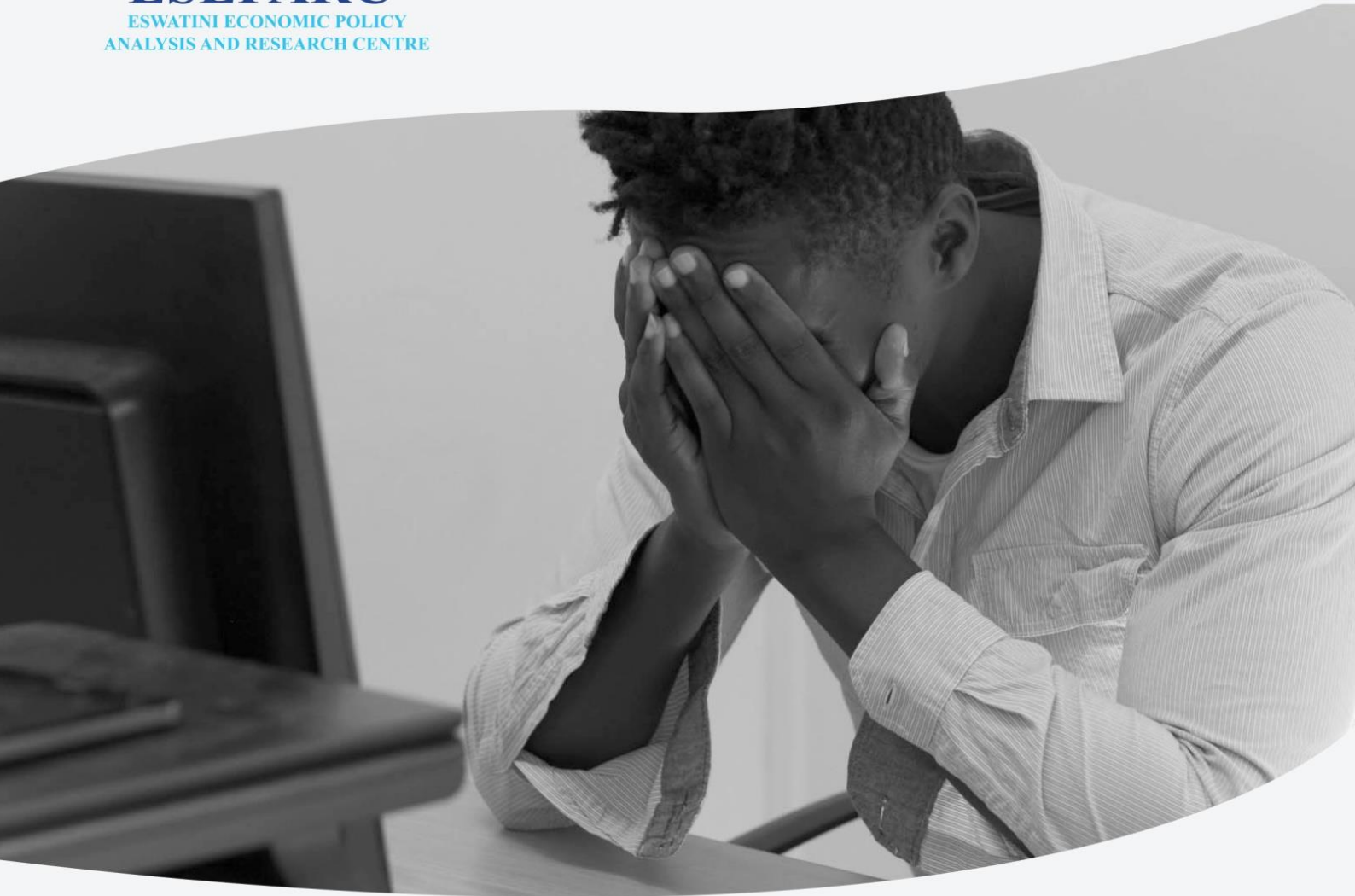




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Exploring the relationship between unemployment and mental illness among the youth in selected communities of Eswatini.

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Exploring the relationship between unemployment and mental illness among the youth in selected communities of Eswatini.

Abstract. Studies have demonstrated that the effects and consequences of a lack of work has detrimental effects on one's mental health. With high levels of youth unemployment presenting a threat to the country's efforts to sustainable economic development the study seeks to understand the link between the increasing mental illness cases and rising youth unemployment in Eswatini. Using secondary data from the Health Management System, the study traces the areas that have high reported cases of mental illness and conducts 99 semi-structured interviews within these case areas. A rapid assessment is used to assess the relationship between mental health and youth unemployment. Using Jahoda's latent deprivation model, the study finds that youth unemployment negatively affects mental health particularly through increased idleness and stress leading to high levels of substance abuse, which has a negative impact on mental health. The study also finds that mental health disorders such as anxiety, depression and sometimes schizophrenia are exacerbated by the lack of recreational and structured activities for out of school and unemployed youth in Eswatini. Therefore, policy makers should consider the impact of youth unemployment on mental health as a way of investing in Eswatini's human capital, thus creating more economically productive interventions for youth to undertake during the periods of unemployment and being out of school.

Keywords: youth unemployment, mental health, human capital, Eswatini

1. Introduction

Across the world, the youth is considered an invaluable resource that can drive innovation, entrepreneurship, and foster economic growth. Economists and development experts recognise that the youth are a driving force in current and future global economic growth, as well as in poverty reduction, yet many still face unprecedented rates of unemployment. Of the 420 million youth in Africa, 31% are unemployed while 19% are inactive (ADBG, 2016). As such, youth unemployment has become a threat to the social, economic, and political stability of nations.

In the face of such rife unemployment, literature demonstrates that youth unemployment has detrimental effects on mental health, which persist throughout adulthood or even long after one has been employed (see Thern et al., 2017; Hammerstrom and Janlert, 2011; Lorenzini and Giugni, 2010). However, the long-term mental health scarring of unemployment is underestimated in public health, and economic policy (Strandh et al., 2014; Fryer, 1997). The Organisation for Economic Cooperation and Development (OECD) indicators report states that in OECD countries, the direct and indirect costs of mental ill-health accounted for 3.5% of the gross domestic product (GDP) in 2017, rising to 4% in 2018 (OECD, 2017). In South Africa estimated costs of the mental health system amounted to USD615.3 million, representing 5.0% of the total public health budget (Docrat, et al., 2019). The cascading effects of mental health have a detrimental effect on the growth of any economy, therefore demand policy attention.

In Eswatini reports from the National Psychiatric Hospital recorded that 125 people between the ages of 13 and 25 committed suicide in 2017, with most cases stemming from depression. Considering all the unreported cases, this figure could be higher. Data from the Eswatini Health Management Information System (HMIS) recorded that between 2015 and 2019, 40% of mental illness patients in public clinics and healthcare centres were young people between the ages of 15 to 35 years. In addition, Nxumalo-Ngubane (2016) found that in Eswatini, mental illness is most common among people between the ages of 25 to 45 years old.

Therefore in a time where Eswatini's national development strategies are emphasising the development of the youth, and driving a knowledge based economy, it is worrying that so much brain and potential productivity are lost to mental health. Whereas the country has made substantial investments in human capital development over the years, and most recently through the introduction of Free Primary Education (FPE), this is cause for concern.

As such, the paper contributes to a minute literature on understanding youth unemployment and mental health in Eswatini. This study explores for the first time in the country, the relationship between mental health and youth unemployment, to understand the underlying socioeconomic characteristics of unemployment and identify the direct and indirect costs of mental illness to the economy. This will provide valuable information for health policy making and the development of programmes targeting youth unemployment in Eswatini.

The paper is structured as follows: section two presents the literature review discussing youth unemployment as a mental health issue. This section also discusses the underlying causes and cost of mental illness. Section three presents the methods used in conducting the study. Section four presents the results and discussion in section followed by the conclusion and recommendations in sections five and six respectively.

2. Literature Review

2.1 Policy and Mental Health

First and foremost it is important to understand why mental health is a policy issue. The OECD (2014) underscores the importance of making mental health a policy priority because it enhances people's lives and allows them to have significant access to social and economic benefits. However, despite this fact, many developing economies do not make mental health a policy priority. In fact, growing evidence (see for example Macintyre, et al., 2018; Platt et al., 2017) connects economic inequalities, such as unemployment, with poor mental health. For example, Lund et al., (2011) demonstrate that conditions of poverty increase the risk of mental illness through heightened stress, exclusion, malnutrition, and the inability to afford healthcare or a basic standard of living. As a result, people with mental illness are at risk of drifting into or remaining in poverty.

In addition, not only do mental disorders affect cognitive abilities, but they are also one of the strongest risk factors for suicide attempts and suicide deaths (WHO, 2014; Nock, et al., 2010). Using global public data, Nordt et al., (2015) find that higher suicide rates precede a rise in unemployment, that is, an increase in the rate of unemployment results in an increase in rates of suicides in all the different regions of the world. These increases mean that economies do not only lose potential productive labour but they also lose return on human capital investments, and the skill, knowledge, and innovation that is needed for development. Thus affecting human resource development, and industrial development and labour policies.

Consequently, the absence of strong social security and social welfare policies has a much greater negative effect. Studies show that lack of social support, especially during unemployment (see Lorenzini and Giugni, 2011), exacerbates the levels of stress and its psychological impacts. This is because psychological strength (self-esteem, individual identity) and vulnerability, which factor into functioning and well-being, are also affected by the social context of an individual. Thus the absence of social systems has an impact on how an individual deals with or recovers from mental disorders. As such, using grounded theory to analyse 19 in-depth qualitative interviews, Zeng (2012) posits that effective social policy

should help families and social networks come into effect where government welfare is weak as means of addressing issues of unemployment and mental health. Therefore, the next section explains the relationship between youth unemployment and mental health.

2.2 Youth unemployment as a mental health issue

Youth unemployment is an inhibitor of development in most countries. Characterised by weak education systems that are failing to produce economically active graduates (ESEPARC, 2018), Eswatini like most developing countries is struggling to curb unemployment among the youth. This calls for policymakers and development experts to use a set of different lenses when viewing unemployment. At 47.4% youth unemployment (15-24years) in Eswatini remains high, with one in two youth being unemployed (ESEPARC, 2017; Labour Force Survey, 2016). However, looking beyond the figures of unemployment HMIS data demonstrates that youth have the highest reported mental health cases in the country, while 75% of the country's youth (15-34 years) is unemployed (Labour Force Survey, 2016). This illustrates that there is more to youth unemployment than what has generally been focused on in past years. The underlying issues of mental health have not been given much consideration even though they are slowly depleting what should be the country's most productive human capital.

Thern, et al., (2017) who investigated the long-term effects of unemployment on the mental health of youth between the ages of 17-24 years found that being out of work had detrimental effects on the mental health of the youth and their overall potential to contribute to development. This is because unemployment experiences are connected with long-term risks of downward occupational mobility, and weaker workforce participation which inhibit economic prosperity (see Krahn and Chow, 2016; Strandh, et al., 2014; Mroz and Savage, 2006). Similarly, a multivariate analysis by Linn, Sandifer and Stein (1985) discovered that symptoms of somatization, depression and anxiety were higher for unemployed than employed people. This should raise concern for countries where levels of unemployment remain extremely high and job creation is low as it is evident that unemployment is a major contributor to mental health disorders.

Lorenzini and Giugni (2010) use a two stage quantitative and qualitative method to collect data through a survey and in-depth interviews of unemployed youth in Geneva. They find that long-term unemployment produces financial distress, creates anxiety-related health problems, and diminishes overall levels of happiness. This leads to lower self-esteem, and negative perceptions of self that manifest in anxiety, depression, and feelings of self-dissatisfaction which are largely classified under mental health disorders. According to Strandh et al., (2014) prolonged periods of youth unemployment are said to cause unemployment scarring which goes on even after the unemployment period. Hence long periods of unemployment among the youth have lasting effects on the productivity of the future labour force.

Furthermore, in their youth cohort study Hammerstrom and Janlert (2011) find that exposure to unemployment after graduating led to poorer health behaviour such as smoking, substance abuse (e.g. alcohol), and sexual risk-taking. The authors report that during these periods of idleness, youth easily engaged in a spiral pattern of risky behaviour that increased their exposure and risk to mental health problems. This led to alcohol and drug induced disorders, mood disorders, stress-related disorders, self-harm, anxiety and depression which are all mental health illnesses (see Squeglia and Gray, 2016; Gould, 2010). In addition, Ishmuhametov and Palma, (2017) state that a higher incidence of suicide is associated with long term unemployment. Thus making youth unemployment as much a labour force problem

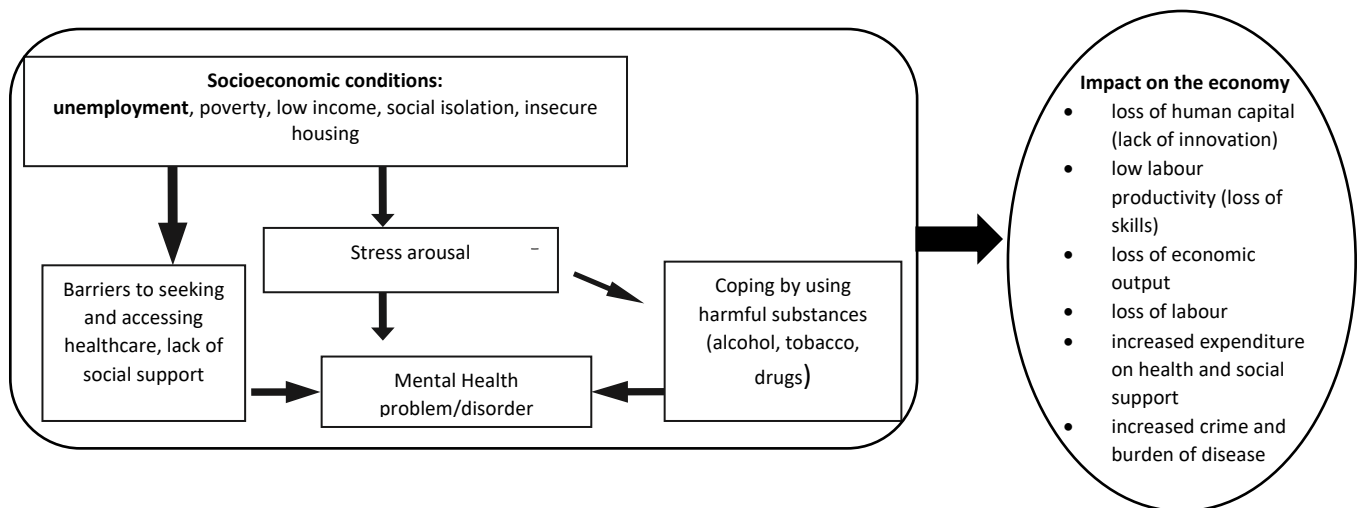
as a health issue – mental health in particular. Nevertheless, for any policymaker putting the dollar sign on the effect of mental health makes it more visual, hence the next section qualifies some of the costs associated with mental illness on an economy.

2.3 Understanding the cost of mental illness on the economy

Many studies demonstrate that mental illness has adverse effects on both the individual and the economy. This is because mental illness results in reduced workforce participation, loss of future income earnings, acquired skill, and loss of potential revenue from taxes (Trautmann, et al., 2016; Schofield et al., 2011) thus affecting economic growth. For example, when calculating the economic impact of mental-and-behavioural disorders (MBD) in Kenya, Kirigia and Sambo (2013) find that in the 1998/99 financial year, the Kenyan economy lost about US\$13,350,840.00 due to institutionalised MBD patients, and US\$453 productivity loss per admission.

On the other hand, Doran and Kinchin (2019), note that mental illnesses have a high economic burden, more especially when both direct (healthcare system) and indirect (productivity) costs are quantified. According to Trautmann et al., (2016) the effects of mental health are not limited to the patients of mental health but the entire social fabric. Figure 2.3.1 demonstrates the relationship between the social conditions of individuals that arouse stress and lead to mental health problems and the impact this has on the economy. The diagram illustrates that the inability to work, or economic status of an individual may arouse stress or inhibit them from accessing health, and this leads to mental health problems. This may be exacerbated by the use of negative stress coping mechanisms which also lead to mental health disorders. Consequently this has an overall negative effect on the economy that manifest as poor labour market outcomes, including lower productivity, absenteeism, and disability (Cronin et al., 2017).

Figure 2.3.1: Mental health and economic development



Source: Author adapted Fisher and Baum (2010: 3)

Notes: The diagram illustrates the authors adaptation of the stress arousal model to show its association with economic development.

Whereas studies that have quantified the cost of mental health have focused on the costs linked to the healthcare system such as treatments, diagnosis, and medication, Addo et al., (2013) report that in Ghana the direct and indirect costs of mental health on the economy made up 26% and 74% respectively. The total household cost for mental healthcare was US\$34, 518.27 (with an average of US\$180.72 per household). In the 2016/2017 financial

year, South Africa's public mental health expenditure was US\$615,3 million, accounting for 5% of the total public health budget (Docrat *et al.*, 2019). Docrat *et al.*, (2019) further report that almost a quarter of the mental health patients are readmitted to hospital within 3 months of discharge, and this costs the public health system US\$112 million. This shows that the magnitude of impact of mental health on an economy is very huge. Therefore, it becomes more and more important for countries to understand the underlying costs of mental health to economic development. This will help to curb unemployment, reduce direct and indirect costs of mental illness, curtail the additional costs incurred from readmissions, and decrease the potential for mental illness to cripple economic success.

2.4. Conceptual Framework

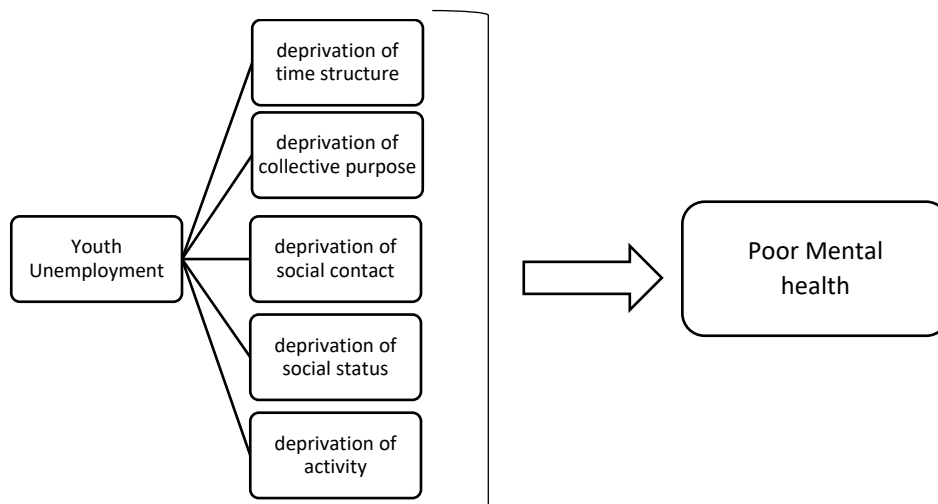
Drawing from the literature review, the study conceptualises mental health and youth unemployment as related largely through one's socioeconomic conditions, psychological wellbeing, social support networks, and engagement in productive activities. These elements were considered in the adoption of Marie Jahoda (1982)'s latent deprivation model to understand the association between youth unemployment and mental health in Eswatini. Jahoda's model describes five latent functions that explain the psychological function of work. These factors provide fulfilment, correspond with basic human needs and help sustain well-being and mental health. To be precise, Jahoda contends that deprivation of the latent functions that come with employment negatively affects the mental health of the unemployed (see figure 2.4.1). According to Jahoda these functions are: time structure, social contact, collective purpose, social identity/status, and activity (Paul and Batinic, 2010).

The way we experience time is shaped by social institutions such as school and employment in modern societies, hence, employment gives time structure to individuals (Jahoda, 1982). Therefore, if you are unemployed you experience a lack of time structure which impairs a person's wellbeing as days' stretch longer when there is nothing to do (Jahoda, 1982). Related to this is the need for activity. Unemployment leads to inactivity, which is often exacerbated by a lack of recreational and structured activities. This idleness of the mind is detrimental for mental health.

Collective purpose, speaks to the feelings of being useful and needed by other people, work provides an individual social value contribution to society, and the deprivation of this need leads to feelings of purposelessness which results in distress (Paul and Batinic, 2010). The third latent function related to this is the need for social contact with people outside one's family. This kind of social contact is important in forming a self-image and growth of an individual, for which the lack of may ensue into mental health disorders. Blustein (2008) also argues that working provides access to social support and relational connection.

Social status is the fourth latent function, according to Paul and Batinic, (2010) the social status of an individual is essential for the construction of one's identity and positive mental health. Work is an essential foundation for social status that the lack of a paid job has negative consequences on the mental well-being which leads to loss of self-esteem, and self-confidence. These latent functions often function dependently on the other. For example, being active often leads to having a time structure and depending on the activity, it may also allow access to social contact and a level of collective purpose (Creed and Macintyre, 2001).

Fig. 2.4.1: Framework for youth unemployment and mental health



Source: Jahoda (1981)

Notes: This diagram illustrates the author’s representation of Jahoda’s latent deprivation functions model for conceptualising the relationship between unemployment and mental health.

3.0 Methods

3.1 Data collection and Analysis

The study adopted an approach similar to that of Lorenzini and Giugni (2011) where secondary and primary data was used for a robust analysis of youth unemployment and mental health. Due to the inability to obtain complete and comprehensive national mental health data for the purpose of the study, data triangulation was used. The study used national data from the health management information systems (HMIS) and national psychiatric centre to identify areas and age groups that are most affected by mental illness in Eswatini. Pigg’s Peak, Madlangempisi, Dvokolwako, Mbabane East, Nkhaba, Siphofaneni, Shiselweni 1 and 2, Nhlangano, Lobamba Lomdzala, Mahlanya, and Mankayane were identified as the areas with the highest mental health cases and were visited for primary data collection.

In-order to get a deeper understanding of the relationship between mental ill-health and youth unemployment in these different communities, in-depth interviews were conducted with employed and unemployed youth, community members, leaders, nurses, teachers, and social workers to understand the socioeconomic factors at the community level that have impact on unemployed youth and the pressures young people are facing in different communities that are associated with mental health. The snowballing technique was used to identify a total of 99 respondents to give a comprehensive understanding of the modalities of unemployment and mental illness in the identified case areas. Thematic analysis was employed on interview data to determine the themes and patterns associating unemployment to mental health in Eswatini, according to Marie Jahoda’s (1982) latent deprivation model.

4. Results and Discussion

4.1. The status of mental health in Eswatini

The Shiselweni region was reported to have the highest number of patients (63%) followed by the Manzini region at 14%, Hhohho at 12% and Lubombo at 11%. Due to inconsistencies in reporting at the time data was collected, other regions may also have higher reported cases. In terms of locational areas, in the Hhohho region, Madlangempisi, Dvokolwako, and Pigg's Peak had the highest number of reported cases whilst in the Manzini region, Mankayane, and Mahlanya had the highest cases. In the Lubombo region it was Siphofaneni, and lastly, Nhlanguano in the Shiselweni region as indicated in Figure 4.1.1.

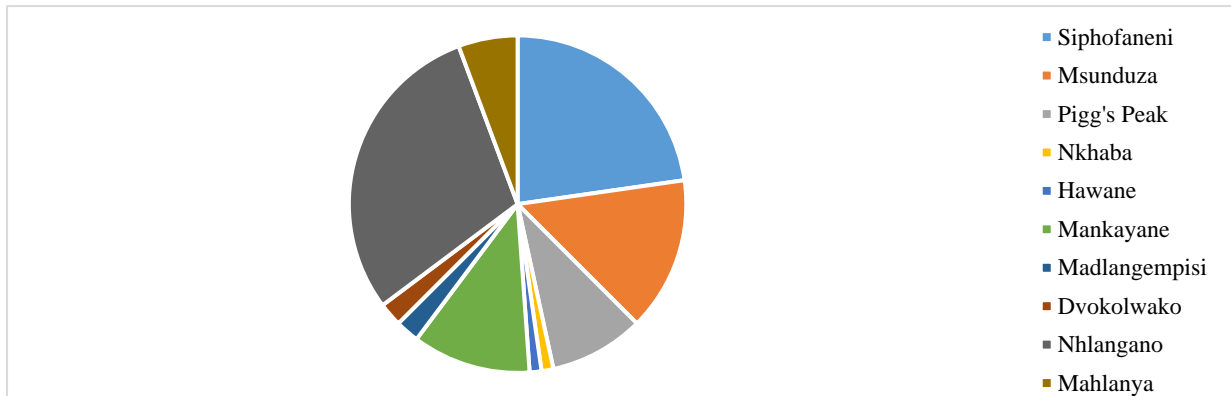


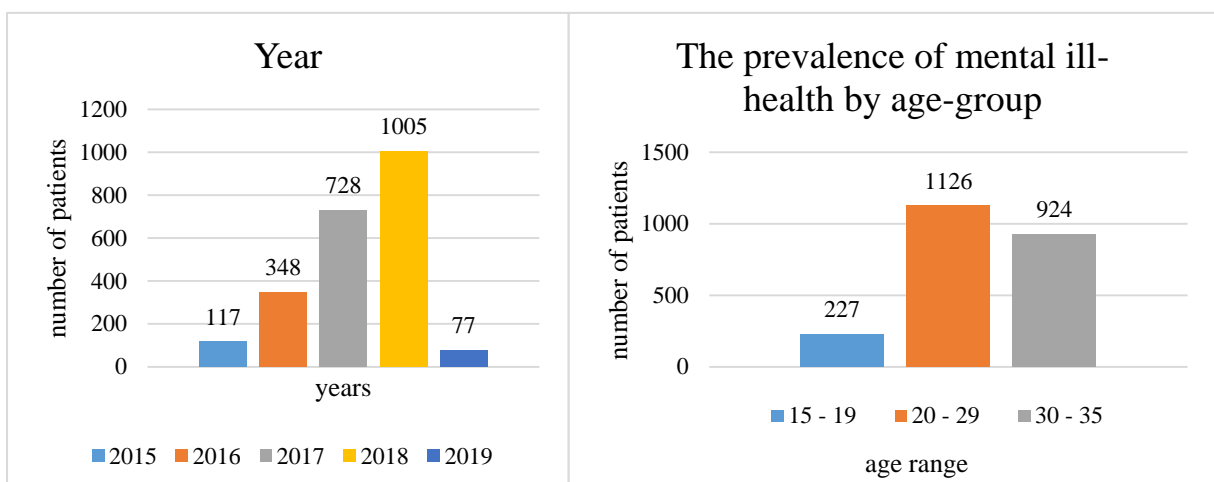
Figure 4.1.1: Prevalence of Mental illness by reported case areas

Source: Author's representation using HMIS data (2019)

Between 2015 and 2019, a total of 2277 patients between the ages of 15 to 35 years, sought mental health treatment in 121 clinics across the country. From this, 49% of the mental illness cases were reported by males, and 51% by females.

Figure 4.1.2 shows that most mental health patients are those between the ages of 20-29 years old. Clearly, a large number of the youth in Eswatini are faced with mental health problems considering the fact that even people between the ages of 30-35 represent a big portion (40.6%). In total, mental health cases reported by the youth (age 18-35) accounted for 53% of all reported cases.

Fig. 4.1.2: Prevalence of mental health in Eswatini by year and age group



Source: Author's representation using HMIS data

4.2. Respondent demographics

From the interviews conducted in the study, 44% of the participants were male, and 56% were female as shown in Table 4.2.1. Of the interviewed participants, 49% were between the ages of 18 to 35 years (youth), and 19% of the respondents preferred to keep their age anonymous.

Table 4.2.1: Gender and age-range of respondents

	18-24 years	25-35 years	Over35 years	Not Stated	Total
Male	10	13	10	6	39
Female	12	8	18	11	49
Total	22	21	28	17	88

Source: Author's own representation of data

Notes: This table shows the gender and the age-range of respondents. Some preferred to have their gender and age not stated during the interviews.

Table 4.2.2 indicates the employment status of the participants by age group. The study finds that youth unemployment affects more males than females. The 2016 labour force survey also indicates that the unemployment rate (15-24 years) is higher for males (65.1%) than females (50.2%).

Table 4.2.2: Employment status of participants by age-range

		18-24 years	25-35 years	Over 35 years	Not Stated	Total
Employed	Male	3	8	6	5	22
	Female	9	7	18	9	43
Unemployed	Male	7	5	4	-	16
	Female	3	1	-	-	4
Not Stated	Male	-	-	-	2	2
	Female	-	-	-	1	1
Total		22	21	28	17	88

Source: Author's own representation

4.3 Understanding Youth Unemployment in Eswatini

The study finds that 39% of the participants have identified those who have dropped out of school as the ones who are mostly unemployed in the communities. Only 14% of the participants expressed that tertiary graduates are affected by unemployment. However, they expressed that the small figure is due to the fact that only a few young people make it to tertiary institutions in their communities. Many of these young people drop out of school because of issues such as teenage pregnancy, lack of finances to continue, peer pressure, drug and alcohol abuse, early marriages, and leaving school in the hopes of getting a job.

In communities in the Hhohho and Manzini regions, the interview respondents reveal that young people resort to growing and selling cannabis as a way of generating fast and big

income. For some, they have used that money to pay for school fees and also support their families. The ones involved in this industry make a significant amount of money in profits, and eventually drop out of school. This creates a community culture where education is no longer deemed as a valuable and necessary ingredient for success, and as a result, more and more pupils in these cannabis growing communities are putting less effort in their studies.

The lack of economic opportunities was identified by 57% of the participants as a major cause for youth unemployment in Eswatini. Participants expressed that there were no opportunities for work. An emerging theme in this discourse was associated with the inadequacy of the country's education system. Respondents express that the nature of the school syllabus channelled young people into white-collar jobs, yet the reality is that there are not enough jobs to cater for the growing youth. Additionally, they expressed that young people were unemployed because they were not well equipped with vocational and entrepreneurial skills that would drive them to self-employment and income generating activities, as a result youth remain unemployed.

Others pointed out that youth were unemployed because they were demotivated by the circumstances of other unemployed youth in the community and lacked role models to inspire them. The results also show that 25% of the participants identified that whether one completes school or drops out of school, they still remain unemployed. Only 16% believed that young people are lazy, and that laziness stopped them from pursuing any form of employment. Yet, other causes of unemployment were related to the conviction that many young people look down upon the available jobs, such as working in production factories and timber plantations; the nature of the jobs is laborious and they do not pay as much money so young people would rather sit at home or find other means to make money faster.

4.4 Youth Unemployment and Mental Health

4.4.1. Time-structure and Activity

Jahoda relates unemployment to the lack of structured activities in one's day, which affects their mental capacity. The study finds that unemployed youth lack the latent function of time-structure. A majority of unemployed youth have nothing constructive to do to account for their time in a day. Respondents (35%) mentioned idleness as one of the major components of an unemployed youth's daily activity. This is exacerbated by the fact that unemployment lasts longer periods. For instance, 51% of the respondent's report that unemployment lasts for more than 2 years for a majority of young people. This renders youth inactive for over 24 months, which has a negative impact on their employment opportunities for the rest of their lives.

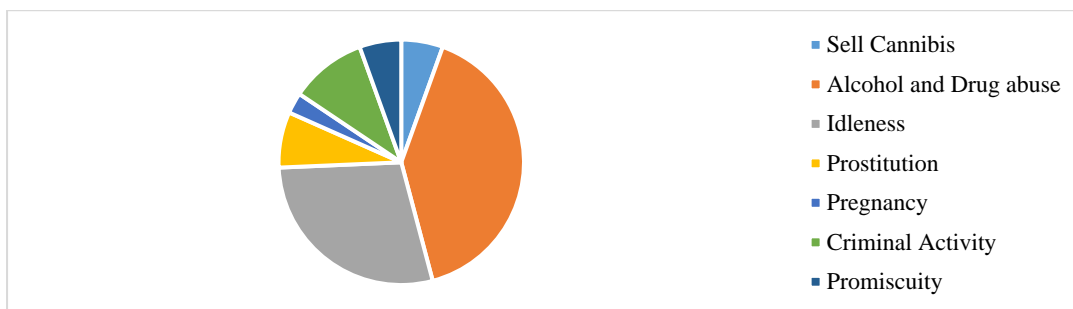
Moreover, the lack of planned activities opens room for young people to engage in a spiral of negative behaviour. The study finds that because of inactivity most youth in Eswatini engage in excessive drinking, drug abuse, crime, and other deviant behaviour as also stated by Abomaye-Nimenibo (2016) when conducting similar research (see Figure 4.4.1.1). The Figure shows that 44% of the respondents said that young people mostly abuse drugs and alcohol which impairs mental health. The interview respondents explain the drug abuse, be it alcohol, cannabis, etc., as a coping mechanism to the stress that comes with unemployment. This finding is similar to that of previous research (see Squeglia and Gray, 2016; Gould, 2010). People abuse substances in order to calm down, to focus or as a type of self-medication (tension reduction hypothesis). Key informants and community members supported this by pointing out that a majority of youth later show signs of depression, anxiety, and even extreme cases of schizophrenia. One participant said:

“We have many young people here who really (are) mentally challenged. They are really crazy, on the streets, not dressed, harassing community members but mostly females. Some of them have their families but even those families have deserted them. When you trace the history you find that these people started off by smoking cigarettes, to glue, to cannabis until their minds were affected. All of this as a result of unemployment, stress...”

Participant 9, Interview with Author (2019)

Consequently, the relationship between unemployment and mental health in Eswatini largely manifests through drug and alcohol abuse among the youth.

Fig. 4.4.1.1: Activities that unemployed youth engage in



Source: Author’s own representation of data

Notes: The figure indicates that a majority of unemployed youth engage alcohol and drug abuse, closely followed by high rates of idleness.

In understanding the time-structure of unemployed youth in Eswatini, the study finds that most communities have no activities or structured programmes that young people can engage in during the day. When asked about the availability of structured activities in the community, 98% of the respondents said there are no structured activities made available in their communities. The idea of structured activities refers to any form of extra-curricular or extra-mural activities that happen in the community at a set and consistent time. However, 51% of the respondents stated that soccer was the most common recreational activity in areas where such activities were provided. However, soccer is mostly available for boys and comes in most communities once in 5 years- during elections. Nonetheless, the study also finds that youth centres are also not functional, in some places the buildings are either falling apart or are being utilised for purposes outside of the intended function. The absence of activities that are set to keep young people busy exacerbate the period of idleness further leading to mental ill-health.

4.4.2. Collective purpose and Social contact

Collective purpose refers to the feelings of being useful in a community, outside your nuclear family. The severity of the lack of collective purpose is still felt by young people even when they are in the midst of their peers. The feelings of loss of purpose and not being able to contribute to the community or their families is reinforced. Being unemployed leads to feelings of worthlessness, and often feeling like a disappointment to those who have invested in you. One participant said:

“Because I have nothing to do, I feel worthless. Imagine every day you wake up and play cards and just chill while others are moving forward. It's like you're useless.”

Participant 73, Interview with Author (2019)

Furthermore, the study finds that in many communities unemployed youth are treated as deviants; as a result, they lack social support from their communities which makes the unemployment period more difficult and exacerbates feeling of worthlessness. The findings are aligned with those of Lorenzini and Giugni (2011) and Zeng (2012) who find that lack of social support during the unemployment period has negative effects on the mental health of unemployed youth. Some respondents expressed that elders and other community members often perceive young unemployed people as a nuisance in the community, therefore they are locked out of their circles of social contact. In some cases, some of them are looked down upon by their own (employed) peers because they are unemployed, making them feel unvalued.

Consequently, when it comes to social contact unemployed young people hang around each other. The study finds that many unemployed young people do have social contact, however, it is mostly with people of the same calibre, other unemployed youth with whom they feel comfortable. In most cases, young unemployed people are found hanging around the community shops, and taverns. A reason that was given by some respondents was that they are able to drink and forget about their problems and challenges.

Respondents explain that unemployment is associated with the experience of extreme depression among the youth, one sign of which is seclusion. The study finds that whilst some youth get social contact by mingling with others in taverns and “chill-spots”, others seclude themselves from society by choosing to be alone. One participant said:

“We have seen many of the young people become mentally challenged. They sit (at home) the whole day and their behaviour starts to change. Their character changes. They withdraw from the crowd, become quiet, non-interactive then after that you hear that the person has been admitted in Manzini (Psychiatric Hospital)”

Participant 80, Interview with Author (2019).

The study finds that young people respond to unemployment differently. For those who seclude themselves from society, they are deprived of social contact which is essential for positive mental health. In the same way, those who receive negative social contact are also affected because the nature of the social contact is not one that encourages positive learning. Nonetheless, the young unemployed are seen as the problem as opposed to people with a problem (facing unemployment). As a result, it is difficult to see the consequences of unemployment on a young unemployed persons’ psychological well-being because concentration is on the young person’s lifestyle.

4.4.3. Social status/identity

Social status assumes that mentally healthy individuals will have a positive sense of identity and view of themselves. However, the study finds that unemployed youth are deprived of social status and identity. Respondents relate the loss of identity and status among unemployed youth with character deformation, change and loss of personality and loss of independence or autonomy to do what they like. One participant said:

“There's nothing more frustrating than not having money. So we end-up doing things because of desperation. That leads to character change; short-temper. As people we have certain dreams and aspirations, not being able to do it is frustrating.”

Participant 88, Interview with Author (2019).

When asked how unemployment affects young people, participants expressed that the stress of not working leads young people to various self-defeating activity. Young people themselves also expressed feelings of worthlessness, loss of meaning and self-empathy. Unemployed youth respondents expressed that they end up relying on their parents/ guardians for basic life supply like soap, food, and underwear. The dependency on parents as an unemployed young person also leads to feelings of worthlessness as it strips them off their dignity. They consider it shameful that even after they have completed school, they are still dependent on their parents, and also because they are aware how difficult it is for their parents to get money. Not only is this a problem for the unemployed young person, but it also affects the parents, guardians and community as a whole. The development and growth of the community is hindered because parents channel their resources to supporting their children. This shows that the youth unemployment is not only a problem for the unemployed, but also the community that houses the unemployed. One parent exclaimed:

“It has really affected us because as parents you stay with children all of them in the house are not working. You can't even save or use your money elsewhere because you have to feed your children. We can't even buy land. The children are busy having children so now I have to feed my child and feed their child. How can I survive when all I do is sell here at the marketplace?”

Participant 80, Interview with Author (2019).

Young people themselves know that they are perceived as a burden because they are treated as such. This often manifests through anger and retaliation because they are now in a position that they did not wish to be in and yet they are blamed for being in that position. A key informant expressed:

“We have noticed a huge behavioural change. More like the attitude and their thinking...they come to meetings just to disrupt and cause commotion. They blame teachers, blame the school for them not working. And you can tell that they are not in a good space, so it manifests in anger and violence. Everyone is now an enemy to this person. They use the school meetings as a platform to address their own personal issues.”

Participant 49, Interview with Author (2019).

In understanding the social identity of unemployed youth in Eswatini, the study finds that with time, unemployed youth begin to lose hope in their dreams and aspirations. The study finds that most of the young people do not believe that their situation will change or get better. They seem to have lost hope in themselves and also believe that no-one cares about them.

4.5 Possible solutions to Youth Unemployment

The study asked the respondents about the way the community and government can work together to curb youth unemployment in Eswatini. The study finds that 23% of the respondents believe that it is the governments' responsibility to provide jobs for people. This indicates a lack of ownership and responsibility amongst the population, which will result in a lack of initiative. Respondents also suggested that young people be taught on job creation and life skills, as the reality is that there are no jobs in the economy. Figure 4.5.1 indicates that 15% suggested that for the youth to be engaged in productive economic activities, they must be provided with financial support to start businesses. Another 14% of the respondents suggested that youth centres should be upgraded and equipped to also function as skills centres for young people to learn skills that will enable them to generate income. Respondents have also called for the review of the rural development fund (RDF) as they feel

that the requirements of the fund prevent access to funds to start-up businesses. Respondents pointed out that the fund requires that any business must consist of a minimum of ten people in-order to obtain the funds that have been reserved for supporting community members start businesses. Respondents expressed that ten people is too many as it has proven to be difficult for ten people to work together. As a result, those funds remain unused and it is unclear where they eventually end up.

Respondents also highlighted on the importance of engaging the youth on development issues that concern them. In most areas, the youth did not feel the need to participate in development activities as they felt as though their opinions do not matter. As a result, they do not participate in community meetings and development projects. Respondents expressed that opening the floor for young people to give their input and share thoughts and ideas on how they can be helped will increase the levels of inclusive growth and participatory development. One participant said:

“The young people need to be heard, their thoughts and feelings... They must come hear us out. These young people have solutions to the problems they are facing.”

Participant 79, Interview with author (2019)

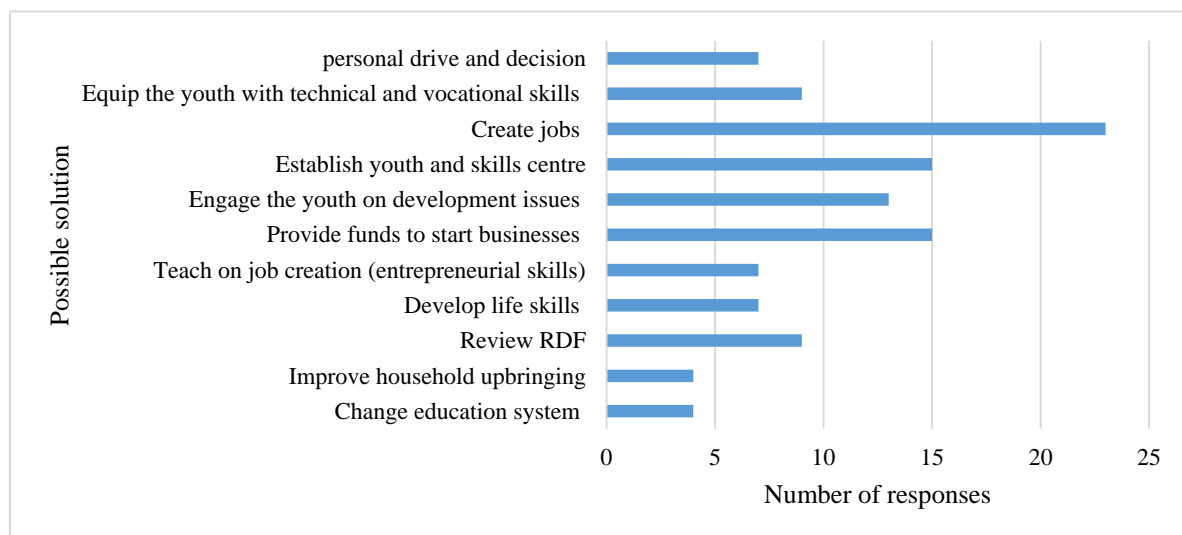


Fig. 4.5.1: Possible solutions to youth unemployment

Source: Author’s own representation of data

Notes: The diagram shows that some of the participants believed that at the ends of the day the youth needs to have personal drive and ambition to see themselves in a better position.

4.6 The Cost of Youth Unemployment and Mental ill-health

The costs of youth unemployment and mental health on Eswatini’s economy may be qualified as those directly experienced by the youth themselves, their communities and loss to the overall economy. The youth is considered the most economically active group in the labour force and in their high numbers could revive the country’s economy. However, deducing from the literature in this paper and in-depth interviews, the study recognises that the loss of potential economic productivity from the youth is the major loss to Eswatini’s economy.

This can largely be associated with the fact that a majority of the youth are idle or engaged in destructive activities. Moreover, the study finds that some communities have experienced some levels of suicide among unemployed youth and permanent mental illness in others. Activities such as unprotected sex, unwanted pregnancies, suicide, substance abuse and its related diseases all lead to an increase in healthcare costs and affect the general health and well-being of the youth.

Respondents point out that crime rates in their communities are high as a result it difficult for communities to attract investors. High-crime rates also affect social cohesion as people live in fear and mistrust with one another. This poses as a threat for the community, and the economy as there is an increase in social welfare and criminal justice costs. The community also faces the bane of youth unemployment as the youth become dependent on their parents, guardians, and the community at large, for basic needs. Community resources are then channelled to assisting the youth, and this hinders the development of that community. One respondent said

“Children were educated as a means to eradicate poverty but now poverty is at its worst because these children are at home unemployed. All our investments are gone. These children being smart then invest all their intelligence into the wrong things. That is how illegal activities then start, they begin drug dealing and doing all these things that harm the community...” Participant 9, Interview with Author (2019).

The economy also loses on skills and innovation. Young people are considered the drivers of the future economy who carry possible solutions to many of the world problems. Having them unemployed means the country is losing out on innate and acquired skills and creativity for economic growth. Respondents also expressed that the cost of youth

5. Conclusion

The study sought to examine the relationship between youth unemployment and mental illness in Eswatini and to qualify the consequences of youth unemployment and mental illness. The study used secondary data from HMIS to trace the places that have high reported cases of mental health by the youth between ages 15 to 35 years. The study finds that 57% participants identify the lack of opportunities as a major cause for unemployment in their communities. Other factors such as the education system, and socialisation, were among the causes of youth unemployment in Eswatini. The study uses Jahoda's (1982) latent deprivation model to conceptualise the relationship between youth unemployment and mental health in Eswatini. Based on this model, the study concurs with literature that unemployment leads to a lack of time structure, social contact, social status/identity, collective purpose, and activity, which leads to poor mental health amongst unemployed youth.

The study finds that the lack of time structure and activity among Eswatini's youth is characterised by idleness, drug and alcohol abuse, and engagement in criminal activities. This is exacerbated by the absence of recreational and structured activities for the youth in the different communities. Alcohol and drug abuse are found to have the greatest relationship with mental health disorders as a result of stress that comes with unemployment. The inability to deal with stress was a leading factor for young people to engage in self-defeating activities that threaten their mental health.

The study finds that unemployed youth are deprived of social contact and a collective purpose. They tend to spend most of their time with those who are also unemployed. The

nature of the social contact that they receive is not one that fosters growth and positive learning. The study finds that the lack of social contact is often perpetuated by constructed perceptions that the community has towards unemployed youth. In most communities, unemployed youth are seen as lazy deviants who intend to cause commotion. The lack of social support that comes with social contact further reinforces feeling of worthlessness amongst the unemployed youth, and they are further pushed into destructive activities in search for self-worth and purpose.

The study also finds that the latent functions presented by Jahoda's model also function in relation to each other. A lack of time structure, for instance, leads to a lack of activity which exacerbates idleness. This means that where interventions are concerned, providing an alternative source of time-structure to unemployed youth will automatically lead to a provision of activity.

The study suggests that the socioeconomic losses resulting from unemployment and mental health among youth accrue to the individual, the community and the overall economy. The individual incurs the direct cost of lack of income and the latent benefits that come with employment; while communities lose on the knowledge and skills that could be offered by the youth in-order to foster growth and development. The community is also affected by an increase in crime, prostitution, and other deviant behaviour, and left with the burden to take care of the unemployed youth in the community. The economy bears the brunt of the burden in lost return on investment made into human capital, loss of tax revenue, and increased investment in social welfare and healthcare expenditure, as well as low economic growth.

The study concludes that policymakers, and the community at large, should consider the effects of youth unemployment on the youth as a serious threat to the potential human capital development of Eswatini. As Eswatini strives to be a knowledge economy, mental capability becomes an essential component. Having a high number of the country's most economically active group affected by mental illness as a result of youth unemployed threatens the quality of their mental capability, which will have detrimental effects on the country's productivity. Issues of mental health ought to be placed in the forefront in an economy with high levels of unemployment, poverty, and all the factors that are associated with such socioeconomic disadvantages.

6. Recommendations

Consequently, the study recommends the following:

- Investments should be made into developing and maintaining the youth centres in the different constituencies in the country to ensure that they are being utilised for their core function.
- The Ministry of Sports, Culture and Youth Affairs must work together with the Ministry of Tinkhundla and Administration to ensure that there are recreational and personal development activities that are made available for young people in the different communities around the country. This will ensure that young people are channelled into productive activities to avoid idleness.
- There should be awareness and education on positive stress management and coping techniques as the inability to cope with stress leads young people into activities that have negative effects on their mental health.

- Policymakers should consider carving new pathways to create employment opportunities for Eswatini's youth in the different sectors of the economy, such as the introduction of entrepreneurial activities for out of school youth.
- Increased support for Eswatini's young entrepreneurs and small and medium enterprises.
- There should be ease of access to counselling and therapy services in our primary health care facilities, and at the community centres.
- Private and public sector must create apprenticeship, internship, and volunteerism programmes that will enable young people to develop their skills and also capacitate them with the necessary skills and experience that they need. This will also help keep their minds active in-order to avoid idleness.
- With help from the Ministry of Health, Eswatini needs to recognise the role that positive mental health plays in the economic growth and development in-order to ensure that the mental health of the population is appreciated.
- Devise mentorship programmes in different communities that will expose the youth to good role models.

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