May judge what the overweight girls eat and

				talk behind their backs.
C3			They look at someone and see that they are bigger and do not really include them because of their shape.	
C4				Tease the fat children because they are an easy target.
D2			Children do not think that fat children are cool (not part of the in-crowd).	
D3			Fat children are excluded by the thin children and do not have a lot of friends.	
D7			<p><i>"... baie kinders het vir 'Susan' *gedis want sy was vet en nou't sy gewig verloor so sy kan weer in die groepies in en sy's nie meer buite nie."</i></p> <p>["... a lot of children *dissed 'Susan' because she was fat and now that she has lost weight she can be part of the group and she is no longer out."]</p>	Children tease you if your body shape does not suit the current fashion trend for example skinny jeans.
D8		If you are small and thin they intimidate you.	If you make a mistake while playing a game they start to exclude you slowly but surely. (Comment made be a	

			thin participant).	
D9	They pick on the thin children.			

- **Gedis/dissed*” means to exclude or drop a person from a group or show disrespect.
- Note that the name ‘Susan’ in the table above is fictitious. The researcher deemed it necessary to replace the real name given by the participant in her statement in order to protect the participant, school and peer’s rights to privacy and confidentiality.
- Note that one participant’s statements appear twice in Table 27, as it encompasses both themes, namely non-specific bullying and verbal bullying. In order to reflect the two separate themes the researcher deemed it necessary to repeat the participant’s statement.

Not all the participants perceived body shape as having an influence on how their peers were treated at school. However, some of the participants mentioned that their peers may sometimes be bullied because of their body shape. Table 28 presents an outline of possible victimisation pertaining to body shape.

Table 28: Treatment of early adolescents because of their body shape

Participant	Non-specific bullying behaviours	Physical bullying	Bullying in interpersonal relationships	Verbal bullying
A10				There are one or two people who will be mean to fat kids.
A11, B8, B12	If you are not popular they will use your weight as a tool to bully you.			
B3				They tease you if you are overweight.
B5	Fat children are bullied.			Thin children are teased because it looks like they do not have any food.
B10	Average weight children sometimes treat fatter and thinner children worse than their average weight peers.			

D5			“... the pretty and thin ones reject the fat ones.” She was teased because she used to be fat.	
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In view of the above-mentioned, the following conclusions can be drawn. A noteworthy number [19/35] (54.3%) of the participants were of the opinion that body weight influences the way in which a youth in early adolescence is treated by his/her peers at school. Eight [8/35] (22.9%) of the participants said that individuals’ body shape sometimes influences how they are treated by others. A minority group of five participants [5/35] (14.2%) said that body shape had no influence on how peers treated one another. From these findings it can be deduced that a meaningful number of participants perceived weight, especially overweight, as a risk factor in becoming a victim of bullying. These findings are presented in Table 29.

Table 29: Percentages indicating whether body shape influences the treatment of an early adolescent

Participants	Times mentioned	Percentage
3 Unresponsive		8.6
5 No		14.2
8 Sometimes	2 thin 5 fat (3 weight as a tool to bully)	22.9
19 Yes	4 thin 18 fat	54.3
N = 35		100.0
Weight does seem to influence the way in which peers treat one another.		

It should be noted that 32 out of 35 participants chose to voice their opinion with regard to whether body shape influences the treatment of an early adolescent. Five [5/35] (14.2%) participants felt that body shape did not influence how an early adolescent is treated by his/her peers at school. Eight [8/35] (22.9%) participants were of the opinion that being thin or overweight/obese may sometimes influence how an early adolescent is treated by his/her peers. The majority [19/35] (54.3%) of the participants claimed that being either thin or overweight/obese may predispose an early adolescent to be treated differently by their peers. Thus from the data it can be deduced that weight may influence how an early adolescent is treated by his/her peers.

5.3.4 Additional findings

Although all the objectives have been met, the researcher became aware of additional findings, which were perceived as significant for this study. Participants were asked whether they were content and satisfied with their current body shapes. The findings are presented in Table 30.

Table 30: Satisfaction with body shape

Answer	Participant	Numbers	Percentage
Yes	A6, A7, A9, A11, A12, A13, A14, B4, B5, B7, B8, B12, B13, C1, C3, C4, C5, C6, D1, D3, D4, D9	22	62.8
Very	A8, A10, A15, B10, B11, D7	6	17.2
No	B3, B9, C2, C7, D2, D5, D8	7	20.0
		N = 35	100.0

From the interviews it was clear that most [22/35] (80%) early adolescents participating in this research study were content with their current body shape. However, seven [7/35] (20%) participants were not happy with their body shape and gave the following reasons:

- One participant (B3) stated that people do not really like you when you are big.
- One female (B9) participant would like more time to exercise.
- C2 stated: "I don't like, like ... I think I'm too big."
- A female participant (C7) stated that she thought her thighs looked huge.
- D1 was happy but would have liked to lose a little weight.
- One participant (D2) was not happy with his weight and reported being teased sometimes.
- One female participant (D5) used to be teased at her previous school because she was overweight. She had since lost weight but still regarded herself as fat: "People say I'm average but I think of myself as fat." This female participant wanted to lose more weight because her bridesmaid's dress did not fit her.
- Unlike the other participants who were not content with their current body weight, one participant (D8) reported that he would like to be taller and weigh more.

5.4 CONCLUSION

During data analysis the researcher identified several significant findings pertaining to bullying and obesity among the participants of the current study. These findings are presented in Table 31.

Table 31: Most significant findings

Finding	Number of participants	Percentage
Regarded negative verbal remarks as a form of bullying	33/35	94.3
Teasing was mentioned most frequently as a form of bullying	15/35	42.9
Identified physical bullying as a form of bullying	21/35	60.0
Identified exclusion from group activities (relational bullying) as a form of bullying	13/35	37.1
Being overweight is perceived as a leading risk factor in being victimised at school	22/35	62.9
Physical appearance was cited as a reason for an early adolescent to be deemed unpopular	15/35	42.9
Being overweight was cited as a reason for an early adolescent to be deemed unpopular	13/35	37.1
Physical appearance was cited as a reason for an early adolescent to be deemed popular	16/35	45.7
Body shape influenced how an individual is treated by peers	19/35	54.3
Happy with current body shape	28/35	80.0

From table 31 it is evident that noteworthy findings regarding what participants perceived as bullying behaviours emerged from the study. Verbal bullying was mentioned most frequently, specifically teasing. A noteworthy number of participants regarded physical bullying [21/35] (60%) and exclusion from group activities [13/35] (37.1%) as a form of bullying behaviour. Furthermore, 22 out of the 35 (62.9%) participants perceived being overweight as a leading risk factor in being targeted as a victim of bullying at school. Moreover, the study revealed that

physical appearance can be considered as a key popularity indicator. Fifteen out of the 35 (42.9%) participants regarded physical appearance as the reason for being seen as unpopular with 13 out of the 35 (37.1%) participants identifying being overweight as a contributing factor to this perception. Conversely, similar ratings were noted with regards to “good” physical appearance as 16 out of 35 (45.7%) of the participants attributing popularity to outward attractiveness. Furthermore, body size was reported as influencing how early adolescents were treated by their peer group. A final noteworthy finding was that 28 out of 35 (80%) early adolescents were happy or very happy with their current body shape. Although these findings are deemed noteworthy in terms of the current study, the researcher recommends that future studies with larger samples drawn from a different geographical area be conducted to shed more light on these phenomena.

This chapter elucidated a brief methodological overview of the research steps that were undertaken in the current study. Furthermore, the results obtained from data analysis were presented in this chapter. The research results presented in Chapter 5 will now be analysed and interpreted in Chapter 6. Furthermore, the achievement of aims, research limitations and recommendations for future studies will be discussed in the next chapter.

CHAPTER 6

ANALYSIS AND INTERPRETATION OF QUALITATIVE DATA

6.1 INTRODUCTION

In this chapter the interpretation and analysis of the data gathered from 35 youths in early adolescence attending schools in the Brooklyn policing precinct will be presented. Furthermore, the achievement of the set objectives, the acknowledged limitations and problems experienced by the researcher, recommendations and concluding remarks will be communicated in the remainder of this chapter.

6.2 QUALITATIVE DATA INTERPRETATION

The data were assessed through content and interpretative phenomenological analyses. The following method was utilised: Firstly the researcher read, studied and interpreted each interview individually in order to understand each participant's narrative and the meaning it held for the individual. Thus the researcher endeavoured to capture the essence of each individual interview. Secondly, the researcher identified certain recurring themes from the interviews. From these recurring themes different categories and sub-categories were identified. All the data analyses were done manually and later entered into a computer. The themes were used to attain the following three research objectives:

- I. Determine what early adolescents perceive as bullying;
- II. Determine whether bullying during early adolescence has an effect on a child's behaviour;
- III. Gauge the possible effect that obesity during early adolescence may have on bullying behaviour.

The following themes will be discussed in the section below: The nature of actions youths in early adolescence perceive as bullying; the influence of bullying on general behaviour of the victim, a general overview of the perpetrator and victim characteristics of bullying behaviour; and the correlation between an early adolescent's body shape and the likelihood of victimisation.

6.2.1 The nature of actions youths in early adolescence perceive as bullying

In Chapter 5, Paragraph 5.3.1, Tables 15 and 16, the researcher elucidated the findings regarding this theme. The researcher aimed to explore what youths in early adolescence perceive as bullying behaviour, thus aiming to attend to objective one. From the interviews the researcher identified six themes with regard to what youths in early adolescence perceive as bullying behaviour, namely verbal, physical, emotional, relational and psychological bullying and level of continuity. It transpired that the participants in the current study identified verbal, physical, emotional, relational and psychological factors as the key components of bullying behaviour. Four [4/35] (11.4%) participants mentioned that bullying behaviour towards certain individuals takes place on a continuous basis. This concurs with the researcher's operational definition presented in Chapter 1 (see Paragraph 1.2.5). The operational definition of bullying for the current study is that bullying is deemed to be intentional physical, sexual, verbal, emotional and/or relational harm caused to a child or children by another child or children repeatedly and over an extended period of time and implies a real or perceived power imbalance between the perpetrator and the victim. Although cyber and sexual bullying also occur, none of the participants in this study referred to sexual or cyber bullying. Furthermore, psychological bullying was omitted as a theme from the current study as the participant (B3) did not elaborate sufficiently on this type of bullying. The other types of bullying, namely verbal, physical, emotional and relational, will be discussed in the next section.

6.2.1.1 Verbal bullying

De Wet (2005:711) and Mestry *et al.* (2006:50) identified verbal bullying as the most frequently experienced and witnessed form of bullying. A similar finding was made in the current study as 33 out of the 35 (94.3%) participants identified verbal bullying more readily than other forms of bullying. Most participants perceived negative verbal remarks as one of the main types of bullying. The participants identified several variations of verbal bullying, such as verbally picking on others [frequent degrading remarks], insulting others, saying nasty things, speaking rudely about others, spreading rumours, swearing at others, name-calling and teasing. The research participants [15/35] (42.9%) in this study identified teasing as the most frequently used method of verbal bullying at school.

6.2.1.2 Physical bullying

Physical bullying was mentioned by 21 out of 35 (60%) of the respondents. The varieties of physical bullying included physically hurting someone, hitting, being generally abusive, shoving, pushing a person up against a wall, forcing individuals to do something that they really do not want to do and displaying negative body language. Negative body language (e.g. looking at someone in a threatening way or displaying body language that communicates a possible threat) can be regarded as physical bullying. Anderson (2007:42) and Maree (2005:16) both mentioned similar non-verbal gestures as a form of physical bullying. If an individual displays threatening body language which instils fear of immediate harm in other individuals, it can be considered as the first step towards an action. Thus the mere intention to threaten someone with negative body language can be accepted as assault. According to Snyman (in Geyer, 2007:87) assault is defined as “unlawfully and intentionally applying force, directly or indirectly, to the person of another, or inspiring a belief in another person that force is immediately to be applied to him or her”. Thus, by displaying negative non-verbal body language that may instil fear in another person of being victimised, an individual may become liable to being charged with assault, according to South African Criminal Law (see Chapter 3, Paragraph 3.1.2.6).

6.2.1.3 Emotional bullying

Emotional bullying was only mentioned by ten [10/35] (28.6%) participants. However, these participants showed in-depth understanding of the concept and provided the researcher with a number of examples. Humiliation, emotionally hurting others, extortion, messing with someone, lowering someone’s self-esteem and emotional blackmail were mentioned as forms of emotional bullying. Booyens *et al.* (2008:38) also regard humiliation and emotional blackmail as forms of emotional bullying. Humiliation entails acts such as practical jokes, making an individual look foolish in front of a third party, and publically shaming and dismissing an individual’s point of view (Emotional competency, [sa]). Emotional blackmail may entail an individual holding another individual emotionally hostage by threatening to harm the victim directly or indirectly if he does not comply with the perpetrator’s wishes (Chen, 2010:294; Liu, 2010:300). Maree (2005:16) refers to extortion as a form of bullying. Extortion encompasses the acquisition of goods by means of threatening an individual. In this regard participant A9 stated that her cousin had been a victim of extortion bullying; with some of her cousin’s peers pushing her up against a wall and demanding money for the tuck-shop from her. From this, one can deduce that certain perpetrators of bullying have obtained a number of avenues to victimise their peers.

6.2.1.4 Relational bullying

Relational bullying was mentioned by 13 out of 35 (37.1%) participants and seemed to be a frequently recurring problem at two of the four participating schools. Some of the comments made by the participants with regard to relational bullying were the following:

Participant A14 stated: *“Ek dink hoe groter, hoe groter jy is hoe meer sluit, hoe meer sluit ander kinders jou uit want hulle ek dink, hulle wil nie gesien word dat hulle saam met al die vet maatjies speel nie of iets nie ... As jy te vet is dan dink ek dit is nogal ’n uitdaging om in te pas”*. [“I think the bigger, the bigger you are the more you are excluded, the more other children exclude you, because I think they don’t want to be seen playing with fat friends or something ... If you’re fat, I think it’s quite a challenge to fit in.”]

In this regard participant B4 stated that: *“... die mollige mense hulle, hulle word nie toegelaat by die gemiddelde mense om pouses rugby saam te speel nie”*. [“... the plump people they, they are not allowed to play rugby with the average people during intervals.”]

Participant D5 admitted to being guilty of relational bullying in the past. “She was actually my best friend but I didn’t want to take her to my party.”

It is evident from these participants’ statements that relational bullying still takes place in these four schools and that established hierarchies within the pupils’ social structures still exist. Goldstein (2006) refers to this type of bullying as ostracism. Ostracism is the act of ignoring, shunning, rejecting or avoiding another individual. In this regard Janssen *et al.* (2004:1187) found that obese adolescents run a higher risk of social rejection than their average weight peers. Flint (2010:40) adds that this type of bullying is more prevalent among girls, as they deem position in the social hierarchy as more important than boys do. The researcher is of the opinion that relational bullying is used as a mechanism against other individuals to define their place within the social hierarchy at school and to define specific roles in the peer group. It can also be deduced that the peers with an endomorphic body type are more prone to fall victim to relational bullying than children with a mesomorphic body type. Adolescents with a mesomorphic body type are perceived as average by society and are deemed as complying with socially accepted standards of weight, beauty and attractiveness; thus they are able to secure a higher position within the social hierarchy.

6.2.1.5 Frequency of bullying

Although only a few participants [4/35] (11.4%) had an opinion on the frequency of bullying incidents, the researcher deemed these opinions important, as the frequency of bullying incidents is paramount in defining an action as a bullying incident. For example, participant A11 mentioned that bullying was committed continuously against the victim even after the victim had sought help from an outside source.

“As mense jou soos sê, as hulle jou boelie deur om te sê jy’s vet of dit lyk asof jy baie sleg is en jy lyk soos ’n vark en mense wat jou rondstamp en aanhou teister en nie ophou al igroneer jy hulle nie. Um as jy hoof toe gaan en hulle hou net aan en goeters soos dit.” [“If for example people tell you, if they bully you by saying that you’re fat or you seem to be bad and you look like a pig and people shove you around and keep harassing you and don’t stop even if you ignore them. Um if you go to the principal and they just keep doing it and stuff like that.”]

One participant (C6) regarded bullying as occurring on a daily basis. Two other respondents stated that they had solved their bullying problem by ignoring the perpetrator and because they did this the perpetrator did not get the reaction and outcome that he anticipated. In this regard participant B4 stated that:

“Gewoonlik noem hulle name. Ja my broer het my name genoem en as die persoon reageer dan hou hulle aan en as hulle nie reageer nie dan stop hulle en dis wat ek geleer het om glad nie te reageer nie en toe stop my broer.” [“Normally they call names. Yes, my brother called me names and when somebody reacts they carry on and if they get no reaction they stop and that is what I learnt not to react at all and then my brother stopped.”]

Ignoring the perpetrator and the forthcoming negative remarks is one of the methods for handling indirect bullying presented in Geyer’s (2007:167) psycho-educational programme (see Chapter 2, Paragraph 2.7.9, Table 8).

From the data obtained it is evident that the participants had an ample understanding of what behaviours constitute bullying. This may indicate that they may be either victims or perpetrators or that they have witnessed bullying at their school. Again, during this part of the interviews the participants did not mention cyber or sexual bullying. This may be due to the primary school participants’ developmental stage, which, unlike that of high school pupils, is not yet marked by

sexual awareness (Mestry *et al.*, 2006:51). Another reason could be that the participants did not feel comfortable talking about sexual bullying because of the lack of a personal relationship with the interviewer and the sensitive phase of sexual development the participants could be experiencing. Thus this finding should not be interpreted as meaning that sexual bullying does not occur in primary schools throughout South Africa. Further focussed research should be undertaken to determine the occurrence and frequency of sexual bullying in primary schools in South Africa.

6.2.2 The influence of bullying on the general behaviour of the victim

From the data gathered during the semi-structured interviews the researcher identified four categories with regard to the perceived effects bullying may have on an early adolescent's behaviour, namely the reactive victim, internalisation, feeling distressed and long-term consequences (see Chapter 5, Paragraph 5.3.2, Table 17).

6.2.2.1 The reactive victim

The reactive victim became a bully because of the fact that he was previously a victim of bullying. Becoming a bully in response to previous bullying was identified most frequently by four [4/35] (11.4%) of the participants in the current study. Espelage and Asidao (2001:55) reported similar results in their research study. A sub-category emerged from this category, namely bullying at home. Three out of the four participants perceived the school bully to be a victim of abuse and bullying at home, often identifying a sibling as the perpetrator. Similar findings were reported by Swearer and Cary (2003:75), with the exception that victims of sibling bullying had an increased chance of becoming a bully at school if they had a greater number of siblings. They were of the opinion that the likelihood of becoming a reactive victim (bully) increases with the number of siblings at home who bully or abuse the victim. In addition, abuse or physical punishment by a parent/s increases the chance that a child could become a reactive victim. Children who receive physical punishment from their parents are more likely to victimise their peers at school and engage in violent behaviour (Corporal and humiliating..., [sa]; Flint, 2010:40). Not being treated with respect and dignity by an individual's parents may lead to treating others in a similar fashion. Corporal/physical punishment of a child may instil negative values such as resolving conflict with violence, expressing frustration, anger and helplessness through violent behaviour and the idea that targeting smaller, weaker individuals is acceptable (Corporal and humiliating..., [sa]). Thus when taking the literature into consideration, the

participants were justified in their perceptions that many bullies are themselves victimised at home.

6.2.2.2 Internalisation

The researcher was intrigued when a few [4/35] (11.4%) participants mentioned internalisation as an effect of bullying. It is the researcher's opinion that it requires a certain degree of insight for children in early adolescence to be able to identify such an abstract phenomenon. The researcher agrees with the participants' perception of internalisation, as an individual learns through repetition and what others say may lead an individual to assume a particular position in the social hierarchy. How an individual is perceived by his/her peers is of significant importance for adolescents (Bullying keeps overweight..., 2006). These relationships are paramount to social, emotional and psychological development. Adverse and humiliating bullying experienced by an individual may lead to the internalisation of negative self-evaluations (Reijntjes, Kamphuis, Prinzie & Telch, 2010:245). From the participants' statements it can be deduced that internalisation due to bullying has been witnessed in their peer group. They stated that negative remarks could be internalised by the victim, thus leading to the actualisation of the negative perceptions. Such negative self-evaluations may precipitate further victimisation. This finding can be explained by applying Merton's self-fulfilling prophecy. In an article entitled "The self-fulfilling prophecy", Merton (1948:193) quotes Thomas: "If men define situations as real, they are real in their consequences". Thomas's quote illuminates the essence of the self-fulfilling prophecy in that public definitions may, be internalised, causing a paradigm shift with regard to the self which could steer future behaviour. Furthermore, Merton states that many individuals do not retain prejudices towards others; they honestly believe the validity of these public definitions. Public definitions refer to beliefs held by the prominent and most powerful social group. These beliefs are often not questioned and are perceived as fact. The vicious cycle of self-fulfilment can only be broken in that public definitions can be changed and the new definitions are accepted and internalised by society in its entirety (Merton, 1948:196-197). From this it can be deduced that verbally bullying children because of their weight could lead them to believe what is said about them and then they will proceed to alter their behaviour as a manifestation of how others perceive them. These new, enforced beliefs may lead to withdrawal, low self-esteem, unhealthy dieting and even eating disorders. In this regard participant A8 stated that:

"... ons graad sewes het baie kinders geboelie oor hulle gewig en dan sê hulle nee jy's vet en dan gaan daai kind en huil op 'n plekkie en dan dink hy so van homself".
["... our grade sevens often bullied children about their weight; they would say no

you're fat and then that child would go off and cry in some place and think like that about himself.”]

Participant A11 was of the following opinion:

“... meestal gaan kinders op 'n dieet omdat hulle begin glo as kinders vir hulle sê 'jy's vet' en alles begin hulle dit self glo en dan gaan hulle op 'n dieet ...” [“... mostly children go on a diet because they start believing it when children tell them, ‘you're fat’. They then start believing it themselves and go on a diet ...”]

One participant (D5) gave a personal account of her experience with internalisation with regard to negative remarks about body shape. She stated that “at my old school in Joburg I used to be very um ... fat and I would think of myself as fat because everyone called me that”. From the self-fulfilling prophesy it can be deduced that changing the public impression of obesity and weight in general may break the vicious cycle of the self-fulfilling prophesy.

6.2.2.3 Feeling distressed

A few respondents [6/35] (17.1%) reported feelings of sadness, crying, anger, becoming grumpy, nasty and rude in relation to bullying. In general they reported witnessing peers experiencing feelings of being distressed. They perceived the bullying as the reason why the feelings of distress manifested in their victimised peers. Some participants actually reported that their victimised peers avoided school and became truant to avoid victimisation. In this regard participant A11 stated that some bullied children would revert to truancy in order to avoid the bullies who plague them at school. All these factors were accurately identified by six participants. Similar findings are also well documented in literature (Anderson, 2007:57; Barreto, 2011:2; Naser, Prinsloo, Ladikos & Ovens, 2007:46, 48, 51; Ralekgokgo, 2007:36; Roodt, 2011:3; Vanderbilt & Augustyn, 2010:317).

6.2.2.4 Long-term consequences

One (D9) participant reflected a very strong feeling about the effect bullying had on the victim's behaviour. He not only referred to immediate effects, but also incorporated long-term consequences in his response. He mentioned that a victim may never forget the incident, never trust other individuals and never be able to live the life that he wants to. This may be an indication that early adolescent victims are aware of the long-term consequences bullying could have on them. In this regard participant D9 stated:

“As ’n iemand doen iets aan hom soos vyf jaar terug, hy slaan hom of doen iets lelik met hom sal daai persoon dit altyd onthou, en dan sal hy altyd bang wees vir persone en nooit uitstaan of hy sal nooit sy lewe lewe vat soos hoe hy wil nie.” [“If somebody did something to him, maybe five years previously, he hit him or did something nasty to him, that person will always remember it, and then he’ll always be scared of people and never stand out or never live his life as he would like to do.”]

Long term consequences of bullying behaviour during early adolescence could therefore affect a person’s self-esteem and general functioning. According to Flint (2010:40) and the results from the 2001 SCS (DeVoe & Kaffenberger, 2006:57), bullying may lead to avoidance of school, which may lead to not pursuing higher education and thus fewer employment opportunities (Elliott, 2002:243). From this it is evident that bullying restricts an individual’s opportunity for self-actualisation. The Kidscape survey (Elliott, 2002:251-253) revealed similar results; participants in the survey reported feelings of distrust, fear and trouble initiating friendships. Thus bullying not only has immediate consequences for the victim, but could have a rippling effect into adulthood.

6.2.3 Impact of obesity on bullying behaviour

In this section the researcher aims to determine whether obesity is perceived as a risk factor for becoming a victim or perpetrator of bullying. During the interviews the early adolescents were asked to identify what type of individual they perceived to be a victim of bullying. They were also asked to comment on what characteristics a perpetrator of bullying had. By doing this the researcher was able to determine whether weight was perceived as a risk factor, without introducing the idea of obesity or of being overweight, thereby refraining from leading the participants and influencing their responses. After this, the researcher proceeded to ask a general question on whether weight specifically caused early adolescents to be treated differently by their peers. A general overview of the different types of individuals who are perceived to be either perpetrators or victims of bullying will be discussed. Furthermore, the section will elucidate whether early adolescents are treated differently by their peers as a result of their specific body shape.

6.2.3.1 General overview of perpetrators and victims of bullying

The following section reflects the responses the researcher received when she asked the participants what type of person usually becomes a perpetrator of bullying and what type of person becomes a victim of bullying. Several noteworthy themes were evident in the

participants' description of both perpetrators and victims of bullying in the relevant peer group. These themes will be discussed to explain what type of individual was perceived as a perpetrator or victim of bullying. It is significant that the same themes were evident in all four schools. The following themes will be discussed to interpret the data pertaining to sport and academic achievement, economic status, physical appearance, social relationships and personality traits.

A. Perceived characteristics of a perpetrator of bullying (see Chapter 5, Paragraph 5.3.3.1, Table 18)

The researcher asked the participants what type of individual they would perceive as a bully. Six participants (17.1%) responded by saying that any individual could be a bully; however, they proceeded by providing the researcher with specific characteristics of perpetrators of bullying. The researcher wanted to ascertain whether a person's body shape played a role in bullying behaviour. Throughout the interviews five main categories were repeatedly mentioned.

- **Sport and academic achievement**

One participant (A6) identified rugby players as the perpetrators of bullying. In many of the schools sport played a key role and was considered very important. Thus individuals who achieved success in sport were seen as popular among teachers and peers and they were perceived as possessing relative power within the peer group. It may be deduced that because rugby players are usually bigger, stronger and fitter than their peers, they are physically able to bully other individuals. Klein (2007:1-2) determined that many pupils who had perpetrated schools shootings had been bullied by the so-called "jocks" who were usually achievers in sports such as football, soccer and other popular sports such as athletics.

Poor academic achievement was cited by two out of 35 (5.7%) respondents as a characteristic of a perpetrator of bullying. According to Ralekgokgo (2007:29) a relationship exists between poor academic achievement and bullying behaviour. It is believed that individuals who are academically challenged may resort to bullying in order to relieve stress and built-up frustration due to constant failure at school. Hirschi (in Bartollas, 1993:302) uses a causal chain to explain how academic incompetence may eventually lead to delinquent behaviour: Academic incompetence may lead to poor academic achievement. This may lead to dislike of school resulting in truancy. The adolescent may then reject school authority, which may ultimately lead to delinquent behaviour. From this it can be deduced that poor academic achievement may lead

to frustration and truancy, which may lead to being labelled as dumb. This may lead to an adolescent shunning school authority and ultimately bullying peers. In this regard participant A8 stated:

“Die kind ... wat sukkel met die huiswerk en wat sukkel met die lewe en wat nie goed doen in skool nie”. [“The child ... that struggles with homework and that struggles with life and that does not do well at school”.]

From this it can be deduced that children that struggle with their school work may lash out at others in order to relieve the stress and frustration caused by being unable to achieve academic standards expected by society. Such individuals may generally struggle with everyday life.

- **Economic status**

Two participants reported that they believed that perpetrators of bullying came from affluent families. Klein (2007:1) supports this finding in her discussion on the Cho Seung-Hui school shooting. On the day of the school shooting, Cho, the perpetrator of the school shooting, raged against the rich who were not satisfied with their possessions, such as cars and gold jewellery. Furthermore, Klein (2007:1) is of the opinion that the popular group who tormented Cho formed part of the upper socio-economic group. Cho's parents believed that he was targeted as a victim of bullying because of his minority group status and the fact that he came from a poor, disadvantaged family. Most theories that use social economic status to explain juvenile delinquency focus predominantly on adolescents from the lower socio-economic groups. Very few sociological theories focus on delinquent behaviour among the upper social-economic class. For this reason Marsing (2011) undertook a study at a residential treatment centre that enrolls mostly adolescents from the elite group whose parents can afford to pay \$8 000 tuition fees a month (Marsing, 2011:4). He is of the opinion that society is often kept in the dark about upper-class delinquent behaviour, as the parents of the children involved can “afford” to keep the behaviour unofficial. Many of these adolescents escape punitive consequences and they are often sent to treatment centres which do not allow research to be conducted (Marsing, 2011:6-7). When taking adolescents from the middle and upper social-economic group into consideration, the subculture theory could be applied to explain why adolescents who seemingly have everything would become involved in delinquent behaviour such as bullying. The theory stipulates that middle and upper class adolescents could turn to delinquent behaviour in order to attain a thrill which is missing in their easy consumerism lifestyle (Bartollas & Dinitz, 1989:179).

One participant (A8) was of the opinion that bullies were children who came from lower socio-economic families. According to Ralekgokgo (2007:28), adolescents from lower socio-economic families may witness more violence at home, which is also seen as contributing to bullying behaviour. Furthermore, it has been noted that adolescents from poorer families may revert to bullying in order to obtain goods (pens and money) or food, which their parents are unable to provide.

Thus perceptions regarding bullies are that they originate from both higher and lower socio-economic groups. For this reason socio-economic status cannot be accepted as a prerequisite for bullying. Further research into delinquent behaviour among adolescents from elite groups is warranted and may be of significant scientific value.

- **Physical appearance**

Several participants [7/35] (20.0%) identified being overweight as a factor contributing to being a perpetrator of bullying. This finding should not be taken at face value, as it has been found that obese/overweight adolescents tend to be both perpetrators and victims of bullying. Bullies tend to tease peers about subjects such as weight that will most probably elicit an aggressive response from the victim (Janssen *et al.*, 2004:1187). This type of victim can be regarded as a reactive victim or a bullied bully; this means that the victim becomes a perpetrator owing to prior victimisation and feelings of powerlessness and helplessness. Thus the victim lashes out at others, either those who have bullied him or weaker individuals (Anderson, 2007:46; Booyens *et al.*, 2008:39). In the researcher's opinion bullying his peers may give the reactive victim a feeling of power and control.

Being physically strong was also mentioned by three [3/35] (8.6%) participants as a factor contributing to bullying behaviour. Booyens *et al.* (2008:39), as well as Espelage and Asidao (2001:53), also stated that bullies are mostly bigger and stronger than their victims. The researcher is of the opinion that being bigger and stronger ensures that the perpetrator is capable of controlling the victim.

- **Social relationships**

Being popular or part of the in-crowd was the most evident risk factor in becoming a bully, as it was mentioned by eight out of 35 participants (22.9%). This finding is supported by numerous authors (Espelage & Asidao, 2001:53; Ralekgokgo, 2007:34). Vanderbilt and Augustyn

(2010:316) are of the opinion that bullies are often popular and it is the power that accompanies this status that enables them to bully individuals from lower social classes. An adolescent may participate in anti-social behaviour such as bullying in order to attain or maintain social status and acceptance in the popular peer group. It has been found that being popular may increase the risk of becoming a bully, as the individual may be required to prove himself to his peers. Furthermore, bullying behaviour may give him the opportunity to attain social status within the group (Wang *et al.*, 2009:372).

Problems at home were also reported by the participants [8/35] (22.9%) as a factor contributing to bullying behaviour among their peers. This finding is supported by numerous authors such as Anderson (2007:50), Booyens *et al.* (2008:39), Ralekgokgo (2007:24, 28), Govender and Dlamini ([sa]:67), as well as Swearer and Cary (2003:65). The participants were of the opinion that bullies are often verbally scolded, experience a lack of parental love, that they experience abuse and lack sufficient nurturing at home. In this regard participant B4 made the following statement about a bully who had previously victimised him:

“Dis gewoonlik die kinders wat, ag hemel, daar’s een wat my geboelie het toe ek klein was, maar ek sal nie sê wie dit is nie maar daar was fout by sy huis; sy pa het gedrink en sulke goed.” [“It is usually the children that, oh heaven, there’s one that bullied me when I was little, but I will not say who it was but there were problems at home; his dad drank and stuff like that.”]

From this participants’ statement it can be deduced that even though the school is located in a middle-to-upper class area, it does not preclude problems occurring between family members, nor does it eliminate abuse at home.

Being a victim of bullying may also result in an adolescent bullying others. Many reactive victims report being bullied at home, with their siblings being the main perpetrators. It has also been found that as the number of siblings increases, so does the probability that a child will bully other children at school (Swearer & Cary, 2003:75). The researcher has already discussed this finding in Paragraph 6.2.2.1 One participant (A14) made a statement that encompassed family abuse (sibling bullying) and becoming a reactive victim:

“... ek het ’n maatjie maar ek, niemand net my ma is goeie vriende met sy ma, sy ma vertel redelik baie vir my ma dat sy dat sy boetie nou in graad agt is, dat sy boetie hom baie boelie en hy boelie ook kinders by die skool.” [“... I have a friend but I,

nobody except my mother is a good friend of his mother's, his mother tells my mother quite often that his brother who is in grade eight bullies him a lot and he also bullies children at school.”]

In this context the school bully was bullied by his brother who in turn bullied peers at school. He was probably feeling frustrated due to his inability to protect himself from his older brother. This in turn caused him to victimise other children in order to decrease the feelings of frustration, inferiority and helplessness.

The participants [5/35] (14.2%) also mentioned other correlating factors, such as being part of the in-crowd, feeling that they do not belong, being lonely and subjugated, and being older than the victim. The age of the perpetrator in relation to the victim has been the subject of many studies. The researcher located a study that reported that the perpetrator is usually in the same grade as the victim (de Wet, 2005:717). However, two different studies reported the opposite, with perpetrators generally being older than their victims (DeVoe & Kaffenberger, 2006:49; Liang *et al.*, 2007:169).

- **Personality traits**

Five participants [5/35] (14.2%) were of the opinion that perpetrators of bullying have low self-esteem. Similar findings were reported by Espelage and Asidao (2001:58), with participants stating that bullies need support groups, peer mediation and individual counselling in order to improve their low self-esteem and encourage positive peer interaction. One participant stated that bullies bully other children in order to increase their self-esteem and create an image. Participant B11 stated that:

“As iemand soos byvoorbeeld, soos sê nou jy is oorgewig of iets, dan terg hulle jou daaroor. Maar vet kinders speel ook 'n groot rol in boelie want hulle hulle hulle het nie 'n goeie selfbeeld nie dan probeer hulle een te skep om te wys: kyk ek is nou die grootste en dis ook hoekom hulle boelie, dis wat ek dink.” [“If for example, suppose you are overweight or something, then they tease you about that. But fat children also play a huge role in bullying because they they they don't have a good self-image and then they try to create one to show: look, I'm the big one here and that is why they bully, I think.”]

Three of the participants were of the opinion that perpetrators may be frustrated and bully others in order to vent their frustrations. These perpetrators were perceived to be egocentric and that they picked on other children because they held beliefs of grandeur, such as they were bigger, better and stronger than their peers. An individual who is egocentric has no regard for others' beliefs, ideas or interests. Such individuals regard themselves as the centre of attention (Egocentric, 2012). Egocentrism tends to increase during early adolescence and gradually decreases around mid-adolescence. Parental rejection may increase self-consciousness, which in turn may lead to the development of an egocentric personality (Thom *et al.*, 1998:420).

One participant (C6) felt that bullies are insecure. She said that "... in my personal opinion some children when they are insecure they make themselves feel bigger when they bully other children. Make the other children feel smaller and themselves feel bigger". These findings are in line with international findings (Swearer & Doll, 2001:75). Swearer and Doll (2001:54) found that feeling and experiencing sadness was also cited as a risk factor in the perpetration of bullying. This implies that hurting other individuals could make one feel better, as it makes the perpetrator feel powerful and projects his feelings of sadness onto another individual.

Four [4/35] (11.4%) participants reported that perpetrators hurt other individuals in order to make themselves feel better. Similar findings were cited by Ralekgokgo (2007:27), with children hurting others in order to relieve stress. These findings concur with the statement made by the participants. Participant C3 was of the following opinion: "It is mostly the people who don't feel that they belong in the groups so they decide to make the people feel worse than they feel". From this one can deduce that in order to relieve or diminish the feeling of sadness and rejection, some bullies may intentionally hurt others, thus making the victim feel the emotions they themselves may be experiencing.

The participants [4/35] (11.4%) also mentioned jealousy, lack of manners, lack of self-respect and watching inappropriate programs on TV as factors that can contribute to bullying behaviour. New avenues for viewing violent material are no longer restricted to TV and currently include media such as the internet and certain computer games, which have become increasingly violent (Hong & Espelange, 2012:317). Many adolescents may lack supervision after school hours since both parents may work outside the home, which grants them increased freedom, allowing them to entertain themselves by playing inappropriate computer games. Anderson (2007:50) is of the opinion that children learn certain behaviour from modelling. Usually children

tend to imitate their parents or other children. However, it has been hypothesised that children may imitate aggressive behaviour seen on TV, as many TV characters in movies and programmes use aggression to resolve conflict or achieve a desired goal (Vanderbilt & Augustyn, 2010:316). Furthermore, the realism with which TV programmes and movies portray violent characters may also be regarded as a risk factor in the perpetration of violent behaviour (Hong & Espelange, 2012:317). It has been reported that watching material containing violence triggers aggressive behaviour in children a short time after they witnessed it on TV (Ralekgokgo, 2007:33). However, it should be kept in mind that not all children will imitate aggressive behaviour seen on TV, but it can be considered as a risk factor contributing to certain forms of bullying and anti-social behaviour. One participant (A8) gave an insightful description of how he perceived the characteristics of a person guilty of bullying:

“Die kind wat dit soos ‘basically’ moeilik kry by die huis, wat nie soos baie geld het nie, wat sukkel met die huiswerk en wat sukkel met die lewe en wat nie goed doen in skool nie. Dan ja ... Partykeer doen, boelie kinders maar net ander kinders om hulle gevoelens en goed uit te haal soos as iets verkeerd gaan by die huis wil hulle dit op ander kinders uithaal. Hulle praat nie en hulle hou dit binne dan breek dit hulle.”
[“The child who basically find things difficult at home, who does not have much money, who struggles with the homework and struggles with life and does not do well in school. Then, yes ... Sometimes children simply do it, bully other children to take out their feelings on others, like when something goes wrong at home and they want to take it out on other children. They don’t talk and bottle it up and then it breaks them.”]

When taking the participants’ responses into consideration, it became evident that the participants did not characterise bullies by a certain body shape; rather, what constituted a bully in their view included various economic, physical, social and personality risk factors. Thus a bully cannot be identified by a single characteristic, but rather by a complex relationship among multiple factors.

B. Reasons why certain youths are targeted as victims of bullying (see Chapter 5, Paragraph 5.3.3.1, Table 19)

Similar themes as those identified in respect to the perceived characteristics of perpetrators of bullying were also evident in the perceived traits of the victims. Thus this section is divided into the same sub-headings as above, namely sport and academic achievement, economic status, social relationships, physical appearance and personality traits.

- **Sport and academic achievement**

The participants from all four schools highlighted the importance of participating in sport to determine one's level of acceptance in the peer group. Early adolescents who participate in sports are perceived as popular and are doted upon. Early adolescents who do not participate in sport at school are usually rejected and may even be bullied. One participant (A6) went as far as stating that if a boy does not participate in sport, the other early adolescents may regard him as a "moffie". The word "moffie" is Afrikaans slang, which indicates a male that has female attributes such as being sensitive, soft and delicately built. It also implies a homosexual orientation. According to Anderson (2007:56), such behaviour can be seen as young males challenging the masculinity of a male peer, thus bringing their peer's masculinity into question. It is the researcher's opinion that this may cause some boys labelled as "moffies" to become perpetrators of bullying in order to prove themselves as men. Kalish and Kimmel (2010:454) made similar findings when reviewing three prominent school shootings in America. In all three cases the perpetrators of school shootings had been humiliated and their masculinity had come into question. The shooters had often been taunted, teased and called names such as faggot, queer, gay and homo. According to Kalish and Kimmel (2010:454, 458–459), when a young male's masculinity is questioned it is an acceptable male moral obligation to avenge one's masculinity through violence and retaliation. Thus being called a "moffie" can be seen as a stigma aimed at one's character. Stigma refers to "bodily signs designed to expose something unusual and bad about the moral status of the signifier" (Martin, Mutchnick & Austin, 1990:339). Goffman expanded on the above-mentioned Greek term and added three types of stigma, namely abominations of the body, imperfection of individual character and racial, nationality and religious stigma. Being labelled a "moffie" can be seen as having an imperfection of individual character. This implies that the individual may be weak-willed and have unusual habits. Goffman stated that "the main task for the stigmatized is to present himself in a way that conceals or mitigates his stigma and allows him to gain acceptance among the 'normals'" (in Martin *et al.*, 1990:340). From this it can be deduced that an early adolescent who has been labelled a

“*moffie*” could possibly turn to aggression in order to conceal or mitigate the stigma which has been ascribed to him.

Intelligence was mentioned twice as a perceived factor contributing to victimisation at school. Multiple popular media sources (Boodman, 2006; Wilce, 2009) publicised giftedness among children as a possible reason for victimisation by peers. However, the researcher found very few scientific sources that support these statements. One such source (Bullying of children..., 2008) however found that being different from one’s peers may lead to victimisation. A gifted individual is not average and thus can be regarded as being different from his peers. These findings were supported by the current study. One participant (B13) stated that being more intelligent than one’s peers may lead to victimisation. She elaborated on her statement by giving an example of school shootings in America where the victim had been bullied because of his intelligence, which led him to shoot and kill his peers at school. With regard to this Swearer and Doll (2001:71) reported that the victims of bullying were victimised because of their good academic achievements. Similar findings were reported by Espelage and Asidao (2001:54), with their participants reporting that they perceived victims of bullying to be of higher intelligence than perpetrators. In the researcher’s opinion this may be due to the perpetrator feeling inferior to the victim because of his diminished academic achievement in comparison to the victim. Gifted children are often liked by their teachers and demand extra academic stimulation (Peterson & Ray, 2006:257). Average children may regard gifted children as receiving special treatment by teachers and this may lead to their victimisation owing to jealousy and perceived unfairness. A reported consequence of this type of bullying is that gifted children may “dumb down” and function at a lower academic level in order to fit in with their peers, thus trying to hide their perceived differentness (Bullying of children..., 2008). Gifted children may experience bullying more intensely than their peers of average intelligence as a result of high mental functioning, perfectionism and high expectations placed on them by others (Bullying of children..., 2008).

- **Economic status**

The participants [6/35] (17.1%) perceived early adolescents with lower economic status as being at higher risk of becoming victims of bullying behaviour. Other factors that were mentioned were being born into a family with a low economic status, which affects the extent of one’s material possessions (lack of brand name clothes), home environment and the area in which one lives (not an affluent area). This finding is supported by national (Anderson, 2007:56) and international (Espelage & Asidao, 2001:54) studies. Because of financial constraints children

from lower economic groups have fewer opportunities to participate in social group activities such as going to the movies, school field trips, playing sport that requires equipment and entertaining friends at home. This may lead to social withdrawal and ultimately social rejection (Hooper, Gorin, Cabral & Dyson, 2007:67). Furthermore, children with lower economic status living in an affluent area may be perceived as being different from their peers, which may lead to their victimisation.

- **Social relationships**

As mentioned previously, one participant (C7) identified being different from the peer group in some way may increase an adolescent's chance of falling victim to bullying (Anderson, 2007:52). It is usually these differences that the perpetrators use as ammunition to bully a victim. Swearer and Doll (2001:71) reported similar results, with victims reporting being different from their peers as a reason for their victimisation.

One participant (D4) identified belonging to a different cultural group in relation to one's peers may lead to being victimised, as the individual may be of a different race or religion, may speak differently, have different mannerisms and have been raised differently (A7) from his peers. Racism, sexism and being different from the "in-crowd" may lead to stereotyping and bullying (Anderson, 2007:56).

One participant (A11) stated that victims of bullying do not stand up for themselves and for this reason the perpetrators become aware of the fact that they are able to bully such an individual without suffering repercussions. Furthermore, a participant (B4) stated that if an individual reacts to the bully's behaviour, it would only result in further victimisation, as the bully perceives the victim's reaction as fun and a further challenge to dominate him. In this regard Anderson (2007:56) and Ralekgokgo (2007:26) characterised victims as being submissive and tending not to defend themselves or retaliating against the perpetrators.

Being younger than the perpetrator often means that the victim is smaller and weaker than the perpetrator and this makes bullying trouble-free. This finding is supported by the perceptions held by two participants with regard to the characteristics of bullies and their victims, with participant D7 being of the opinion that victims tend to be younger than their perpetrators. It was mentioned by participant B10 that bullies tended to be older than their victims. These findings are in line with the findings of Anderson (2007:56), Geyer (2007:88), the 2001 SCS (DeVoe &

Kaffenberger, 2006:49). However, it has been found that as the victims become older and stronger, the perpetrator may shift his attention to younger victims who are smaller and weaker. In contrast to the above-mentioned findings de Wet (2005:717) found that children are most often victimised by their same-grade peers. It is therefore safe to conclude that the same-grade peers and older peers tend to pick on physically smaller and weaker peers as they are able to do so with minimal physical repercussions from the victim.

The participants [8/35] (22.9%) reported that not being part of the in-crowd (thus unpopular or isolated) may put an early adolescent at risk of becoming a victim of bullying. This finding can be explained in that groups function as a protective buffer to bullying, as friends usually provide support and protection. If an adolescent is part of a group it therefore makes it more difficult for a perpetrator to single out the individual (Wang *et al.*, 2009:373). From the interviews the researcher deduced that not being popular and part of a group has an impact on the occurrence of victimisation. This finding is supported by national (Roodt, 2011:3) and international (Espelage & Asidao, 2001:54) data. There are many factors that may contribute to an early adolescent's popularity; however, physical appearance was widely reported by 15 out of 35 (42.9%) participants as a noteworthy factor that causes an early adolescent to be seen as unpopular by his/her peers. Being overweight was the main reason for being unpopular. This finding is clearly presented in Tables 20 and 21, which give an outline of the participants' opinion on what causes an early adolescent to be popular/unpopular (see Chapter 5, Paragraph 5.3.3.1). From this it is clear that there are many factors that may contribute to an early adolescent being seen as unpopular by his/her peers; however none is as obvious as the role physical appearance plays.

Conversely, physical appearance also played a leading role in being perceived as popular, as reported by 45.7 percent [16/35] of the participants who willingly answered the question. In addition, 42.9 percent [15/35] of the participants who chose to answer the question identified physical appearance as the reason for an early adolescent being unpopular. This means that being unattractive could be seen as a leading factor in being perceived as unpopular by an early adolescent's peers, which may lead to fewer friendships and thus lack of protection from bullying. The following two statements made by participants elucidate the situation of overweight early adolescents in the social hierarchy at school.

“Um soos baie kinders het vir ‘Susan’ gedis [exclude or drop a person from a group or show disrespect] want sy was vet en nou’t sy gewig verloor, so sy kan weer in die groepies in en sy’s nie meer buite nie.” [“Um like a lot of children dissed ‘Susan’

because she was fat and now that she has lost weight she can be part of the group and she is no longer out.”]

“For instance if you are middle size you’ll obviously be in the popular group and if you are quite big and uhh ... you will obviously be down at the bottom.” An early adolescent’s body shape therefore plays a major role in social acceptance within a peer group, with thin and average weight adolescents easily accessing the higher levels in the social hierarchy and the overweight and obese adolescents being at the lower levels of the social hierarchy.

- **Physical appearance**

On the basis of the data that were collected the researcher regards physical appearance as a factor that contributes largely to bullying victimisation. From the data it is evident that if an individual does not meet the accepted norms for physical appearance set by his peer group, he is not as readily accepted into the social hierarchy. Although physical appearance seems to be the most significant standard for acceptance into the group as reported by ten [10/35] (28.6%) participants, other norms such as social, economic, sport and academic achievement also have a noteworthy impact on peer acceptance. Similar findings were reported by Espelage and Asidao (2001:54), with the majority of their participants indicating that the victims of bullying were physically different from their peers. Fashion sense, being thin or appearing weak were also identified as risk factors in bullying behaviour.

Fashion and brand name clothes were mentioned by one participant (A7) as a reason for possible victimisation and can be seen as a social status measuring rod, with early adolescents who do not possess such items being the targets of bullying behaviour. In this regard Espelage and Asidao (2001:54), as well as Swearer and Doll (2001:71), reported that the participants (both perpetrators and victims) in their studies stated that the clothes that an individual wears may cause him/her to attract the attention of bullies. It implies that clothes determine one’s appearance and rating among peers. The researcher is of the opinion that in many instances the clothes an adolescent wears are indicative of his parent’s economic status. Thus the adolescent’s economic status, which is open to public scrutiny based on his appearance, could trigger a process of victimisation.

One should keep in mind that anyone can become the victim of bullying. The researcher determined that body shape plays an important role in victimisation. Thin and overweight early

adolescents were perceived by the participants to be at risk of victimisation. It was, however, found that early adolescents who had an average body shape tended to be regarded as safe when asked about bullying victimisation. Espelage and Asidao (2001:54) reported that being at either extreme of the weight continuum may result in becoming a victim, thus adolescents who are either thin and scrawny looking or fat and obese looking are at risk. Another risk factor that was identified by four [4/35] (11.4%) participants was the perception of weakness, which in the researcher's opinion is worsened by being underweight and having a small build in relation to the early adolescent's age. Nine [9/35] (25.7%) participants identified being thin (small) as a contributing factor in the victimisation of their peers. If one appears thin and scrawny, the bully probably will assume that one is weak and unable to defend oneself. One participant (D8) gave a description of life from the perspective of a child who is small and thin for his age:

"... Um ek weet nie ek probeer gewig optel want ek is 'n bietjie, as die gewig ding inkom is ek 42 kg en dis nie baie goed nie ... daar is 'n hele paar kinders wat drie keer langer is as ek so dan voel dit asof daar 'n 'tower' oor jou staan, en dan jy's so 'tiny'. En dan gewoonlik kan jy niks doen nie want of hulle is of vinniger as jy of groter as jy so hulle intimideer jou." ["... Um I don't know, I'm trying to put on weight because I am a little, when it comes to the weight thing I am 42 kg and that is not very good ... there are quite a few children that are three times taller than I am so then it feels as if there is a tower standing over you, and then you're like tiny. And then usually you can't do anything because they are faster than you or bigger than you so they intimidate you."]

Approximately, sixty-two percent [22/35] of the participants identified being overweight as the reason for their peers' victimisation, thus being overweight can be seen as the leading risk factor in victimisation. One of the reasons for bullying given by the participants in a study by Swearer and Doll (2001:71) was being overweight. The researcher is of the opinion that the emphasis society places on having and maintaining a slim figure may affect the prevalence of the victimisation of obese and overweight adolescents at school. Not only are these adolescents bullied, they are also rejected and become the victims of stereotyping (Monyeki *et al.*, 2009:2).

The researcher hypothesises that the negative stereotypes held in relation to obesity may play a role in the bullying of obese early adolescents. From the interviews the researcher gleaned the impression that most of the participants held negative beliefs regarding the health practices of overweight early adolescents (see Chapter 5, Paragraph 5.3.3.1, Table 24). Perceptions about

the health practices of thin and average-weight peers were considerably more positive (see Chapter 5, Paragraph 5.3.3.1, Tables 22 and 23). The researcher found it noteworthy that many [10/35] (28.6%) of the participants used the word “normal” to describe a peer of average weight and build. Even eating habits and exercise routines were described as “normal”. Thus being thin or overweight was not deemed “normal” by the participants. Overweight early adolescents were generally perceived as eating too much and following an unhealthy diet. Furthermore, overweight early adolescents were generally seen as participating in little or no sport. However, there were a few [7/35] (20.0%) participants who had more liberal ideas about the causes of obesity. These participants mentioned that an obese individual may be ill, may experience problems or have genetic and medical reasons for being overweight, may not have the opportunity to exercise, or might have been born that way. As liberal as these thoughts were, they were not widespread, thus the stereotyped idea of eating too much and not exercising was still the norm. This perception may lead to negative stereotyping, such as believing that fat people are lazy and unmotivated, as mentioned by four [4/35] (11.4%) participants. They stated that overweight peers are perceived as lazy because they do not want to exercise and when they are forced into physical activity during physical education class, they tend to be unmotivated because they know they are slow. In this regard participant C7 stated that:

“... they exercise but when we do sports or like running they don’t push themselves like the other people who are motivated, they don’t push themselves to do the best that they can. They think like “okay you know I’m slow, why try”?”

Taylor (2012:96) is of the opinion that such negative stereotyping implies that overweight adolescents are responsible for their weight problem. The researcher recommends further research on stereotypical views held with regard to obesity and the possible relationship with victimisation at school.

- **Personality traits**

Some participants [8/35] (22.9%) perceived that certain personality traits such as jealousy, an individual’s reaction to certain situations, being quiet (withdrawn) and articulation played a role in whether a child was bullied at school.

Jealousy was mentioned by two participants as a factor in bullying. However, the participants referred to the perpetrator being jealous of the victim for different reasons. The reasons given included their socio-economic status and sport achievements. In order to level the playing field

the early adolescent may have reverted to bullying. These results correlate with the findings of Espelage and Asidao (2001:54), as well as with those of Swearer and Doll (2001:71), with participants identifying jealousy as a risk factor in bullying behaviour. Espelage and Asidao (2001:54) presented an additional finding explaining the jealousy factor. Bullying may occur because the perpetrator feels inadequate in relation to the victim and what he possesses and thus proceeds to bully the victim in order to attain a feeling of adequacy. In the current study participant A14 stated that:

“Ek dink een van die hoof redes hoekom party kinders geterg word is omdat soms is ander kinders jaloers, jaloers op daai kinders as hulle nie so ryk of goed in sport of iets is nie dan wil hulle 'n manier soek om die kinders af te kraak.” [“I think one of the main reasons why certain children get teased is because sometimes other children are jealous, jealous of those children if they are not so rich or good at sport or something then they want to find a way to belittle them.”]

Therefore, by belittling others who are perceived as superior to the perpetrator in one or more areas and by demeaning their achievements the perpetrator may achieve a sense of power and a reduced sense of inadequacy.

A few participants [3/35] (8.6%) also identified two other factors pertaining to personality as important to bullying behaviour. Being quiet and the manner in which an individual reacts to certain situations have been identified as important in this context. Quiet, withdrawn early adolescents were regarded as running a higher risk of victimisation because they are not surrounded by peers who may offer protection and support. In addition, one's reactions (e.g. running away) in certain situations could trigger incessant bullying.

When asked whether a particular personality could be paired with a specific body shape, most participants said that body shape did not influence personality. However, during transcription and data analysis the researcher became aware of personality attributes that participants ascribed to specific body types. It was found that peers who were overweight and those of average weight were perceived to have more positive personality traits than thin early adolescents. Thin early adolescents were believed to possess more negative personality traits in general (see Chapter 5, Paragraph 5.3.3.1, Tables 25 and 26). These negative personality traits include being spiteful, nasty, egoistic, having an unscrupulous attitude and being mean. The correlation between body shape and victimisation will be discussed in the following section.

6.2.3.2 Correlation between body shape and victimisation

Based on the data that were collected (see Chapter 5, Paragraph 5.3.3.2, Tables 27, 28 and 29), particular conclusions were drawn. Of the 35 participants, 32 were willing to elucidate this question; 19 participants (54.3%) were of the opinion that body shape influences the way an early adolescent is treated at school by his/her peers and eight participants [8/35] (22.9%) said that people's body shape sometimes influences how they are treated by others. However, five participants [5/35] (14.2%) said that body shape had no influence on how peers treated one another. From the data collected in this study, body shape is perceived as having a noteworthy influence on how early adolescents are treated by their peers. Barreto (2011:5) is of the opinion that there is insufficient empirical proof that factors such as being overweight or wearing glasses increase a child's risk of being victimised. However, the researcher found numerous studies confirming the impact obesity has on the prevalence of bullying victimisation in schools (Janssen *et al.*, 2004:1187; Griffiths *et al.*, 2006:121–123; Lumeng, Forrest, Appugliese, Kaciroti, Corwyn & Bradley, 2010:e1304; Vanderbilt & Augustyn, 2010:317). Lumeng *et al.* (2010:e1304–e1305) drew several conclusions from their research, which are relevant to the findings in the current study. Firstly, overweight children are more likely to be bullied than their counterparts of average weight, regardless of gender, race, academic achievement, family SES, social skills or school demographics. Secondly, obesity is a risk factor in itself. Thus obesity causes a child to be bullied and not the other way round. Lastly, bullying of obese children is rooted in negative perceptions regarding obesity.

In adding to the current body of knowledge the researcher in the current study found that peers of average weight are not targeted because of their body shape, but other factors may still put them at risk of becoming victims (e.g. poor social skills). Early adolescents on the extremes of the weight continuum tended to be treated differently in relation to their peers of average weight. Early adolescents with larger figures were more readily perceived to be victimised at school because of their body shape. These early adolescents were more frequently perceived to be the victims of verbal and relational bullying. Verbal bullying included being teased, being called names, being gossiped about and having derogatory remarks made about them. Relational bullying may include being rejected, not seen as romantically attractive and being excluded from groups and games during school intervals. In a recent study, Zeller, Reiter-Purtill and Ramey (2008:760) found that children perceive their overweight peers as less attractive and less athletically competent. These findings correlate with those of the researcher, as some [9/35] (25.7%) of the participants stated that overweight early adolescents were excluded from physical

games or that when they were allowed to participate, their peers allocated them unfavourable positions in the team (e.g. goalkeeper during a soccer match).

Two participants mentioned that if early adolescents are not popular at school, their weight (thin or overweight) will be used as a tool or point of departure to bully them. Parents, educators and health care professionals alike should remain vigilant, as obesity is a recognised factor contributing to bullying victimisation. It should be kept in mind that any physical attribute (e.g. eczema, cleft lip, acne) which deviates from the accepted social norm could be identified by the perpetrator and used to his advantage (Vanderbilt & Augustyn, 2010:317). A theoretical model can be used to elucidate these findings. The model proposes that a relationship exists between physical appearance and social functioning. Individuals react to physical appearance in relation to the importance society places on physical attractiveness and beauty. Children are very reliant on physical cues in order to interpret the meaning behind social interactions and situations (see Chapter 5, Paragraph 5.3.3.2, Table 27, participant A13). This may cause children to be easily influenced by collectively created social stereotypes. Children may unknowingly internalise these stereotypes and this may lead to the victimisation of overweight children during social interactions. Bullying may lead to the victim acting out such stereotypical behaviour (e.g. obese children are unfriendly). This behaviour may reinforce the stereotype and consequently lead to further bullying of the obese peer (Janssen *et al.*, 2004:1192). Therefore parents and educators should be attentive to any changes in an early adolescent's behaviour, as this may indicate that the early adolescent has become a victim of bullying.

6.2.4 Additional findings (see Chapter 5, Paragraph 5.3.4, Table 30)

The researcher asked each participant whether he/she was happy with his/her body shape. The results were encouraging, with 62.8 percent [22/35] of participants being happy with their body shapes and 17.2 percent [6/35] being very happy. Sadly, 20 percent [7/35] of the participants were not happy with their body shape, identifying being teased and not being liked by peers as possible reasons. Three participants said that they perceived themselves as fat and were not happy with their current body shape. It should be noted that the researcher did not perceive any of these participants as overweight. For this reason, the researcher regards these findings as disconcerting, as they may indicate that early adolescents who are not overweight are showing signs of body dissatisfaction (erroneous body image) at a young age. In this regard participant C4 stated that individuals may not be overweight but their perception of themselves may

influence their happiness: “I think if your body weight is average you are happier when compared to a big body or whatever you think is big”.

One participant (D8) reported that he would like to be taller and weigh more. This finding once more emphasises the importance for an adolescent to be average and not have any attributes outside the accepted norms of his society. It was evident from the findings that the perceptions held by society regarding how a “normal” person should look play a role in how young adolescents perceive and treat one another.

6.3 ACHIEVEMENT OF OBJECTIVES

In the next section the researcher will discuss whether the three research objectives delineated in Paragraph 6.2 were achieved.

6.3.1 Determine what early adolescents perceive as bullying behaviour

This objective was achieved, as the participants identified bullying as emotional, verbal, physical, psychological and relational harm caused to another child on a continuous basis. The participants communicated a clear understanding of behaviours that can be regarded as bullying. When taking the researcher’s operational definition into consideration (see Chapter 1, Paragraph 1.2.5) the participants mentioned all the characteristics of bullying excluding cyber and sexual bullying. Thus the researcher can conclude that the participants had ample understanding of what behaviours can be considered as bullying.

6.3.2 Determine whether bullying during early adolescence has an effect on a child’s behaviour

Bullying may have several consequences that may have an impact on the victim’s behaviour. Swearer and Cary (2003:75) reported that an adolescent with a greater number of siblings and who is bullied at home has a higher propensity to become a perpetrator of bullying at school. Internalisation due to victimisation was identified in a study by Reijntjes *et al.* (2010:245). In addition, several authors (Anderson, 2007:57; Barreto, 2011:2; Neser, Prinsloo, Ladikos & Ovens, 2007:46, 48, 51; Ralekgokgo, 2007:36; Roodt, 2011:3; Vanderbilt & Augustyn, 2010:317) found that victims of bullying experienced feelings of sadness, crying, anger, becoming grumpy, nasty and rude. Furthermore, Flint (2010:40) as well as the results from the SCS (DeVoe & Kaffenberger, 2006:57) and Kidscape survey (Elliott, 2002:243) found that

bullying may cause a victim to be truant from school, which may lead to the lack of higher education and ultimately fewer employment opportunities. These consequences may restrict an individual's opportunities for self-actualisation.

In the current study the participants identified victims becoming perpetrators of bullying in reaction to previous victimisation. Victims were perceived to feel sad, angry, bad and fearful in response to incidents of bullying. Internalising negative characteristics which are continually being introduced by the perpetrator was also identified as a consequence of bullying victimisation. This behaviour may lead to negative self-perceptions in victims. Never standing out and truancy from school were also mentioned. One participant (D9) acknowledged that bullying may cause problems in the future. Thus bullying is perceived to have a negative impact on victims of bullying and their behaviour. The above-mentioned findings are supported by literature and thus research objective two, the effects of bullying on a child's behaviour, can be regarded as achieved.

6.3.3 Gauge the possible effect that obesity during early adolescence may have on bullying behaviour

Objective three was achieved as weight, especially being overweight or obese, was indicated as a leading reason for early adolescents being verbally and relationally bullied at school. This finding is supported, as 62.9 percent [22/35] of the participants identified being overweight as one of the leading risk factors in being victimised at school. Furthermore, 54.3 percent of the participants [19/35] indicated that body shape influences how an early adolescent is treated by his/her peers at school. Fifteen out of 35 (42.9%) participants stated that physical appearance was the leading factor in being perceived as unpopular by their peers. **Note**, that only 16 participants [16/35] (45.7%) elucidated the question regarding what factors influence the unpopularity of an early adolescent at school. For this reason it can be deduced that it could have been a sensitive and uncomfortable topic for the participants to discuss with the researcher. With regard to the above mentioned, the researcher deems this finding noteworthy as 15 out of 35 (42.9%) participants were adamant that being overweight negatively affects the social standing of their peers at school. Overweight and thin children were not regarded as complying with social norms and thus were bullied by peers of average weight. Overweight and obese children were often victims of verbal and relational bullying. These findings are in line with multiple studies (Lumeng *et al.*, 2010:e1304; Vanderbilt & Augustyn, 2010:317) that confirm the

impact obesity has on the prevalence of bullying at school. For this reason the researcher concludes that objective three has been achieved.

6.4 ACKNOWLEDGED LIMITATIONS AND PROBLEMS EXPERIENCED

Some of the problems experienced during the research study were the following:

- The researcher aimed to achieve a five percent sample, which should have resulted in approximately 107 participants. However, because of the sensitive nature of the study, the researcher only received permission to interview 35 participants from four schools.
- Gaining access to schools and early adolescents was complicated because of school examinations and parents' unwillingness to let their children participate.
- The schools placed time constraints on the interviews; for example, interviews could only be conducted during a register period, a sport period or at a time that was allocated for praise and worship.
- Some early adolescents were not talkative because they were shy or nervous. This is understandable for two reasons. Firstly, as time constraints were placed on the researcher, she was unable to build proper rapport with the participants and they probably viewed the researcher as a stranger. Secondly, in the Afrikaans community, any person which is regarded as an adult should be treated with respect, thus many participants referred to the researcher as "*tannie*" [aunty] and even though the researcher tried to put them at ease they tended to treat her as an authority figure.
- Some early adolescents were absent on the scheduled day of the interview, resulting in the researcher having to reschedule the particular interviews.
- It was challenging to find trained mental health professionals willing to offer their time to attend the interviews and be available for debriefing if a participant required such services. However, a professional was available during and after every interview; none of the participants required their services.
- The word "fat" caused discomfort to some of the participants and for this reason the researcher used substitute words such as "large", "overweight" and "chubby".
- During two interviews the noise from the playground made communication between the researcher and the participant challenging.
- One school's curriculum probably interfered with one of the researcher's interviews, as the teacher was discussing a topic on muscle and fat at the time. This may have confused the participant.

- The findings cannot be generalised in view of the small sample. Furthermore, it should be noted that the findings do not reflect actual incidents of bullying related to obesity but rather the perceptions held by early adolescents regarding this phenomenon.

6.5 RECOMMENDATIONS

In view of the research results, the researcher recommends further research into the relationship between stereotypes, obesity and the prevalence of bullying at school. If the origin of obese stereotyping can be identified, steps can be taken to reduce such negative perceptions and thus decrease the occurrence of the victimisation of obese and overweight adolescents.

Research is needed to determine why obesity in adolescence may lead to bullying and elicit bullying behaviour in certain instances.

Research by Griffiths *et al.* (2006:123) has shown that obese and overweight female adolescents have fewer romantic relationships. In this regard a male participant (B11) stated:

“Soos as hulle soos, seuns as hulle soos ’n “six pack” het en hulle is mooi gebou en al die meisies val vir hulle en dit. As jy soos die kaptein is van die eerste span ... Baie keer, soos meisies speel ook ’n groot deel, die seuns wat, die meisies wat van die seuns hou dit is meestal die populêre seuns soos as jy te vet is sal daai meisie mos nie vir jou gan nie of iets nie.” [“Like when they like, boys if they have like a six pack and they are built nicely and all the girls fall for them and that. If you are like the captain of the first team ... A lot of times, like the girls also play a big role, the boys that, the girls that like the boys, it is mostly popular boys like if you are too fat those girls won’t go for you of course, or something.”]

For this reason the researcher recommends that further research be conducted to ascertain why obese adolescents are not seen as attractive to their opposite sex peers.

The researcher found a discrepancy with regard to the omission of sexual bullying by the participants. Other research studies (de Wet, 2005:715; Mestry *et al.*, 2006:51) have shown that sexual bullying does take place in certain South African schools. The researcher is of the opinion that research regarding sexual bullying in primary schools is needed in order to determine the extent and prevalence of this type of bullying among pre- and early adolescents in South Africa.

There seems to be conflicting findings among researchers with regard to the average age of a perpetrator of bullying in relation to the victim. Further research on this issue is also needed.

Furthermore, the researcher found that there was a dearth in the current knowledge base regarding reasons why adolescents from affluent backgrounds become involved in delinquent behaviour. There are very few theories that elucidate reasons for such behaviour. For this reason the researcher recommends research to be conducted in order to understand delinquent behaviour among affluent adolescents. These findings may contribute to the development of a theory or model which has until recently received little attention in South Africa.

Lastly, there is little South African literature with regard to body dissatisfaction in early adolescent individuals. The researcher is of the opinion that this may become an issue and may require in-depth research timeously.

6.6 CONCLUDING THOUGHTS

The participants from the current study regarded bullying behaviour as verbal, emotional, physical, social and psychological harm caused to a child on a continuous basis by a peer at school. This finding is very much in line with the researcher's operational definition of bullying discussed in Chapter 1 (see Paragraph 1.2.5), with the exception that the participants omitted cyber and sexual bullying in their responses. When taking the perceived characteristics of victims and perpetrators into consideration, the power/dominance element becomes clear, with stronger peers bullying weaker peers. From the data it is evident that the participants had sufficient understanding of behaviour which could constitute bullying.

Bullying affects each individual differently; some individuals may avoid school and play truant regularly whereas other individuals may resort to aggressive behaviour in order to feel powerful. The abstract phenomenon of internalisation was identified as a consequence of bullying, whereby victims adopt certain labels ascribed to them by perpetrators and then act accordingly. From the literature review chapter it was evident that continuous bullying may lead to truancy, poor grades, withdrawal, lack of intimate friendships, distrust, shyness, lack of courage and possible suicide (DeVoe & Kaffenberger, 2006:57; Elliott, 2002:251-253; Flint, 2010:40; Nansel *et al.*, 2001:2098). Owing to the continuous nature of bullying, its devastating effects may be evident in adulthood with destructive consequences, such as lack of higher education, being fit

to be employed only in unskilled work, low self-esteem, trouble initiating friendships and depression. If there is any truth in the findings of the 2001 SCS (DeVoe & Kaffenberger, 2006:57), Kidscape survey (Elliott, 2002:251-253), Flint (2010:40) and Nansel *et al.* (2001:2098) the consequences of bullying can be severe enough to be perceived as life-altering. For this reason, adolescents, parents and educators alike should be educated to understand that bullying is not acceptable behaviour and should not be minimized as a mere phase or as a part of the growing-up process. Without intervention such behaviour is likely to continue and exacerbate, with some victims becoming perpetrators of bullying themselves.

From the findings it is evident that becoming a victim or perpetrator of bullying is not dependent on a single factor, but on a multitude of interrelated factors. The participants mentioned economic status, sport and academic achievement, physical appearance, social relationships and personality traits as reasons for becoming a perpetrator or victim of bullying. However, when considering victimisation, particular traits are more prevalent than others. Obesity was one of the leading causes cited by the participants for being seen as unpopular by peers and could contribute to victimisation. Thus it can be deduced that physical appearance plays a pivotal role in the establishment of a social hierarchy in early adolescence. In the current study overweight early adolescents were often reported as being socially rejected and verbally abused by their peers. Overweight early adolescents were often perceived to be socially excluded owing to peers not wanting to be associated with fat children. In this regard Griffiths *et al.* (2006:123) reported that overweight female adolescents tended to have fewer romantic relationships than their male counterparts. This finding may be explained by the degree of importance early adolescents attribute to maintaining a low level of body fat that western society deems attractive.

Furthermore, overweight adolescents were more likely to be stereotyped as dirty, mean and lazy by their peers (Taylor, 2012:96). However, in the current study overweight early adolescents were perceived to have more positive personality traits than their thin counterparts. Only four participants described overweight peers as nasty, rude and mean. It should be noted that these participants felt that their overweight peers behaved in such a manner in response to being victimised at school. A noteworthy number of the participants in the current study held their overweight peers accountable for their weight problem, stating that they ate too much, consumed unhealthy food regularly and exercised insufficiently. Taylor (2012:96) is of the opinion that owing to such stereotyping, overweight individuals are held accountable for their weight and are discriminated against accordingly. Furthermore, such discrimination may

accumulate into a decline in social status. This finding coincides with the current study and may offer insight into the social rejection of overweight adolescents.

A matter for concern was revealed by the current study was that the early adolescents from the four schools involved placed so much emphasis on body shape that their social structure seemed to some extent dependent on it. Furthermore, most bullying incidents occur during school hours. This is problematic, as adolescents spend an average of six hours a day at school (excluding extramural activities), which makes the school one of their primary care givers. Better anti-bullying programmes have to be implemented in schools in order to decrease the occurrence of this potentially devastating behaviour. Despite the small research sample, the study has contributed to the current body of knowledge, as it has given a glimpse into early adolescents' perceptions regarding body shape and the role it plays in the bullying of early adolescents.

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education
Department: Education
GAUTENG PROVINCE

For administrative use:
Reference no. D2013/180A

GDE RESEARCH APPROVAL LETTER

Date:	3 August 2009
Name of Researcher:	Coertze S.L.
Address of Researcher:	533 Windsor Road
	Garsfontein X5
	Pretoria
	0081
Telephone Number:	012 993 3341 / 084 296 7789
Fax Number:	086 518 6049
Email address:	dries@elzaan.co.za
Research Topic:	An investigation into the perceptions of youths in early adolescence concerning the role a child's body shape plays in bullying
Number and type of schools:	THIRTEEN Primary Schools
District/s/HO	Tshwane East

Re: Approval in Respect of Request to Conduct Research

This letter serves to indicate that approval is hereby granted to the above-mentioned researcher to proceed with research in respect of the study indicated above. The onus rests with the researcher to negotiate appropriate and relevant time schedules with the school/s and/or offices involved to conduct the research. A separate copy of this letter must be presented to both the School (both Principal and SGB) and the District/Head Office Senior Manager confirming that permission has been granted for the research to be conducted.

The following conditions apply to GDE research. The researcher may proceed with the above study subject to the conditions listed below being met. Approval may be withdrawn should any of the conditions listed below be flouted:

1. The District/Head Office Senior Manager/s concerned must be presented with a copy of this letter that would indicate that the said researcher/s has/have been granted permission from the Gauteng Department of Education to conduct the research study.
2. The District/Head Office Senior Manager/s must be approached separately, and in writing, for permission to involve District/Head Office Officials in the project.

Making education a societal priority

Office of the Director: Knowledge Management and Research

9th Floor, 111 Commissioner Street, Johannesburg, 2001
P.O. Box 7710, Johannesburg, 2000 Tel: (011) 355 0506
Email: David.Makhado@gauteng.gov.za
Website: www.education.gpg.gov.za

D. Makhado

3. A copy of this letter must be forwarded to the school principal and the chairperson of the School Governing Body (SGB) that would indicate that the researcher/s have been granted permission from the Gauteng Department of Education to conduct the research study.
4. A letter / document that outlines the purpose of the research and the anticipated outcomes of such research must be made available to the principals, SGBs and District/Head Office Senior Managers of the schools and districts/offices concerned, respectively.
5. The Researcher will make every effort obtain the goodwill and co-operation of all the GDE officials, principals, and chairpersons of the SGBs, teachers and learners involved. Persons who offer their co-operation will not receive additional remuneration from the Department while those that opt not to participate will not be penalised in any way.
6. Research may only be conducted after school hours so that the normal school programme is not interrupted. The Principal (if at a school) and/or Director (if at a district/head office) must be consulted about an appropriate time when the researcher/s may carry out their research at the sites that they manage.
7. Research may only commence from the second week of February and must be concluded before the beginning of the last quarter of the academic year.
8. Items 6 and 7 will not apply to any research effort being undertaken on behalf of the GDE. Such research will have been commissioned and be paid for by the Gauteng Department of Education.
9. It is the researcher's responsibility to obtain written parental consent of all learners that are expected to participate in the study.
10. The researcher is responsible for supplying and utilising his/her own research resources, such as stationery, photocopies, transport, faxes and telephones and should not depend on the goodwill of the institutions and/or the offices visited for supplying such resources.
11. The names of the GDE officials, schools, principals, parents, teachers and learners that participate in the study may not appear in the research report without the written consent of each of these individuals and/or organisations.
12. On completion of the study the researcher must supply the Director: Knowledge Management & Research with one Hard Cover bound and an electronic copy of the research.
13. The researcher may be expected to provide short presentations on the purpose, findings and recommendations of his/her research to both GDE officials and the schools concerned.
14. Should the researcher have been involved with research at a school and/or a district/head office level, the Director concerned must also be supplied with a brief summary of the purpose, findings and recommendations of the research study.

The Gauteng Department of Education wishes you well in this important undertaking and looks forward to examining the findings of your research study.

Kind regards



Dr David Makhado

Director: Knowledge Management and Research

DATE: 2009 / 08 / 30

Making education a societal priority

Office of the Director: Knowledge Management and Research

9th Floor, 111 Commissioner Street, Johannesburg, 2001
P.O. Box 7710, Johannesburg, 2000 Tel: (011) 355 0506
Email: David.Makhado@gauteng.gov.za
Website: www.education.gpg.gov.za



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Department of Social Work & Criminology

19/05/2010

The Principal: Mr. X
Primary School X
Street address
Area
Pretoria

Dear Principal X

This letter is to inform the Management Council of Primary School X of an envisaged study which the researcher wants to undertake in 13 primary schools in the Brooklyn policing precinct. The current study is being undertaken as part fulfilment of a Master's Degree in Criminology at the University of Pretoria. The purpose of the study is to investigate the perceptions of youths in early adolescence regarding different aspects of obesity. I envisage to also investigate the perceptions of youths in early adolescence concerning the role a child's body shape plays in bullying behaviour.

Researcher: Sara Coertze

The title of the research is:

An investigation into the perceptions of youths in early adolescence concerning the role a child's body shape plays in bullying.

The researcher wants to personally conduct semi-structured interviews with the participating Grade 6 and 7 learners from Primary School X. These interviews will be conducted from the end of July to the end of August 2010. In doing so the researcher aims to:

- Determine what early adolescents perceive as bullying behaviour;
- Determine whether bullying during early adolescence has an effect on a child's behaviour; and
- Gauge the possible effect that obesity during early adolescence may have on bullying behaviour.

The study has been approved by the Gauteng Department of Education. The research proposal has also been approved by the Post Graduate Committee and the Research Ethics Committee of the Faculty of Humanities of the University of Pretoria. In view of this the researcher would like to commence with the study as soon as possible and convenient for the management, teachers and pupils of Primary School X.

Your favourable decision to undertake the research will be highly appreciated as this is the first study of this nature in South Africa. If you have any questions regarding the envisaged study please contact me or my supervisor.

Kind regards
S.L. Coertze

Researcher
S.L. Coertze
vandenbergsara@gmail.com
084 296 7789

Supervisor
Prof. C. Bezuidenhout
christiaan.bezuidenhout@up.ac.za
012 420 3320



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Department of Social Work & Criminology

19/05/2010

The Principal: Mr. X
Primary School X
Street address
Area
Pretoria

Dear Principal X

Researcher: Sara Coertze

Informed consent by research participant:

- 1. Title of the study:** An investigation into the perceptions of youths in early adolescence concerning the role a child's body shape plays in bullying.
- 2. Purpose of the study:** The current study is being undertaken as part fulfilment of a Master's Degree in Criminology at the University of Pretoria. The purpose of the study is to investigate the perceptions of youths in early adolescence with regard to obesity of primary school learners in the Brooklyn policing precinct. I envisage to also investigate the perceptions of youths in early adolescence concerning the role a child's body shape plays in bullying behaviour.
- 3. Procedures:** In order to undertake this study, a semi-structured interview schedule will be used. The researcher will personally conduct semi-structured interviews with the learners from Primary School X who have been selected and who are willing to take part in the study. These interviews will take approximately 30 minutes and will consist of approximately six open ended questions. A tape recorder will be used during the interviews with the consent of the participating learners. After the audio tapes have been transcribed they will be kept in the safe room of the Department of Social Work and Criminology at the University of Pretoria for archival purposes.
- 4. Risk and discomfort:** The researcher does not foresee any risk pertaining to the participating learners from Primary School X. When doing research or disseminating the results, the researcher will be careful not to harm or identify the participating learners from Primary School X in any way. Avoidance of harm is an ongoing preventative procedure. Risk assessment will be repeated during every phase of the study namely, before the study commences, during the data collection and after the data collection has been completed. Risk assessment will be an ongoing precaution during the interviews. It minimises the possible risks by making the researcher continuously aware of the possible harm the research may cause the participating learners from Primary School X. In addition to the ongoing risk assessment, a social worker will be present during every

interview to assist if any of the participating learners from Primary School X feel any discomfort or shows any signs of distress.

5. **Benefits:** The participating learners from Primary School X will not receive any benefits (e.g. payment) for participating in the research study.
6. **Participant's rights:** The participating learners from Primary School X may leave the interview with no repercussions whatsoever. If a research participant from Primary School X decides to withdraw from the study, all the data pertaining to the participant will be destroyed.
7. **Confidentiality:** Confidentiality pertains to the manner in which the participants' information is used and the protection of his/her identity. No identifying information will be released in the report that can be linked to a particular participant, family or school. I am only interested in the general perceptions about obesity and bullying.
8. **Ethical clearance:** The study has been approved by the Gauteng Department of Education. The research proposal has also been approved by the Post Graduate Committee and the Research Ethics Committee of the Faculty of Humanities of the University of Pretoria (Letters of approval attached for your perusal).
9. **Questions and concerns:** Should any concerns or questions arise, the researcher could be contacted at the cell phone number or e-mail address hereafter.

If you have any questions about the study please contact me or my supervisor.

Researcher: S.L. Coertze
vandenbergsara@gmail.com
084 296 7789

Supervisor: Professor C. Bezuidenhout
cb@up.ac.za
012 420 3320

I understand my rights as a legal representative of Primary School X and I voluntarily consent to the children of Primary School X to participate in this study. I understand what the study is about, how and why it is being done. I am aware that the data will be stored for fifteen years for archival purposes only. I will receive a signed copy of this consent form.

Thank you for your co-operation and time.

.....
Signature of Research Participant

.....
Date

.....
Signature of Researcher

.....
Signature of Supervisor



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Department of Social Work & Criminology

26/07/2010

Legal guardian/parent
Primary School X
Street address
Area
Pretoria

Dear Legal guardian/parent of X

This letter is to inform the legal guardian/parent of X of an envisaged study which the researcher wants to undertake in 5 primary schools in the Brooklyn policing precinct. The current study is being undertaken as part fulfilment of a Master's Degree in Criminology at the University of Pretoria. The purpose of the study is to investigate the perceptions of youths in early adolescence regarding different aspects of obesity. I envisage to also investigate the perceptions of youths in early adolescence concerning the role a child's body shape plays in bullying behaviour.

Researcher: Sara Coertze

The title of the research is:

An investigation into the perceptions of youths in early adolescence concerning the role a child's body shape plays in bullying.

The researcher wants to personally conduct semi-structured interviews with the participating Grade 6 and 7 learners from Primary School X. These interviews will be conducted from the end of July to the end of August 2010. In doing so the researcher aims to:

- Determine what early adolescents perceive as bullying behaviour;
- Determine whether bullying during early adolescence has an effect on a child's behaviour; and
- Gauge the possible effect that obesity during early adolescence may have on bullying behaviour.

The study has been approved by the Gauteng Department of Education. The research proposal has also been approved by the Post Graduate Committee and the Research Ethics Committee of the Faculty of Humanities of the University of Pretoria. In view of this the researcher would like to commence with the study as soon as possible and convenient for the management, teachers and pupils of Primary School X.

Please note that the individual participants were selected via systematic sampling. Systematic sampling is probability sampling thus each case has the same chance to be selected for the study. No identifying information regarding your child will be released in the report.

Your favourable decision to allow your child to participate in the research will be highly appreciated as this is the first study of this nature in South Africa. If you do not consent to your child participating in this study please return the Consent letters unsigned. This will indicate to me that another random participant will have to be selected. If you have any questions regarding the envisaged study please contact me or my supervisor.

Kind regards
S.L. Coertze

Researcher
S.L. Coertze
vandenberg.sara@gmail.com
084 296 7789

Supervisor
Prof. C. Bezuidenhout
christiaan.bezuidenhout@up.ac.za
012 420 3320



26/07/2010

Wettige ouer/voog
Laerskool X
Straat adres
Area
Pretoria

Geagte wettige voog/ouer van X

Hierdie brief is om die wettige ouer/voog van X in te lig oor die beoogde studie wat die navorser wil uitvoer in 5 laerskole in die Brooklyn polisie gebied. Die huidige studie word gemaak ter vervulling van 'n Meestersgraad in Kriminologie by die Universiteit van Pretoria. Die doel van die studie is om ondersoek in te stel oor die persepsies van die jeug in vroeë adolessensie met betrekking tot verskillende aspekte van vetsug. Ek beoog ook om ondersoek in te stel oor die persepsies van die jeug oor die rol wat 'n kind se liggaamsvorm speel in boeliegedrag.

Navorser: Sara Coertze

Die titel van die ondersoek is:

'n Ondersoek na die persepsies van jeugdiges in vroeë adolessensie oor die rol wat 'n kind se liggaamsvorm in boeliegedrag speel.

Die navorser wil persoonlik semi-gestruktureerde onderhoude voer met die deelnemende Graad 6 en 7 leerlinge van Laerskool X. Die onderhoude sal van middel Julie tot einde Augustus 2010 gevoer word. Die navorser beoog sodoende om:

- Te bepaal watter aksies vroeë adolessente beskou as boeliegedrag;
- Te bepaal of bullebakkerij gedurende vroeë adolessensie 'n effek het op 'n kind se gedrag; en
- Die moontlike rol vas te stel wat vetsug gedurende vroeë adolessensie mag speel in bullebakkerij.

Die studie is goedgekeur deur die Gautengse Departement vir Onderwys. Die ondersoekvoorstel is ook goedgekeur deur die Nagraadse Komitee en die Navorsingsetiek Komitee van die Fakulteit van Geesteswetenskappe van die Universiteit van Pretoria. In die lig hiervan sal die navorser so spoedig as moontlik met die navorsing wil begin sodra dit geleë is vir die bestuur, onderwysers en leerlinge van Laerskool X.

Neem asseblief kennis dat die individuele deelnemers gekies is volgens 'n ewekansige steekproef proses. 'n Ewekansige steekproef is 'n waarskynlikheidstoets en dus was elke kind se kans om gekies te word vir die ondersoek ewe groot. U kind sal nie op enige wyse identifiseer

word nie. Geen identifiseerbare inligting aangaande u kind sal in die verslag gekommunikeer word nie.

U gunstige besluit om toestemming te gee vir u kind om deel te neem aan die ondersoek sal hoog op prys gestel en waardeer word, aangesien dit die eerste keer is dat 'n studie soos hierdie in Suid Afrika uitgevoer word. Indien u nie toestemming gee vir u kind om deel te neem aan die studie nie, sal u asseblief die toestemmingsbrief ongeteken terug stuur. Dit sal vir die navorser 'n indikasie gee dat 'n ander kind gekies moet word. Indien u enige vrae het oor die beoogde studie kan u my of my toesighouer gerus kontak.

Vriendelike groete
S.L. Coertze

Navorser
S.L. Coertze
vandenbergh.sara@gmail.com
084 296 7789

Toesighouer
Prof. C. Bezuidenhout
christiaan.bezuidenhout@up.ac.za
012 420 3320



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Department of Social Work & Criminology

26/07/2010

Legal guardian/parent
Primary School X
Street address
Area
Pretoria

Dear legal guardian/parent of X

RE: RESEARCH ON THE PERCEPTIONS OF YOUTHS REGARDING OBESITY

Researcher: Sara Coertze

Informed consent:

2. **Title of the study:** An investigation into the perceptions of youths in early adolescence concerning the role a child's body shape plays in bullying.
3. **Purpose of the study:** The current study is being undertaken as part fulfilment of a Master's Degree in Criminology at the University of Pretoria. The purpose of the study is to investigate the perceptions of youths in early adolescence with regard to obesity of primary school learners in the Brooklyn policing precinct. I envisage to also investigate the perceptions of youths in early adolescence concerning the role a child's body shape plays in bullying behaviour.
4. **Procedures:** In order to undertake this study, a semi-structured interview schedule will be used. The researcher will personally conduct semi-structured interviews with the learners from Primary School X who have been randomly selected and who are willing to take part in the study. These interviews will take approximately 30 minutes and will consist of approximately six open ended questions. A tape recorder will be used during the interviews with the consent of your child. After the audio tapes have been transcribed they will be kept in the safe room of the Department of Social Work and Criminology at the University of Pretoria for archival purposes. The tapes will eventually be destroyed.
5. **Risk and discomfort:** The researcher does not foresee any risk pertaining to your child. When doing research or disseminating the results, the researcher will be careful not to harm or identify your child in any way. Avoidance of harm is an ongoing preventative procedure. Risk assessment will be repeated during every phase of the study namely, before the study commences, during the data collection and after the data collection has been completed. Risk assessment will be an ongoing precaution during the interviews. It minimises the possible risks by making the researcher continuously aware of the possible harm the research may cause the participating learners from Primary School X. In addition to the ongoing risk assessment, a mental health professional will be present

6. during every interview to assist if your child feels any discomfort or shows any signs of distress.
7. **Benefits:** My child will not receive any benefits (e.g. payment) for participating in the research study.
8. **Participant's rights:** My child may leave the interview with no repercussions whatsoever. If my child decides to withdraw from the study, all the data pertaining to my child will be destroyed.
9. **Confidentiality:** Confidentiality pertains to the manner in which the participants' information is used and the protection of her identity. No identifying information will be released in the report that can be linked to a particular participant, family or school. I am only interested in the general perceptions about obesity and bullying.
10. **Ethical clearance:** The study has been approved by the Gauteng Department of Education. The research proposal has also been approved by the Post Graduate Committee and the Research Ethics Committee of the Faculty of Humanities of the University of Pretoria.
11. **Questions and concerns:** Should any concerns or questions arise, the researcher could be contacted at the cell phone number or e-mail address hereafter.

If you have any questions regarding the study please contact me or my supervisor.

Researcher:

S.L. Coertze
vandenbergsara@gmail.com
084 296 7789

Supervisor:

Prof. C. Bezuidenhout
cb@up.ac.za
012 420 3320

I understand my rights as the research respondents' legal guardian and I voluntarily consent to my child, X participating in this study. I understand what the study is about, how and why it is being done. I am aware that the data will be stored for fifteen years for archival purposes only. I will receive a signed copy of this consent form.

Thank you for your co-operation and time.

.....
Initials and surname of legal guardian/parent

.....
Signature of legal guardian/parent

.....
Date

.....
Signature of Researcher

.....
Supervisor Prof C. Bezuidenhout



13/07/2010

Wettige ouer/voog
Laerskool X
Straat adres
Area
Pretoria

Geagte wettige ouer/voog van X

MET BETREKKING TOT: NAVORSING OOR DIE PERSEPSIES VAN DIE JEUG AANGAANDE VETSUG

Navorser: Sara Coertze

Ingeligte toestemming:

- 1. Titel van die studie:** 'n Ondersoek na die persepsies van jeugdiges in vroeë adolessensie oor die rol wat 'n kind se liggaamsvorm in boeliegedrag speel.
- 2. Doel van die studie:** Die huidige studie word gemaak ter vervulling van 'n Meestersgraad in Kriminologie by die Universiteit van Pretoria. Die doel van die studie is om ondersoek in te stel oor die persepsies van die jeug in vroeë adolessensie met betrekking tot laerskoolleerlinge wat oorgewig is in die Brooklyn polisie gebied. Ek beoog ook om ondersoek in te stel oor die persepsies van die jeug oor die rol wat 'n kind se liggaamsvorm speel in bullebakkerie.
- 3. Prosedures:** Om hierdie studie te kan maak word 'n semi-gestruktureerde onderhoudskedule gebruik. Die navorser sal persoonlik semi-gestruktureerde onderhoude met die leerlinge van Laerskool X voer, wat ewekansig verkies is en wat gewillig is om deel te neem aan die studie. Hierdie onderhoude sal ongeveer 30 minute duur en sal uit ongeveer ses vry antwoordvrae bestaan. Met die toestemming van u kind sal 'n bandopnemer gebruik word tydens die onderhoude. Nadat die opnames getranskribeer is gaan dit in 'n brandkamer van die Departement van Maatskaplike Werk en Kriminologie by die Universiteit van Pretoria gehou word vir argief-doeleindes. Die opnames sal egter eventueel vernietig word.
- 4. Risiko en ongemak:** Die navorser sien geen risiko met betrekking tot u kind nie. Tydens die ondersoek en die kommunikasie van die resultate, sal die navorser versigtig wees om nie u kind skade aan te doen of op enige manier te identifiseer nie. Om skade te vermy is 'n voortdurende voorsorgmaatreël. Skadebepalings sal herhaal word gedurende elke fase van die studie, naamlik voor die aanvang van die studie, tydens die data-invoering en nadat die data-invoering voltooi is. Skadebepalings sal 'n voortdurende voorsorgmaatreël wees gedurende die onderhoude. Dit minimaliseer die moontlike risiko's deur voortdurend die navorser bewus te maak van die moontlike skade wat die ondersoek

5. mag veroorsaak vir die deelnemende leerlinge van Laerskool X. Benewens die voortdurende skadebepalings, gaan 'n professionele geestesgesondheidspesialis teenwoordig wees tydens elke onderhoud om by te staan indien u kind enige ongemak ervaar of tekens van angs toon.
6. **Voordele:** My kind sal geen voordele (bv. betaling) ontvang vir sy deelname aan die studie nie.
7. **Deelnemer se regte:** My kind mag die onderhoud enige tyd verlaat met geen gevolge nie. Indien my kind besluit om van die studie te onttrek, sal al die data met betrekking tot my kind vernietig word.
8. **Vertroulikheid:** Vertroulikheid het betrekking op die wyse waarop die deelnemers se inligting gebruik word en die beskerming van sy identiteit. Geen identifiseerbare inligting wat verbind kan word met die spesifieke deelnemer, gesin of skool sal vrygestel word in die verslag nie. Ek stel slegs belang in die algemene persepsies oor vetsug en bullebakkery.
9. **Etiese uitklaring:** Die studie is goedgekeur deur die Gautengse Departement vir Onderwys. Die ondersoekvoorstel is ook goedgekeur deur die Nagraadse Komitee en die Navorsingsetiek Komitee van die Fakulteit van Geesteswetenskappe van die Universiteit van Pretoria.
10. **Vrae en Bekommernisse:** Sou enige bekommernisse of vrae opduik, kan die navorser gekontak word by die selfoonnommer of e-posadres wat volg.

Indien u enige vrae oor die ondersoek het, kontak asseblief vir my of my toesighouer.

Navorser:
S.L. Coertze
vandenbergsara@gmail.com
084 296 7789

Toesighouer:
Prof. C. Bezuidenhout
cb@up.ac.za
012 420 3320

Ek verstaan my regte as die navorsingsrespondent se wettige ouer/voog en ek gee vrywillig toestemming dat my kind, X deelneem aan die ondersoek. Ek verstaan waaroor die studie gaan en hoe en waarom dit gedoen word. Ek is bewus dat die data vir vyftien jaar gestoor gaan word vir argiefdoeleindes alleenlik. Ek sal 'n getekende afskrif van hierdie toestemmingsbrief kry.

Dankie vir u samewerking en tyd.

.....
Voorletters en van van wettige ouer/voog

.....
Handtekening van respondent

.....
Datum

.....
Handtekening van Navorser

.....
Handtekening van Toesighouer



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Department of Social Work & Criminology

12/08/2010

X
Primary School X
Street address
Area
Pretoria

Dear X

RE: RESEARCH ON THE PERCEPTIONS OF YOUTHS REGARDING OBESITY

Informed Assent Form for the perceptions of youths in early adolescence concerning the role a child's body shape plays in bullying.

My name is Sara Coertze, and I am a post graduate student from the University of Pretoria. This letter is to request you to participate in a research study that I am undertaking in the Brooklyn Policing Precinct area. Your school has been selected by means of random sampling process.

PURPOSE: A research study is a way to learn more about people. In this study, I am trying to learn more about what primary school pupils think about their peers and their friends' physical appearance. I am also interested to hear what you think about a healthy and an unhealthy lifestyle. Furthermore I would like to ask you a few questions about bullying.

PARTICIPATION: If you decide you want to be part of this study, you will be asked to talk to me for about 30 minutes. I would like to record our conversation that I can listen to it later. Your name and school's name will not be written on the tape recording. After I have listened to the tape recording to write down your answers it will be kept in a safe room at the University. The tape will eventually be destroyed.

RISKS & BENEFITS: There are some things about this study you should know. You may feel a bit shy or uncomfortable about certain questions or content of the conversation but you do not have to answer a question if you do not feel like it. You can also withdraw at any time you do not want to continue with the conversation. There will be a professional person available if you want to talk to them after our conversation.

CONFIDENTIALITY OF INFORMATION: When I am finished with this study I will write a report about what I have learned. This report will not include your name or that you participated in the study. I am going to talk to more than 50 pupils from different primary schools. I am interested in the whole group's responses and your answers will make it possible to write a general report.

VOLUNTARY: Voluntary means that you do not have to be in this study if you do not want to be. I have already asked your parents if it is okay for me to ask you to take part in this study. Even

though your parents said I could ask you, you still get to decide if you want to be in this research study. You can also talk with your parents, grandparents, and teachers or other adults that you trust before deciding whether or not to take part. No one will be mad at you or upset if you decide not to talk to me. It's okay if you decide that you would like to stop after we begin with our conversation. You can also skip any of the questions you do not want to answer.

QUESTIONS: You can ask questions now or whenever you wish. If you want to, you may call me, Sara Coertze at 084 296 7789. If you are not happy about this study and would like to speak to someone other than me, you or your parents may call Professor C. Bezuidenhout at (012) 420 3320. He is making sure that I do this research in the correct manner.

Please sign your name below, if you agree to be part of this study. This is the first time a study like this is undertaken in South Africa, so you are helping me a great deal. You will get a copy of this form to keep for yourself.

Signature of Participant _____

Date _____

Name of Participant _____

Date _____

Signature of Researcher _____

Date _____



25/08/2010

X
Laerskool X
Straat adres
Area
Pretoria

Geagte X

**MET BETREKKING TOT: NAVORSING OOR DIE PERSEPSIES VAN DIE JEUG
AANGAANDE VETSUG**

Ingeligte Toestemmingsvorm vir die persepsies van jeugdiges in vroeë adolessensie oor die rol wat 'n kind se liggaamsvorm in boeliegedrag speel.

My naam is Sara Coertze en ek is 'n nagraadse student by die Universiteit van Pretoria. Hierdie brief is om jou te versoek om deel te neem aan die navorsingswerk wat ek doen in die Brooklyn polisie gebied. Jou skool is gekies volgens 'n ewekansige steekproef proses.

DOEL: 'n Navorsingstudie is 'n manier om meer te leer oor mense. In hierdie studie probeer ek om meer te leer oor wat laerskoolleerlinge dink oor kinders in hul graadgroep en vriende se fisiese voorkoms. Ek stel ook belang om te hoor wat jy dink oor 'n gesonde en 'n ongesonde lewenstyl. Verder wil ek jou ook graag 'n paar vrae vra oor afknouery en boelies.

DEELNAME: Indien jy besluit dat jy deel van hierdie studie wil wees, sal ek jou vra om vir ongeveer 30 minute met my te praat. Ek sal graag ons gesprek wil opneem sodat ek later daarna kan luister. Jou naam of jou skool se naam sal nie op die bandopname geskryf word nie. Nadat ek na die opname geluister het om jou antwoorde neer te skryf sal dit in 'n kluis in die Universiteit gehou word. Die bandopname sal mettertyd vernietig word.

RISIKO'S & VOORDELE: Daar is sekere dinge wat jy behoort te weet oor hierdie studie. Jy mag dalk skaam of ongemaklik voel oor sekere vrae of onderwerpe gedurende die gesprek, maar jy hoef nie 'n vraag te beantwoord as jy nie wil nie. Jy kan ook enige tyd onttrek indien jy nie met die gesprek wil voortgaan nie. Daar sal 'n professionele persoon beskikbaar wees indien jy met hulle wil praat na ons gesprek.

VERTROUOLIKHEID VAN INLIGTING: Wanneer ek klaar is met hierdie studie gaan ek 'n verslag skryf oor wat ek geleer het. Hierdie verslag gaan nie jou naam, of die feit dat jy aan die studie deelgeneem het, insluit nie. Ek gaan met meer as 50 leerlinge van verskillende laerskole praat. Ek stel belang in die hele groep se reaksies en jou antwoorde sal dit moontlik maak om 'n algemene verslag te skryf.

VRYWILLIGHEID: Vrywilligheid beteken dat jy nie deel hoef te wees van hierdie studie indien jy nie wil nie. Ek het reeds jou ouers gevra of dit reg is as jy deelneem aan hierdie studie. Hoewel jou ouers toestemming gegee het, kan jy steeds besluit of jy deel wil wees van hierdie studie. Jy kan ook praat met jou ouers, oumas en oupas, onderwysers of ander volwassenes wie jy vertrou, voor jy besluit of jy wil deelneem aan hierdie studie. Niemand sal ontsteld of kwaad wees vir jou as jy besluit om nie met my te praat nie. Dit sal nie verkeerd wees indien jy besluit dat jy wil ophou nadat ons met die gesprek begin het nie. Jy kan ook enige van die vrae wat jy nie wil beantwoord nie oorslaan.

VRAE: Jy is welkom om nou, of enige ander tyd vrae te vra. As jy wil kan jy my, Sara Coertze, bel by 084 296 7789. As jy nie gelukkig is met hierdie studie nie en met iemand anders as ek daarvoor wil praat, kan jy of jou ouers Professor C. Bezuidenhout bel by (012) 420 3320. Hy maak seker dat ek hierdie navorsing korrek uitvoer.

Teken asseblief jou naam hier onder as jy instem om deel te wees van hierdie studie. Hierdie is die eerste keer dat 'n studie soos hierdie in Suid Afrika uitgevoer word, so jy help my baie deur deel te neem hieraan. Jy sal 'n afskrif van hierdie vorm kry om te hou.

Handtekening van Deelnemer _____

Datum _____

Naam van Deelnemer _____

Datum _____

Handtekening van Navorsers _____

Datum _____

Semi-structured interview schedule:

1. In your opinion what behaviours can be seen as bullying?
2. Why do you think certain children get bullied, teased or excluded from games and other children always seem to be selected to be part of a group?
3. In your opinion, who are usually the bullies?
4. What is your opinion regarding the daily routine for example exercise and eating habits of your peers/friends with different body types (thin, average, chubby)? That is, how often do they exercise and what are their eating habits?
5. In your opinion does a child's body shape influence their popularity in school?
6. What is your opinion on the shape of a person's body? For example are children with certain body shapes friendlier, shyer etc than other children.
7. Do you think other children notice specific body types?
8. Do your peers treat each other differently because of their body shape for example bully them, ridicule them or tease them etc?
9. Do you know of any children in your grade that diets?
- 9.b. Do you think that it is healthy for children of your age to diet?
10. Are you satisfied with your body type or is there something you would like to change?

Semi-gestruktureerde onderhoudskedule:

1. Watter gedrag of optrede sien jy as 'bullying'?
2. Waarom dink jy word sekere kinders geboelie, geterg of uitgesluit gedurende speletjies en ander kinders lyk of hulle altyd gekies word om deel van 'n groep te wees?
3. In jou opinie, wie is gewoonlik die boelies?
4. Wat dink jy is die daaglikse roetine van kinders in jou graadgroep, met verskillende liggaamstipes (maer, gemiddeld, mollig)? Met ander woorde hoe gereeld oefen hulle en wat is hulle eetgewoontes?
5. Volgens jou, beïnvloed 'n kind se liggaamsvorm hul populêriteit op skool?
6. Wat is jou opinie oor die vorm van 'n persoon se liggaam? Byvoorbeeld is kinders met sekere liggaamstipes vriendeliker, skaamer ens as ander?
7. Dink jy dat kinders ander kinders se liggaamstipes oplet?
8. Behandel die kinders in jou graadgroep mekaar anders as gevolg van hul liggaamsvorm, byvoorbeeld deur hulle te boelie, te spot of te terg ens?
9. Weet jy van kinders in jou graadgroep wat 'diet'?
- 9.b. Dink jy dis gesond vir kinders van jou ouderdom om te 'diet'?
10. Is jy tevrede met jou liggaamsvorm of is daar iets wat jy sou wou verander?