

# YOUTH HEALTH RESEARCH AS AN AREA OF EXPERTISE AT THE UNIVERSITY OF THE WESTERN CAPE

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**Abstract**

**Introduction:**

There is mounting evidence of the health risk behaviours that adolescents are involved in on a daily basis. Local and national governments have advocated for intervention programmes to prevent an increase in the health risk behaviours among young people. In order to introduce effective prevention strategies, evaluation of the current situation is needed. The University of the Western Cape, identified Youth Wellness as one of the niche areas for research.

**Aim:**

This paper aims to synthesize the studies on youth wellness conducted at the University of the Western Cape.

**Findings:**

The studies conducted included epidemiological studies and intervention studies. Studies used both qualitative and quantitative designs. Most of the studies highlighted the need for intervention programmes at various levels such as personal (individual), community and policy.

**Conclusion:**

The findings of the research clearly highlights the need for researchers at UWC to identify appropriate criteria by which to measure the desired intervention outcomes

**Key words:**

Youth, wellness, interventions

**INTRODUCTION**

Recently adolescent health has been occupying the front pages of newspapers. There is mounting evidence of the health risk behaviours that adolescents are involved in on a daily basis. An increase in risk behaviours such as substance abuse, violent behaviour and poor physical activity patterns has become cause for concern. Local and national government have advocated for intervention programmes to prevent an increase in

these health risk behaviours. These preventable risk behaviours contribute to adolescent morbidity and mortality. According to Zwieg, Lindberg and McGinley (2001), half of adolescents participate in one or more high risk behaviours. Omori and Ingersoll (2005) reported that although risk taking behaviours often are recognized as a normal part of adolescent's development, they should be of concern as they endanger adolescents' health and well-being. Various literature exists that indicate

that a variety of adolescent risky health behaviors have been linked to disability and disease in later life (Kulbok & Cox, 2002).

Adolescence is defined as the period between childhood and adulthood. Depending on the culture or context, youth are commonly referred to as adolescents, teenagers or young people. The age category for this varies in literature. WHO (2008) categorizes young people as people in the age group 10 - 24 years and youth between 15 and 24 years. In South Africa and much of sub Saharan Africa, youth is classified from 10-35 years (Blum, 2007). According to Kleinert (2007), "adolescence is a time in life that harbours many risks and dangers, but also one that presents great opportunities for sustained health and well-being through education. Seiffge-Krenke (2000) reported that adolescents are a group that are at risk of demonstrating extreme reactions to stressors, resulting from a period of great change, new demands and varying amounts of stress.

According to McGee and Williams (2000), adolescent actions are deemed to either enhance or jeopardize their health. Concepts such as coping, peer pressure, risk taking, self control and self esteem assume considerable importance in trying to explain the motivations behind a variety of health compromising behaviours such as cigarette smoking, early sexual activity, drug use, poor nutrition habits, lack of exercise and drinking and driving. During adolescence, physical appearance is an important predictor of popularity and self-esteem. In addition, adolescents also struggle with identity transition and self concept. Ireland et al (2005) suggested an association between emotional coping and poor health among adolescents. It is essential that adolescents develop effective strategies in order to cope with the stressors. According to Piko (2001), the type of coping strategy employed by an individual affects not only mental health but also physical well-being. During adolescence, physical appearance is an important predictor of popularity and self-esteem. In addition, adolescents also struggle with identity transition and self concept. McGee and Williams (2000) also stated that adolescents involved in health enhancing behaviours had a high level of self esteem.

In 1996, Blum surveyed adolescent health and highlighted areas that were of concern in the United States of America. These area included violence related to adolescents, substance abuse amongst young people, teenage pregnancy and HIV/AIDS (Blum 1998). When looking for solutions, the author categorized strategies into four areas namely, integrating physical, mental and school based health services; strengthening community and school based services; strengthening health promotion strategies and strengthening school health. Blum and Nelson-Mmari (2004), concluded that studies on young people's assessments of their health needs focused on physical and psychosocial concerns. Thus to assess the situation in the Western Cape, South Africa, the research conducted at the University of the Western Cape was assessed to address the following questions:

1. What is the problem in the community and which epidemiological issues are being highlighted?
2. What are the local dimensions around the problem?
3. Have appropriate criteria for desired outcomes been identified?
4. Which environmental matters need to be considered when developing health risk behaviour prevention programmes.

The University of the Western Cape, identified Youth Wellness and risk behaviors among young people as one of their niche areas for research. Various studies conducted at the university have made considerable contribution to the area of youth wellness and risk behaviors. This paper aims to synthesize studies on youth wellness over the past 10 years in the Western Cape conducted at the University of the Western Cape in the Faculty of Community and Health Sciences. It also aims to highlight the central questions that health programmes at the University of the Western Cape need to address when advocating health risk behaviour prevention interventions.

## **METHODS**

A computer search of all masters and doctoral studies conducted at the University of Western Cape since 1998 to 2008 was included in the review. Only masters and doctoral studies were considered as the university data base only recorded masters and doctoral theses. The

inclusion criteria for the review were: studies conducted at the faculty of community and health sciences; studies that focused on issues of youth wellness; populations between 10 and 35 years and the study had to be conducted in the Western Cape. Searches were conducted on the university website as well as a manual library search.

## RESULTS

The search generated a total number of 45 theses. However, 30 Masters and Doctoral theses were excluded based on the fact that it did not meet the inclusion criteria relating to age and region. The final number of studies included was 15 of which three were doctoral studies and 12 were masters theses. The studies conducted included epidemiological and intervention studies. Of the studies included, eight used quantitative research designs, four used qualitative research designs and 3 used a mixed methods design. Table 1 below presents a summary of the studies included. The findings are presented according to the original questions asked.

### **What is the problem in the community of the Western Cape and which epidemiological issues are being highlighted?**

The epidemiological studies highlighted various problems in the Western Cape community which included physical inactivity (Frantz, 2004), health risk behaviours (Phillips, 2006), teenage pregnancies (Cupido, 1998) and gang violence (Mingo, 1999). The prevalence of the risky behaviours that youth are involved in is immense, with continuing repercussions for the health and well being of the individual and society. It is also of such a level that it raises concern among health professionals. The studies identified utilized different approaches to conduct the research which included quantitative, qualitative as well as mixed methods. Thus the studies using a mixed methods approach (Frantz, 2004; Pillay, 2005; Phillips, 2006) was able to highlight the prevalence of the problem as well as provide an in-depth understanding of why the problems existed according to the views of the young people.

### **What are the local dimensions around the problem?**

The studies among the youth were conducted in areas such as the Cape Flats, Cape Metropole,

Tygerberg substructure, Helderberg, Paarl, Wellington and Caledon area. The areas in which the studies were conducted included urban, rural and semi-urban. Studies conducted among the youth included studies for able bodied youth (Cupido, 1998; Mingo, 1999; Phillips, 2000; Steyl, 2007) and youth with disabilities (Njoki, 2004; Wazakili, 2008). The local dimensions around the problem identified included physical, psychological as well as economic and social factors. In some of the studies environmental factors that influence health risk behaviours among the youth have also been identified. Studies were conducted in both community and school settings (Njoki, 2004; Pharaoh, 2005).

### **Have appropriate criteria for desired outcomes been identified?**

Most of the studies highlighted the need for intervention programmes (Cupido, 1998; Phillips, 2000; Adams, 2002; Frantz, 2004; Njoki, 2004; Aitken, 2005; Davids, 2005; Phillips, 2006; Steyl, 2007). However, it was evident from the findings that criteria for the desired outcomes of these interventions have not been addressed. In order to implement successful intervention and prevention programmes, researchers at the University of the Western Cape focusing on youth wellness need to collaborate and identify appropriate criteria by which to measure the desired outcomes. It was highlighted by all the studies that it is vitally important for health professionals to address adolescent health issues with targeted health-related interventions and effective health-promoting programmes. The summary of studies presented emphasizes the need for programmes centered around:

- Health risk behavior prevention
- Sexuality education
- Combating violence
- Coping mechanisms

## CONCLUSION

Various studies have been conducted among youth in the Western Cape and it is evident from the findings that there is still a need to address the physical, emotional and mental health of the young people. There is also a need to strengthen community and schools based services and thus strengthen health promotion strategies focusing on the youth.

**Table 1: Summary of studies from 1998-2008**

No	Year	Author	Type of thesis	Type of study	Population	Findings	Implications
1	1998	CupidoX. A study investigating the contraceptive knowledge, attitudes, beliefs and practices of coloured unmarried pregnant teenagers	Masters	Quantitative	45 pregnant teenagers registering at local clinics in the Western cape	40% of the sample had sex between the ages of 10 and 14 yrs and 85% had poor contraceptive knowledge	Intervention programmes for teenagers needs to be multi-levelled to provide participants with the information they need to make informed decisions to protect themselves and make them less vulnerable
2	1999	Mingo CD. Perceptions of gang violence in an Elsie's River primary school in the Western Cape	Masters	Qualitative	17 children aged 11-15 years at local school.	Children expressed that gang violence is a result of parents' inability to meet their needs and lack of support.	Children's perception of gang violence differs from adults and it is important to start making a difference in marginalized communities at an early age.
3	2000	Phillips J.S. Recreational physical activities among high school students in the Strand, Western Cape	Masters	Quantitative	4 schools in the Strand: Grade 8 - 12 (n=1042)	64% of learners were considered irregularly active thus indicating that learners did not maximize the health benefits of participating in physical activity.	Intervention programmes at schools are needed to promote recreational physical activity
4	2002	Adams MO. The relationship between life stress, emotional adjustment and family relationships in early adolescents from low income areas	Masters	Quantitative	119 adolescents aged between 12 and 14 years from 3 low income communities on the Cape Flats in the Western Cape	A relationship between life stress and emotional maladjustment was found. Negative stressful life events led to increased symptoms of anxiety, depression and aggression	The findings confirm the role of stressful life events in the lives of adolescents from low-income areas and the resultant negative impact on their emotional adjustment.

No	Year	Author	Type of thesis	Type of study	Population	Findings	Implications
5	2004	Frantz JM. Physical inactivity among high school learners: a public health concern	PhD	Qualitative and Quantitative	3 schools in the Western Cape: Grade 8 – 11	Several risk factors for chronic diseases of lifestyle are present among the high school learners such as 33% smoked, 27% drank alcohol and 76% did not participate in any form of physical activity.	Thus intervention strategies should address the psychological as well as socio-economic factors.  There is a need for the monitoring of physical activity levels and other risk factors for chronic diseases of lifestyle. Thus highlighting the need for the planning of community specific interventions.
6	2004	Rich EG. Alcohol use and unsafe sexual practices among students aged 17-25 yrs	Masters	Quantitative	777 university students aged between 17 and 25 yrs	It was found that unsafe sexual practices was engaged in by 42% and sex with multiple partners increased with the consumption of alcohol	This study confirms a relationship between alcohol use and unsafe sex practices such as non/inconsistent condom use, and multiple partners. Public health efforts should continue to be aimed at promoting consistent condom use and monogamy for young people in general.
7	2004	Njoki E. Health promotion needs of youth with spinal cord injuries in the Western Cape,	Masters	Qualitative	Youth in the Western Cape with spinal cord injuries discharged from Conradie	Participants were involved in risky health behaviours such as sedentary lifestyle, use of	Interventions targeting health risk behaviours among young people should not only aim at

No	Year	Author	Type of thesis	Type of study	Population	Findings	Implications
		South Africa			hospital	alcohol, drugs and smoking. Factors influencing behavior included struggles with identity, peer influence, intrapersonal and interpersonal barriers	able bodied individuals but should include disabled individuals
8	2005	Aitken L. The influence of HIV knowledge, beliefs, and religiosity on sexual risk behaviours of private school adolescents	Masters	Quantitative	123 Grade 11 and 12 learners from 2 private schools in Cape Town	37% of the respondents participated in sexual risk-taking behavior of which 58% had unprotected sex and they had a high level of HIV/AIDS knowledge.	It is vital that researchers continue to examine as many culturally, ethnically, and racially diverse populations as possible. This will not only provide a more comprehensive understanding of South African adolescents (as a whole), but will also allow for the development of more appropriate intervention programmes that are tailored for the specific population group in hand.
9	2005	David A. An explorative study of the influence of gang violence on the cognition and behaviour of adolescents in a community in the Western Cape	Masters	Qualitative	12 participants between the age of 13 and 17 years at a local school.	The culture of violence by gangs is a crisis which affects all youth involved as well as the entire community in which it has taken claim. Participants voiced that schools, teachers and	There is a need for interventions that will focus on the psychological effects that gang violence has on youth, the need for developing healthy coping

No	Year	Author	Type of thesis	Type of study	Population	Findings	Implications
10	2005	Pharaoh H. Knowledge, attitude and beliefs of learners in the Paarl district, Western Cape	Masters	Quantitative	The population consisted of 2197 learners aged between 13-18 years.	This study confirms that the learners have basic knowledge regarding HIV/AIDS. The learners make use of this knowledge during some stages of their decision-making but a lack of more in-depth knowledge in certain areas may put them at risk of becoming HIV infected.	Further research is needed to assist in providing means of improving ongoing and in-depth knowledge which can assist learners in selecting safer sexual practices, which could make the prevention of HIV/AIDS not a choice, but a way of life.
11	2005	Pillay T. Determining the effects of a physical activity programme on BMI, PR, BP and % body fat among high school learners	Masters	Quantitative and Qualitative	100 high school learners from grade 8 – 11.	The findings indicated that a short-term physical activity programme was successful in maintaining the learners' initial measurements of BMI, BP and %body fat within normal ranges in comparison to the non-intervention group where there was a substantial increase in measurements amongst variables over a 3 month period	One can conclude that, a short term physical activity intervention programme conducted at schools by students can be implemented to affect the BMI and blood pressure levels of adolescents. Such interventions should be encouraged on a regular basis in schools.

No	Year	Author	Type of thesis	Type of study	Population	Findings	Implications
12	2005	Wildschutt P.J. The effect of accumulative physical activity on the fitness and health status of rural school children	Masters	Quantitative	162 14-16 yr old school children in the Western Cape	The results indicate that only 55% of rural school children in the Caledon/Overberg region of the Western Cape engaged in sufficient health enhancing physical activity. With regard to body composition 11% and 3% of the girls were overweight and obese, respectively. Using the FITNESSGRAM standards only 30% of the girls and 52% of the boys had acceptable levels of cardiovascular fitness.	Sport participation and physical education at schools should be encouraged, since the school provides a protective environment for children to engage in physical activity.  The education department and schools should find creative ways to engage children in the daily recommended levels of physical activity.
13	2006	Phillips JS. Health risk behaviours among black adolescent females in the Strand. A mixed methods investigation	PhD	Quantitative and Qualitative	801 13-18 yr old females at 3 schools in the Western Cape	The findings indicate that 45% smoked, 58% used alcohol, 11% used drugs, 28% were sexually active and 51% was physically inactive	There is a need for intervention programs relating to health risk behaviours at primary school level.
14	2007	Steyl T. An analysis of health promoting and risky behaviours among health science university students	Masters	Quantitative	201 full-time undergraduate university students	The findings indicated that risky behavior amongst the students included smoking (58%), drinking alcohol (77%), using drugs (33%) and physical inactivity (20%)	There is need for interventions relating to risk behaviours other than those related to HIV/AIDS



No	Year	Author	Type of thesis	Type of study	Population	Findings	Implications
15	2008	Wazakili M. Paradox of risk: sexuality and HIV/AIDS among young people with physical disabilities in Nyanga, South Africa	PhD	Qualitative	15 disabled young people aged between 15 and 24 years	Young people reported that they had limited access to education and other social amenities. Thus disabled young people indicated that they were sexually active and not taking the necessary precautions	There is a need among disabled young people to participate in mainstream education systems, sexuality education and HIV/AIDS prevention programmes

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