[Journal of Rural Social Sciences](https://egrove.olemiss.edu/jrss)

Volume 35
Issue 1 *Volume 35, Issue 1*

Article 1

1-6-2020

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Recommended Citation

Majee, Wilson, Adaobi Anakwe, and Karien Jooste. 2020. "Youth and Young Adults These Days: Perceptions of Community Resources and Factors Associated with Rural Community Engagement." *Journal of Rural Social Sciences*, 35(1): Article 1. Available At: https://egrove.olemiss.edu/jrss/vol35/iss1/1

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Youth and Young Adults These Days: Perceptions of Community Resources and Factors Associated with Rural Community Engagement

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ABSTRACT
Young people's decisions to engage or disengage in community activities can be attributed to their perceptions of community resources and opportunities. This study examined South African rural young adults' perceptions of their future communities and influences on engaging in health promoting activities and community leadership. Survey data were collected from 58 youth and 52 young adults affiliated with key community organizations. Correlational analysis examined perceptions of community resources and participation in community leadership. Perceptions about the future of their communities differed by age, educational attainment, employment status, and number of years spent in the community and were strongly correlated with how youth and young adults perceive they are valued. Local organizations such as schools and churches can motivate at-risk youth and young adults to participate in community life. This research extends our knowledge of factors important for engaging this population in resource-limited rural settings.

KEYWORDS
Community attachment, community leadership, community perceptions, health promoting, young adult disengagement

INTRODUCTION

This article is informed by youth-focused literature but is a study of both youth and young adults. Literature focused on understanding the complex relationships among rural youth community perceptions, aspirations, attachment, and intention to stay or migrate has been growing (Demi, McLaughlin, and Snyder 2009; McLaughlin, Shoff, and Demi 2014; Petrin, Schafft, and Meece 2014; Theodori and Theodori 2014). Studies and reports on community youth engagement have also increased due to the relevance of youth participation in community activities (Arnold, Dolenc, and Wells 2008; Booyens and Crause 2014; Caprara et al. 2013; Francis et al. 2011; Graham et al. 2013; Wijeyesekera 2011). Continued interest in youth engagement stems from the realization of the need to provide young people with skills to become contributing community members, and the difficulties associated with keeping youth engaged, particularly in resource-limited settings.

Today, the world is home to 1.8 billion young people, most of whom live in low-and middle-income countries. Already in 2013, South Africa alone had a youth population of 19.5 million individuals, with black Africans (83 percent) being the dominant population group across all provinces except in Western Cape where Coloreds were the majority at 52 percent (Lehohla 2013). Colored South Africans consist of people of multi-ethnic descents including black, white, Chinese, and Malay. In sub-Saharan Africa 43 percent (360 million people) of the population are under the age of 15. Importantly, as child survival rates have improved, increases in the youth population in Africa will further rise (Wijeyesekera 2011).

Most of these young people either stay in school or training, get employed or they see no prospects for themselves and their families and disengage from community life. The South African National Youth Policy Report defines youth as any persons between the ages of 15 and 34 years (National Youth Policy 2015). In the U.S., research on young people defines youth as those under 25 years old in three stages: early adolescence (under 14), middle adolescence (15-17), late adolescence and early adulthood (18-24) (Youth Policy Organization 2019). Of the more than 5 million South Africans who were unemployed in 2014, approximately 75 percent (3.4 million) were young people aged 15-34 years (Lehohla 2013). Coloreds and blacks, particularly those in rural areas, were disproportionately affected with a 37 percent youth unemployment rate in rural areas and a 36 percent in urban areas

(Lehohla 2013). In our study, we focused on youth (18-24 years) and young adults (25-35 years) because youth under 18 were hard to reach due to parental consent requirements.

In South Africa, as elsewhere in sub-Saharan Africa, young people are growing up under complex economic conditions defined by high unemployment rates, widespread poverty, limited school to work transition opportunities, and weakening social norms (Kabiru, Izugbara, and Beguy 2013). These conditions have far-reaching health and wellbeing consequences for young people. Many young people who lack hope in their communities and disengage tend to be less self-reliant, lack a sense of purpose, indulge in activities that are detrimental to their health, and are more likely to require welfare support and government subsidized services (Black 2007; Burd-Sharps and Lewis 2012; Guillén 2015). Young people who fail to complete education or make successful transitions from school/training to work are at risk of economic marginalization; teenage parenthood; alcohol, drug, physical and sexual abuse; community disengagement, and poor health status (Makiwane and Kwizera 2009). Disengaged youth have adverse effects to society that include excessive health care costs, higher rates of unemployment, and extreme crime prevention related costs (Maguire et al. 2013; Mlatsheni and Leibbrandt 2011). Youth disengagement in rural communities in low-income countries is exacerbated by poverty; underdevelopment; poor or fragile economic, political and resource governance; environmental degradation, and fragile social systems (Caprara et al. 2013). Youth with high-risk conditions such as poverty and alcohol and drug abusive behaviors tend to be more disconnected and typically lack trust in existing support systems (Alicea et al. 2012). All these factors shape the perceptions young people will have towards their future communities. Thus, understanding the factors that influence youth community perceptions is foundational for promoting sustainable youth engagement.

Youth Community Engagement

Youth engagement has been defined as the participation of youth in responsible activities at family, institutional and community levels (Centers for Disease Control Prevention 2013). Family level activities may include participation in family decision-making processes which has been found to improve self-esteem, responsibility, and social behaviors (Steinberg 2001). While there is no clear cut distinction between institutional and community-level engagement, activities may include, volunteerism

(Caprara et al. 2013; Wijeyesekera 2011; Wilson 2000), political engagement (Jenkins et al. 2003) and economic activity (Alvord, Brown, and Letts 2004). Our study explores perceptions of youth and young adults on available community resources and their motivation to be involved through any of these engagement activities. Understanding the factors that influence young people's participation and creating opportunities for participation at all levels is foundational for promoting sustainable youth engagement.

Promoting the inclusion of young people in all spheres of community life can result in positive outcomes (Booyens and Crause 2014) including better health outcomes. Volunteerism can promote labor market skill enhancement, local level participation, increased awareness of community needs and social capital enhancement (Everatt et al. 2005; Graham et al. 2013; Lough and Sherraden 2012; Miller et al. 2002; Wijeyesekera 2011). Such benefits accrue to individuals as well as to their families and communities and can be a bridge towards employment (Caprara et al. 2013; Lough and Sherraden 2012) that can help improve their health.

While the benefits of youth participation in community life and development may be known, the mechanisms for increasing participation are less clear. Volunteerism, for example, may be difficult to promote as the motivation to volunteer is influenced by youth perceptions of locally available education and career opportunities (Hektner 1994; Rudkin, Elder, and Conger 1994, Sherman and Sage 2011). Volunteerism is also impacted by youth attachment to and satisfaction with their communities (Elder, King, and Conger 1996). Rural youth with higher educational and professional career aspirations, and those dissatisfied with particular aspects of a current community may be more likely to have negative perceptions about their current and future community environment, because of a perceived lack of opportunities (Corbett 2007; Hektner 1994). On the other hand, less ambitious youth who perceive that their contributions are valued and have a stronger identification with their community, may be more likely to engage in current and future community activities (Cargo et al. 2003; Larson, Walker, and Pearce 2005; Nicholson, Collins, and Holmer 2004).

Considering these factors and the challenges rural communities face, researchers and community development practitioners must work in collaboration with community members to conduct participatory community asset mapping, targeted at building community cohesion,

development and empowerment. Mapping may also generate a shared awareness and understanding of community assets among youth and adults and identify opportunities to involve youth in community life (Burns et al. 2008). This article reports on survey data collected from rural South Africa youth and young adults about their current and future perceptions of their communities. The study is part of a larger, ongoing research project conducted in two rural communities, namely South Africa and an American Midwestern state. Data for the Midwestern community are reported in another article (Majee and Anakwe in press). The overall goal of the broader study was to explore community leadership and health promotion from an international perspective. We assume that communities with engaged leaders tend to have intentional health promoting activities for all residents. Health promotion is the process of enabling people to increase control over and to improve their health (World Health Organization 1986). Activities directed towards strengthening skills and capabilities of individuals such as education, employment, training, and volunteerism can promote health as well as those targeted at changing environmental conditions such as provision of recreational facilities. Overall, the researchers were interested in answering two questions:

(1) Do youth and young adults in rural South Africa differ in their perceptions about the future of their community?

(2) Do these perceptions influence their motivation to engage and participate in community leadership roles and health promoting activities?

The specific aims of this article were to: (a) assess South African rural youth and young adults' perceptions on their current and future communities, and b) explore how these perceptions are associated with their participation in community leadership and health promoting activities. This article therefore contributes to the discourse on community engagement and health promotion by categorizing community characteristics that rural young adults identify as influencing their participation in community leadership and health promoting activities.

METHODS

Community Characteristics

Theewaterskloof municipality is located in the Western Cape province of South Africa. The projected population growth is estimated at 1.3 percent average per annum. This municipality had the highest number of schools with libraries, yet had the highest poverty rates within the district (Western

Cape Provincial Treasury 2015). Approximately 20 percent of youth in this region were unemployed in 2011. The poverty rate was 30 percent, which was the highest in the region (Western Cape Provincial Treasury 2015). Over 20 percent of residents had no access to refuse removal and more than 15 percent did not have access to flush toilets in their homes. Data for this study were collected from two communities within this municipality – Genadendal and Greyton – with a combined population of 5,663 in 2015. Table 1 shows the demographic distribution of participants.

Participants and Procedures

This study used primary data, collected in the Theewaterskloof municipality of rural South Africa and reports on the second phase of a two-phased study. Phase one employed qualitative methods to explore the perception of community leaders on engaging the young adults within their community. Findings from phase one suggest that even though young adults were provided with resources such as the Red Cross, local health departments, and other local community organizations to promote participation in leadership and health promoting roles, they remain disengaged (Majee et al. 2019). The phase two study explores young adults' perceptions of how the community resources contribute to the future of their community. Thus, the broader project was a mixed method study that started with qualitative research methods globally and was supported by a quantitative survey.

Recruitment of participants for phase two of the study was conducted through community-based organizations. Organizational leaders of all eight community organizations (Red Cross, The Municipality office, Genadendal Information Desk (GLID), Social Welfare Office, Genadendal Museum, and three churches) that worked with or served young adults directly, consented to distribute questionnaires through their organizations to eligible young adults. These organizations were purposively selected because of their long-standing interactions and ability to reach out to most community youth.

The final sample consisted of youth and young adults residing in the community for at least one year who were willing to complete the survey. Within the 18 to 35 years age range, participants were categorized further into youth (18-24 years) and young adults (25-35 years) adults (Leech, Barrett, and Morgan 2015; Schøtt, Kew, and Cheraghi 2015). Study participants were recruited between May and August 2016. A total

number of 150 paper-based questionnaires were distributed and 110 were returned, with a response rate of 73 percent.

Measurement instrument. A questionnaire was developed by the authors and standardized following several reviews by the authors and peers at their research institutions. Pre-testing of the instrument was conducted for face and content validity by five experts in the field of community engagement, and no changes were necessary.

Table 1. Demographic Distribution of Study Participants by Age Group

Variable	18 to 24 years n (%)	25 to 34 years n (%)
Age	58 (49.6)	52 (44.4)
Gender		
Male	25 (43.1)	20 (39.2)
Female	33 (56.9)	31 (60.8)
Race		
Black African	1(1.9)	2(3.8)
Colored	52(98.1)	50(96.2)
Educational status		
< High school	25 (43.1)	24 (46.2)
High school	22 (37.9)	22 (42.3)
> High school	11 (19.0)	6 (11.5)
Marital status		
Married or living with a partner	19 (33.3)	23 (45.1)
Separated, divorced or widowed	1 (1.8)	3 (5.9)
Never married	37 (64.9)	25 (49.0)
Employment status		
Employed	32 (58.2)	41 (80.4)
Not employed	23 (41.8)	10 (19.6)
No. of years spent in the community		
< 15 years	20 (34.5)	17 (34.0)
> 15 years	38 (65.5)	33 (66.0)

Note: Ns range from 105 to 110 due to missing data.

Dependent Variables

A 63-item questionnaire that measured the extent to which health promoting resources provided within the community contributed to future outcomes of the community, was self-administered, taking approximately 20 minutes to complete. This questionnaire was sectioned in two parts. The first part measured young adults' perceptions of resources currently available within their community. Given that information about the resources available to young adults within the community were extrapolated from qualitative interviews with community leaders in the first phase of the study, there was a need to independently measure young adults' perceptions about these existing resources. The second part

measured young adults' perceptions about the future of their community given the presence of these resources.

Responses to the first part (perception of current community) were measured on a 5-point Likert scale (5 = fully agree, 4 = agree, 3 = neutral, 2 = disagree, and 1 = fully disagree). Responses to the second part (perceptions of future community) were also measured on a 5-point scale with a difference in the interpretation of responses (5 = essential for health promotion, 4 = contributes significantly to health promotion, 3 = contributes moderately to health promotion, 2 = contributes minimally to health promotion, and 1 = does not contribute to health promotion). Each participant responded to all questions in parts 1 and 2.

Questionnaire items were merged into composite scales based on specific resources provided in the community. Eight composite scales were created from the questionnaire as follows: health promotion (questions 9 to 14), role of the Red Cross (questions 15 to 17), role of local health department (questions 18 to 24), role of other community organizations (questions 25 to 28), community responsibility (questions 29 to 37), young adult engagement and leadership development (questions 38 to 52), role of schools (questions 53 to 59), and role of families (questions 60 to 63).The scales measured youth perceptions on the different aspects of community that were pre-identified as important for young adult engagement and future participation in community life. For each composite scale, the reliability of questionnaire items for current and future community perceptions were tested (Cronbach's alpha between .62 to > .92) and mean scores of individual questions were taken to represent a scale.

Questions 1 to 8 measured the independent variables (young adult characteristics). The questionnaire items therefore requested youth to indicate the extent to which each resource contributed to health promotion.

Availability of health promoting resources (Health promotion). Young adults were asked to identify the extent to which the following six statements relate to health promotion in their community: "Transportation impacts health promoting activities," "Poor infrastructure (e.g. unsafe recreational parks, broken sidewalks) affects utilization of health facilities, "The health bus provides easy access to primary health care," "There are enough health professionals to promote health in the community," "There are enough sporting activities provided for youth in the community," and "Enough language translators are available in the community." Most

participants provided responses to these questions (n = 92). The mean score of participants response was taken (Cronbach's alpha = .80).

Role of the local health department and community clinic. Young adults were asked to categorize the extent to which the local health departments contributed to health promotion within the community. Local health departments play a critical role in the provision, administration, and monitoring of health care within this population. This composite scale was developed using participant responses to seven questions that specifically inquired into the services and resources that the local health departments and clinics provide, such as health promotion programs, medical supplies, and psychiatric nursing services (Cronbach's alpha = .86).

Role of the Red Cross. Within this community, the Red Cross holds a prominent position in the administration of care, especially in providing home-based care. Youth and young adults were asked to provide responses to three questions on whether they were aware that the Red Cross offered these services: "Use trained home-based carers to assist with the disabled and elderly people?" "Has a program for the young adults that promotes health and leadership development?" and "Assisted with preschool activities in the rural area?" These questions measured the extent to which the Red Cross is perceived to contribute to health promotion. These items were used to create a composite measurement scale using the mean of participants responses (Cronbach's alpha = .62).

Role of other community organizations. The study region also has several community organizations that provide activities targeted at health promotion and the overall well-being of community residents. While four questions were provided to measure young adults' perceptions of the roles of these community organizations, the majority only responded to three questions. The fourth question was subsequently dropped from the analysis. These questions specifically inquired about the roles of the Child Welfare organization and Social Services (Cronbach's alpha = .83).

Community responsibility. Young adults' perceptions about the inherent characteristics of a community are likely to affect their ability to seek and engage in health promoting and leadership development activities. Participants were asked nine questions that highlighted the responsibility of the community to its youth. Responses provided were scaled using means to create a composite score (Cronbach's Alpha = .89).

Role of schools. The importance of schools in keeping youth healthy and engaged is well documented in the literature (e.g. Nicholson

et al. 2004). Schools play a pivotal role in the development of well-rounded students who not only excel academically but are active members in the community. Young adults were asked a set of seven questions that focused on their perceptions of the role schools play in promoting health in their community, and the extent to which the continued provision of these resources through schools are relevant in maintaining the future health of the community. Participants responses were scaled using means/averages to create a composite score (Cronbach's alpha = .92).

Role of families. The researchers were interested in measuring young adults' perceptions about the role families can play in keeping the community healthy in the future. The following four questions were combined to form a construct that measured this perception: "Women in the community are very active and aware of promoting health," "Families play leading roles in promoting health," "Families protect young adults from accessing home-brewed alcohol," and "Families provide a safety net for young adults not in employment, education or training (NEET)" (Cronbach's alpha = .84).

Youth engagement and leadership development. Keeping young adults engaged in community activities involving leadership and skill development is essential for sustainable development at the local level. Measuring perceptions about the resources available in the community can be an important predictor of the future likelihood of young adults' engagement in community-based activities. This variable was measured using fifteen questions which focused on topics such as poverty, access to mass media, mentorship opportunities and training resources that can influence young adults' engagement (Cronbach's alpha = .88).

Independent Variables

To answer the first research question, the primary analysis examined the dependent variable (perception of the future) measured as a composite score across all subscales with the set of independent variables of age, gender, educational status, years in the community, and employment status. Secondary analyses further examined this same set of independent variables within each of the eight subscales of the survey (health promotion, role of Red Cross, role of local health department, role of other community organizations, community responsibility, young adult engagement and leadership development, role of schools, and role of families). Because the racial and socioeconomic composition of

participants were homogenous in our sample, both variables were excluded from analyses.

To answer the second research question, the following questions were combined "Young adults feel motivated to engage in leadership roles in this community" and "Young adults are motivated to participate in leadership training" to form a second composite scale "Leadership participation" (Cronbach's Alpha = .91). Extrinsic factors, such as school, family, and community that motivate young adults to develop leadership skills and participate in leadership roles can influence their general perceptions about the future community.

Analytical Strategy

The measure of young adult perception used as the dependent variable has eight mutually exclusive subcategories; "health promotion," "role of the Red Cross," "role of local health departments," "role of other community organization," "community responsibility," "young adult engagement and leadership development," "role of schools," and "role of families." The Mann-Whitney U test was used to assess the variations in perceptions within various age groups, gender, employment status and number of years spent in the community. Variation in perceptions among young adults in terms of educational status was assessed with the Kruskal-Wallis tests. Bonferroni correction was performed to identify what pairs differed significantly.

Researchers were also interested to see what influence young adults' perceptions had on participation in leadership roles. Pearson correlation between young adult perception and leadership participation was used to detect any relationship between these variables, considering both the strength and direction of the relationships. Because the predictors were strongly intercorrelated, factor analysis was further performed to find what scales were most correlated to each other. Factor analysis was used to measure the number of fundamental influences underlying a domain of variables (Leech et al. 2015). Tolerance from a multiple regression model was less than $1-R^2$ for local health departments, other community organizations, community responsibility, role of schools and young adult engagement, indicating multicollinearity. Factor analysis yielded three factors that explained 82.6 percent of the variability in leadership participation. A multiple linear regression was fitted using factor scores as predictors to resolve the multicollinearity problem. Data were analyzed using IBM SPSS Statistics version 24.

FINDINGS

Young adult perceptions of the future of their community are a function of their perceptions of the current community. These perceptions are dependent on experience of their immediate community (parents and families), larger community (teachers and community leaders), and resources provided within the community defined as structural or human resources. Table 2 describes perception scales and the frequencies of young adult responses within these scales. Young adult perception of the existing community was strongly correlated with the perception of their future community, $r(95 - 98) = .316 - .633$; $p \leq .001$). Both constructs were significantly correlated on all eight measures of the dependent variable.

Table 2: Youth Perceptions of their Current and Future Community on the Eight Composite Scales

Variable	Youth Perception of Existing community			Youth Perception of Future Community			Pear. r Corr.
	n (%)	Mean	SD	n (%)	Mean	SD	
Health promotion	96 (82.1)	3.01	.8508	97 (82.9)	3.03	.9047	.467**
Role of the Red Cross	98 (83.8)	3.51	.7602	94 (80.3)	3.46	.8368	.353**
Role of local health departments	98 (83.8)	3.13	.8613	97 (82.9)	3.22	.8557	.544**
Role of other community organizations	98 (83.8)	3.22	1.041	97 (82.9)	3.14	.9822	.633**
Community responsibility	98 (83.8)	2.99	.8351	99 (84.6)	3.11	.8416	.516**
Youth engagement and leadership development	97 (82.9)	3.07	.8229	98 (83.8)	3.22	.8266	.448**
Role of schools	96 (82.1)	3.28	.9251	97 (82.9)	3.40	.9360	.470**
Role of families	95 (81.2)	2.89	1.016	98 (83.8)	3.08	1.105	.316*

Abbreviations: M = Mean, SD = Standard Deviation

$^{*}p \leq .05$, $^{**}p \leq .001$

Young adult perceptions about the future of community health resources did not differ by age, gender, and employment status. Young adults living longer in the community (>15 years) had significantly higher perception scores (mean rank = 56.3) than those living in the community

for less than fifteen years (mean rank = 41.9, U = 845.5, p = .017). Young adult perceptions about their community differed significantly by educational level attained, $\chi^2(2) = 7.08$, p = .029. Post hoc analyses using the Bonferroni adjustments criterion for significance showed that the mean difference between those that had less than high school education (mean rank = 45.8) and those that had more than a high school education (mean rank = 68.4) was significant (p = .023) (Table 3).

Table 3: Overall Future Perceptions of Community Youth

	n	Mean Rank	Mann-Whitney U	Kruskal-Wallis	p-value
Composite score					
Age					
18 to 24	55	55.2			
25 to 34	48	48.4	1145.5	-	.249
Gender					
Male	40	53.4			
Female	62	48.6	1124.5	-	.429
Employment status					
Employed	69	47.3			
Not employed	30	56.2	848.5	-	.156
No. of years spent in the community					
< 15 years	37	41.9			
>15 years	64	56.3	845.5*	-	.017
Educational status					
< High school	45	45.8			
High school	41	52.0			
> High school	17	68.4	-	7.08*	.029

* $p \leq .05$

Table 4 describes the perception composite scales and the mean responses of participants to items on these scales stratified by age, gender, employment status, years spent in the community and educational status. Of the 110 participants in the study, between 88 to 96 participants provided complete responses to all the questions. Bivariate analysis showed that younger adults aged 18 to 24 years (mean rank = 54.4) differed significantly in perceptions of their future community from older adults aged 25 to 35 years (mean rank = 43.0), in terms of the extent to which resources provided by the Local Health Department were relevant

Table 4: Youth Perceptions about the Future of Community by Age, Gender, Employment Status, Years Spent in the Community, and Educational Status (n = 110)

Variables	Health Promotion	Red Cross	Local Health Dept.	Community Organization	Community Responsibility	Youth Engagement	Role of Schools	Role of Families
Age								
18 to 24	51.8	51.8	54.4	50.7	53.7	51.0	50.9	51.6
25 to 34	45.6	42.4	43.0	47.1	45.9	47.8	46.8	47.1
U-statistic	1015.5	876.0	898.5*	1085.5	1029.5	1119.5	1071.0	1083.0
Gender								
Female	48.7	48.2	51.9	49.6	50.1	49.0	50	50.8
Male	48.1	45.3	43.4	46.9	48.6	49.0	46.3	46.2
U-statistic	1088.5	981.5	906.5	1040.5	1116.5	1119	1018.5	1014.5
Employment status								
Employed	43.1	42.4	43.8	43.1	46.1	45.7	46.8	48.3
Not employed	55.6	52.3	54.6	56.2	52.3	51.7	47.5	45.7
U-statistic	678.5*	677.5	699.0	653.5*	653.5	805.5	895.0	890.0
No. of years spent in the community								
< 15 years	40.7	38.6	42.1	42.6	43.9	42.5	39.8	43.4
>15 years	52.1	50.9	51.2	50.9	51.8	51.8	52.6	51.4
U-statistic	788.0	714.0*	827.5	843.5	898.0	851.5	757.5*	890.0
Educational status								
< High school	43.1	44.9	43.5	47.7	48.2	45.6	41.3	41.9
High school	50.5	44.4	49.8	46.2	48.3	48.6	50.0	52.6
> High school	60.8	60.2	60.4	58.4	58.7	61.2	65.8	61.7
K-W Test χ^2 (df)	4.83 (2)	4.68 (2)	4.45 (2)	2.45 (2)	1.88 (2)	3.70 (2)	9.31(2) *	6.65 (2) *

*Abbreviations: M = Mean, SD = Standard Deviation, ANOVA = Analysis of Variance; *p $\leq$ .05*

in promoting community health in the future, U = 898.5, $p \leq .05$.

Participants who were employed at the time of the survey (mean rank = 43.1) differed in their perceptions of resources provided through community organizations in the future, U = 653.5, $p \leq .05$ from those who were not employed (mean rank = 55.6). Those who were unemployed (mean rank = 55.6) also had stronger perceptions of their future community than those employed (mean rank = 43.1) in terms of health promotion resources provided in the community (U = 678.5, p = .038).

The number of years young adults spent in the community was an important indicator of their community perception. Young adults that had lived more than fifteen years in the community (mean rank = 50.9) differed significantly from those that had lived in the community for less than fifteen years (mean rank = 38.6) in their future community perceptions about the Red Cross U = 714.0 p =.032. Significant differences were also observed among those that had more than a high school education (mean rank = 65.8) compared to those who had a high school education (mean rank = 50.0) or less (mean rank = 41.3) in their perceptions of the roles schools play for the future of their community $\chi^2(2) = 9.31$, p = .009. Young adults that had more than a high school education (mean rank = 61.7) differed significantly from those who had either a high school education alone or no high school at all on the perceptions of family roles necessary for the future health outcomes of their community $\chi^2(2) = 6.65$, $p = .036$.

Correlational analyses were performed to describe the relationship that exists between young adults' perception of motivation provided at the community level that encourages them to participate in leadership roles, and their perception of the future of their community. These analyses revealed that young adults' perceptions of motivational leadership participation was strongly correlated with their perception of the future of their community in terms of health promotion, $r(93) = .47$, role of the Red Cross $r(91) = .51$, local health departments $r(94) = .60$, other community organizations $r(94) = .50$, community responsibility $r(96) = .65$, young adult engagement $r(96) = .80$, role of schools $r(96) = .48$ and role of families $r(96) = .43$. All correlational analyses were significant at the $p \leq .001$ level.

Table 5 shows results of a regression model fitted with three factors. Factor 1 (community factors) had the highest loadings from health promotion, local health departments, other community organizations and community responsibility. Factor 2 (school and family factors) had highest loadings from role of schools and role of families while Factor 3 had highest loadings from young adult engagement. Results from a linear

regression model with these three factors showed that 62.6 percent of the variance was explained by the factor variables ($R^2 = .63$, $F(8) = 13.2$, $p \leq .001$). With every unit increase in the mean of community level factors and young adult engagement factors, leadership participation among young adults increased significantly ($\beta = 4.12$, $p = .012$ and $\beta = .852$, $p \leq .001$, respectively). Leadership participation however decreased with every unit increase in the mean of school and family factors ($\beta = -.268$, $p = .048$). This result was however marginally significant.

Table 5: Multiple Regression Analysis of Leadership Participation by Community, School and Family, and Young People's Engagement Factors (n = 97)

Predictor	Coefficient	SE Coefficient	t-value	p-value	Tolerance
Constant	.420	.566	.742	.461	
Community factors (Factor 1)	.412	.159	2.59	.012	.950
School and family (Factor 2)	-.268	.133	-2.01	.048	.890
Young people's engagement (Factor 3)	.852	.179	4.76	$\leq$ .001	.887
Age	-.186	.162	-1.15	.256	-
Gender	.142	.184	.773	.443	-
Employment status	.017	.092	.180	.858	-
Number of years spent in the community	-.153	.183	-.836	.406	-
Education status	.061	.117	.526	.601	-

Abbreviations: SE = *Standard Error*; R = 79.1%, R^2 = 62.6%, R^2 (adjusted) = 57.9%
**N less than 110 due to missing data*

DISCUSSION

Understanding the factors that contribute to young adult engagement at the local level is essential to ensuring the sustenance of communities. This study conducted in rural South Africa emphasized the importance of exploring young adults' perceptions about the resources in their communities that foster engagement. Factors such as the number of years youth spend in the community, educational status, age, and employment status are significant factors to consider in the discourse of young adult engagement. The longer one stays in their community, the more they identify with that community in terms of the social, human, and financial capital they may build in that community. Research suggests that communities that provide high stocks of natural and built capital are more likely to retain and attract young people (McLaughlin et al. 2014). This

trend is particularly important in Southern Africa where the African philosophy of "Ubuntu" is practiced. Translated as 'I am because we are,' "Ubuntu" is an expression of the interdependence of individuals and communities (Caprara et al. 2013). Because of this interdependency, rural young adults who have a stronger identification with the community are less likely to leave (Glendinning et al. 2003) and more likely to engage in community life. Young adults' feelings about motivation provided in the community that encourage participation in community leadership roles can influence overall perceptions of their community.

Youth and young adults, even in resource-limited rural communities, are provided with numerous resources to ensure involvement in community life and by extension, community engagement. The extent to which young adults utilize these resources is dependent on their perception of its benefits in tandem with the value these resources are perceived to contribute to their well-being. Youth and young adults who lived longer in the community had higher perceptions about the future of their communities compared to those that had not lived within the community as long. Motivation to participate in leadership roles was higher among those who perceived value in community and young adult engagement resources provided at the local level. After controlling for the effect of sociodemographic factors, this relationship remained significant. This finding advances the concept that the presence of resources provided at the community level can be a determinant of young people's perceptions of their communities; and their intention to engage in community leadership roles.

Results showed that youth and young adults who had attained higher educational levels were more inclined to agree that these factors (families and schools) were essential for the future of their communities. Educational attainment among youth and young adults is strongly correlated with the provision of familial support and reliable school support structures (Centers for Disease Control Prevention 2013). These results may be a function of young adult educational attainment and the perception of the support they (youth) received. While the current study did not measure this outcome directly, it supports the notion that youth-adult partnerships cultivated through schools and families can contribute to young adult perceptions of their future community. These institutions have been found to influence youth self-efficacy, decision-making ability, and attachment to place (Elder et al. 1995; Elder et al. 1996; McLaughlin et al. 2014).

Participation in leadership roles is one pathway to keep youth and young adults engaged at the community level (Davis 2016). This study found that young people’s participation in community leadership roles was strongly related to perceptions of how important the provision of key resources at the local level (particularly human, social, financial, and built capital) will contribute to their future community. Surprisingly, in regression models, young people’s perceptions of resources provided at the school and family level were associated with lower motivation to participate in community leadership roles. Even though marginally significant, it is plausible that young adults did not see as much value in resources provided through schools as beneficial for community leadership development. As the authors note elsewhere (Majee and Anakwe 2019), structured programs targeted at youth leadership development in the US such as 4-H and Future Farmers of America increase youth and young adult participation in leadership. Whereas, these structured programs may be lacking in the South African context. More needs to be done to provide structured school-based programs that encourage continued community leadership engagement.

LIMITATIONS AND FUTURE RESEARCH

The researchers recognize that questions which elicit responses based on perceptions are subject to multiple interpretations that can influence results. Since Cronbach’s alpha for nearly all constructs measured were high (> .70), we are confident in the reliability of these scales, except for the scale that measured the role of Red Cross. This factor had a low Cronbach's alpha (.62) and as such, results for this construct should be interpreted with caution. More research is needed to explore the effects individual level factors (years spent in the community, age, educational attainment and employment status) have on young adult engagement in leadership and health promoting activities at the community level. More robust studies should explore the pathways that inform young adult decisions to remain in their community vis-a vis the availability of resources. When these factors are better understood, interventions can be better tailored to meet local needs.

Although we explored the degree to which young adults’ perception of community resources influence motivation to participate in community roles, these relationships were only explored within constructs that assessed the cumulative effects of resources. This study adds to the body of literature that suggests that young adults who feel supported by the

communities in which they live, grow and learn are more likely to become contributing members of these communities. Further studies, that frame a more robust measure indicative of participation in leadership roles among young adults in rural South Africa, are required to identify specific contributors to this trend. For this study, researchers prepared a report for the community organizations they worked with suggesting recommendations that included: rally key community organizations around creating volunteering opportunities for young adults and partnering with researchers in conducting a community assets/resource audit and youth risk behavior study. At the beginning of 2019, researchers discussed findings with community leaders and collaborated on another study focusing on young adult risk behavior among NEETs in Western as well as Eastern Cape provinces. Findings from this study will be discussed with community leaders and reported in later articles.

ACKNOWLEDGMENTS
Authors are grateful to Mr. Joseph Appolis for his assistance with recruiting participants, and to all the people who participated in the study.

DISCLOSURE STATEMENT
Authors report no conflicts of interest for this study.

FUNDING
This work was supported by the University of Missouri's South African Educational Program and the University of Western Cape.

COMPLIANCE WITH ETHICAL STANDARDS
Ethical approval was received from both institutions.

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