



The health status of SA youth joining Youth Employment Initiatives: a health promotion opportunity

The effects of being *not in employment, education, or training* (NEET), particularly for long periods of time, are associated with poor health behaviours such as increased substance use (drugs, alcohol, and tobacco) and low levels of physical activity.

Estimates indicate that between one-third and half of South African adolescents aged 15 to 34 are not in employment, education, or training (NEET). This is a growing concern given the rising trend of NEET particularly in South Africa (Quarterly Labour Force Survey. Quarter 1: 2024 2024).

The effects of being NEET, particularly for long periods of time, are also associated with poor health behaviours such as increased substance use (drugs, alcohol, and tobacco) and low levels of physical activity. While Youth Employment Initiatives (YEIs) help young adults become more employable, they rarely take their health into account.

The purpose of this study was to characterise the health status of previously NEET young people who joined YEIs to establish the foundation for assessing the impact of YEIs on youth health and determining the necessity to integrate health services within these programmes.

Methodology

Formerly NEET youth (18-35 years) were recruited in South Africa from October 2020 to December 2023 using a purposive sampling technique. The study included 193 young people: 146 (76%) were female, 187 (97%) were black, and 6 (3%) were mixed race.

A self-administered online survey on REDCap was used to gather data on socio-demographic characteristics, health, and health-related behaviours. With assistance from the study team, each participant completed the survey in person or by remote videoconference at their respective places of employment. A professional nurse contacted and referred participants who reported moderate to severe levels of anxiety or depression, suicidal or self-harming thoughts, or a blood pressure reading suggesting possible hypertension to the relevant health services for additional assessment.

An adapted Community Childhood Hunger Identification Project (CCHIP) was used to measure food security. The following questions were asked:

- (i) 'Does your household ever run out of money to buy food?'
- (ii) 'Do you ever limit the size of meals or skip them because there isn't enough money or food?'
- (iii) 'Do you go to bed hungry because there isn't enough money to buy food?'

Each question was accompanied by two questions:

- (i) 'Has it happened in the last 30 days?';
- (ii) 'Has it happened at least 5 times in the last 30 days?'

Each positive response received a score of 1, while negative responses received a score of 0, resulting in a food security score ranging from 0 to 9. Food security, at-risk of food insecurity, and food insecurity were indicated by scores ranging from 0-1, 2-4, and 5-9.

The Perceived Stress Scale (PSS-10) was used to measure self-reported current stress levels, while the Generalised Anxiety Disorder 7 (GAD-7) questionnaire was utilized to determine the existence and severity of generalised anxiety disorder. Body mass index (BMI kg/m²) and waist-to-height ratio (waist and height measured in centimeters) were determined using established standards to distinguish between good and unhealthy body habitus. Blood pressure was taken using a certified automated instrument (M3 Omron, Japan). Data for all participants were analysed using SPSS version 29.0.2.0 [IBM, New York] and compared between two age groups (18-24.9 years and 25-35 years) to aid in the development of targeted interventions.

Findings

The findings indicated that many young people who join YElS are immediately at risk for depression and anxiety, and had recently thought about harming themselves, particularly those between the ages of 18 and 24, who also reported higher rates of tobacco and recreational drug use. Additionally, overweight and obesity, as well as elevated blood pressure, are common in this young adult population and rise with age, putting them at risk for cardiometabolic diseases such as diabetes, heart disease, and stroke.

A significant number of young people had moderate to severe anxiety levels and increased perceived stress, indicating that stress and anxiety are a prevalent issue among South African NEET youth.

Furthermore, the research showed that many NEET youth who join YElS may be experiencing moderate to severe depression symptoms. Depression symptoms in NEET young people have previously been linked to social isolation when they are removed from social settings such as school and the workplace. The youth in this study, however, had already established a connection with their training peers in a professional environment. This implies once more that more interventions are required to support improvements in the mental health and general wellbeing of young people. The study found that one-third of young people reported having recently considered suicide or self-harm, which is concerning and emphasises the need for such interventions.

The majority of participants avoided smoking and consumed alcohol in moderation. Nonetheless, approximately 10% of young people did report smoking and/or engaging in potentially harmful alcohol use, possibly as a coping mechanism to deal with stress, indicating the need for focused



support within YElS. A higher percentage of the younger group reported using recreational and over-the-counter tobacco products.

These findings showed that a third of young people continue to experience substantial levels of food insecurity, at least when they are first participating in a YEl. Furthermore, the findings show that access to healthy foods should be considered in any health behaviour intervention, as a significant number of young people are at risk of food insecurity. Interventions that provide food subsidies, discounts, or cash incentives for healthy foods, for instance, may assist young people in YElS by increasing their access to healthy food options and lowering food insecurity.

Many NEET youth in South Africa only have matric (high school) education or less, and while a tertiary education greatly increases an individual's chances of successfully entering the labour market, a lower education level increases the risk of being NEET (Graham and Mlatsheni 2015, De Lannoy and



Mudiriza 2019). Although half of the young people in the study had attended higher education, only half of them were able to complete their studies and graduate.

These study's findings are consistent with earlier studies that found that NEET youth had ten times greater rates of obesity than their peers who were not NEET. Furthermore, people with lower socioeconomic status (SES) have a tendency to have higher average BMIs throughout their lives than people with higher SESs (Newton et al. 2017), which suggests that early adult intervention may have long-term health effects. This highlights how crucial it is to implement behavioural interventions that promote health from an early age in order to help people maintain their health as they age (Höld et al. 2018).

Lastly, the participants of this study were mostly black females, the group most likely to be impacted by NEET status, and all were of reproductive age. Thus, integrated health interventions in this population may have three benefits:

- (i) lowering obstacles (such as poor mental health) to the best possible participation in YEI training programmes;
- (ii) promoting longer-term health and economic benefits for young people; and
- (iii) promoting better maternal, paternal, and child health for future generations.

Conclusion

There are significant effects on young people's mental, physical, and general wellness when they are unemployed and not in education. Initiatives to improve youth employability are crucial in South Africa. However, the findings demonstrate that high levels of poor physical, mental, and overall well-being may indicate that young people who participate in these programmes are not best positioned to take advantage of these opportunities.

Integrating programmatic content and assistance to improve youth health and well-being while also developing skills and capacity for economic success will benefit individuals, communities, and the country as a whole.

Reference:

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