**Introduction**

One challenge that rural communities have continued to face is a seemingly inevitable outflow of human, economic and social infrastructure. This has resulted in huge numbers of disengaged youth who tend to be less self-reliant, lack sense of purpose, and indulge in activities that are detrimental to their health. Close to 75 million young people (6% of all 15-24 year olds) are unemployed worldwide. Unemployment rate among young black South Africans hovers around 55%.

Effective community leadership contributes to youth engagement and health promotion. While the goal of all leadership development initiatives is to develop and equip leaders with necessary skills to create change at different levels, significant impact is achieved when programming targets local community members.

This study aimed to assess community members’ understanding of community leadership and identify current barriers and opportunities for the inclusion and advancement of youth in leadership and health promotion activities.

**Methods**

The study was conducted in a rural community (with a population of 5,663) located in Theewaterskloof Municipality of the Western Cape Province of South Africa.

Purposive sampling was used to recruit participants. The inclusion criteria were participants who were rural community leaders with some interaction or responsibility with the youth such as teachers, health professionals, social workers, religious leaders etc.

In-depth interviews were conducted in English by one researcher and with 21 participants. The data analysis occurred concurrently with interviewing. Two researchers independently coded the interviews. NVivo 11 software was used to manage the data.

Ethical Approval was granted by the University of Missouri and the University of the Western Cape.

**Results**

**Community perceptions of leadership:** Community leaders believed that leadership is a multidimensional and an inclusive process:

“I see (a leader) as somebody who must take leadership in such a manner that he must come and take the people with him, puts right plans on the table so that the community can be uplifted. But community leadership, I think, mustn’t be one person. (SA805/5)”

**Youth engagement and health promotion inhibitors:** Participants identified several factors (poverty, lack of community collaboration, social injustices, lack of motivation among youth, lack of opportunities for engagement, generational gap, and poor parent involvement) as inhibitors:

*Poverty leads to people selling themselves, selling drugs for others, and also children. That is currently here at our school. Sixty percent (60%) are currently using drugs... and 80% of our learners experience drugs, one or another type... because there is nothing in this community, most learners tend to use alcohol from Friday to Sunday.* (SA805/01)

*“The only way that we can improve leadership skills here is to deal with the issues of the past. …We have to work really hard to bring communities together by trying to engage on an individual level...to change people’s perceptions and their minds on issues that affect the whole community...”* (SA615/2)

*“…the bigger concern for me at the moment is parental negligence of the youth. Parents don’t take their children to the doctor at the clinic but rather send them to school when sick. Parents neglect their children because they don’t have the responsibility as parents anymore, they don’t have time for their children.' (SA804/4)*

**Health promotion facilitators:** Participants also identified facilitators of health promotion in the community (positive role modelling by community leaders, health education in schools, community health clinic, after school youth clubs).

“You know, everything that you’re doing, the way you live, in the school and outside of the school, you must stand out as someone that people can look up to and that is quite the feat, ...we must live up to a high standard, so that the children can see.” (SA804/2)

**Discussion**

This study developed out of the recognition of threats that our world faces with increased youth disengagement. This recognition in turn stemmed from our belief that preventing youth disengagement is better than investing in efforts to re-engage those currently adrift.

We found that health education, provision of recreational facilities, community collaboration, engaged parenting, and availability of economic opportunities are all important for effective youth engagement.

Failure to engage young people in education, employment and community life in general can have life-long consequences. Engaging youth requires community leaders that are proactive in identifying the challenges experienced by youth and in creating ongoing support to overcome them.

**Conclusion**

Health promotion among the youth is situated in a complex of facilitators and barriers that impact each other. Multi-dimensional interventions that foster collaboration among key community stakeholders (parents, schools, churches, and other community organizations) and acknowledge people as the fundamental assets in a community are needed.

**References**