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ABSTRACT FOR FINAL RESEARCH SUBMISSION.

TITLE: THE SOCIO-ECONOMIC IMPACT ON HEALTH BEHAVIOUR REGARDING BLOOD PRESSURE MANAGEMENT AMONGST YOUNG ADULTS

BY

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ABSTRACT

BACKGROUND

Hypertension (HTN) is a leading cause of cardiovascular disease (CVD), with hypertension prevalence among young adults (YAs) increasing on a global as well as local scale. In South Africa between 1998 and 2016, Hypertension (HTN) rates in YAs (age 15-34 years) have more than doubled. Research reports that the increasing prevalence of HTN in YAs is largely attributed to unhealthy behaviours, such as unhealthy diet, physical inactivity, smoking, drinking alcohol, and poor sleep, with YAs also perceiving themselves as invulnerable to developing HTN at a young age. Formative research has shown that lack of education, employment, and training (NEET status) presents a significant barrier to healthier behaviours in YAs. Currently, 44.7% of South African youth are NEET, indicating the increased risk of pro-HTN behaviour in this group and the need for urgent intervention. While many learnerships addressing NEET rates in the country have been implemented, few are focused on health. Therefore, this study aimed to investigate if transitioning from a NEET status to employment and health education training changes perceptions of HTN risk and health behaviour intentions.

METHODS

We conducted six focus group discussions (FGDs) comparing HTN-related beliefs and intention for behaviour change between NEET youth (n=20; not in employment, education, or training) and previously NEET youth on a health employment and education training initiative (HETI); n=20). All FGDs were approximately 70 minutes in duration and were recorded and transcribed verbatim. The study utilised the conceptual framework of the Health Belief Model (HBM) to inform the FGD topic guide and a deductive thematic analysis. Frequent debriefing and review sessions with research supervisors were conducted to ensure the quality of the analysis.

RESULTS

All youth were familiar with HTN but for NEET youth, who only knew it as “high-high” or “high blood”, this was mostly through experiences of others in their social network. While all youth viewed HTN as life-threatening if left untreated and expressed fear of lifelong medication use if diagnosed, only HETI youth felt empowered to implement positive health behaviours for disease prevention. Intention for behaviour change was related to personal relevance resulting from the

practical application of HTN knowledge in their daily lives. In contrast, NEET youth felt chronic disease was inevitable at an older age and demonstrated no intention for behaviour change. Past negative experiences in local clinics and the fear of distress in the event of a possible diagnosis were described as major deterrents to blood pressure (BP) screening.

CONCLUSION

Results suggest that engaging NEET (Not in employment, education, or training) youth in similar HETI (Health employment and education training initiative) programs can increase personal relevance of health information, which serves as a motivator to increase intentions toward healthier behaviours for chronic disease prevention. This may also result in double-duty benefits, reducing a NEET status as well as the risk for chronic illness among the YA population.