Exploring young people's perspectives of inequalities in health: a qualitative study across three geographical areas in England, UK

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Background

Not all people have the same opportunities for good health. Across England, inequalities in health are increasing, exacerbated by the Covid-19 pandemic (Marmot et al. 2020). The worsening of inequalities in health is particularly acute for some groups and places (PHE, 2017).
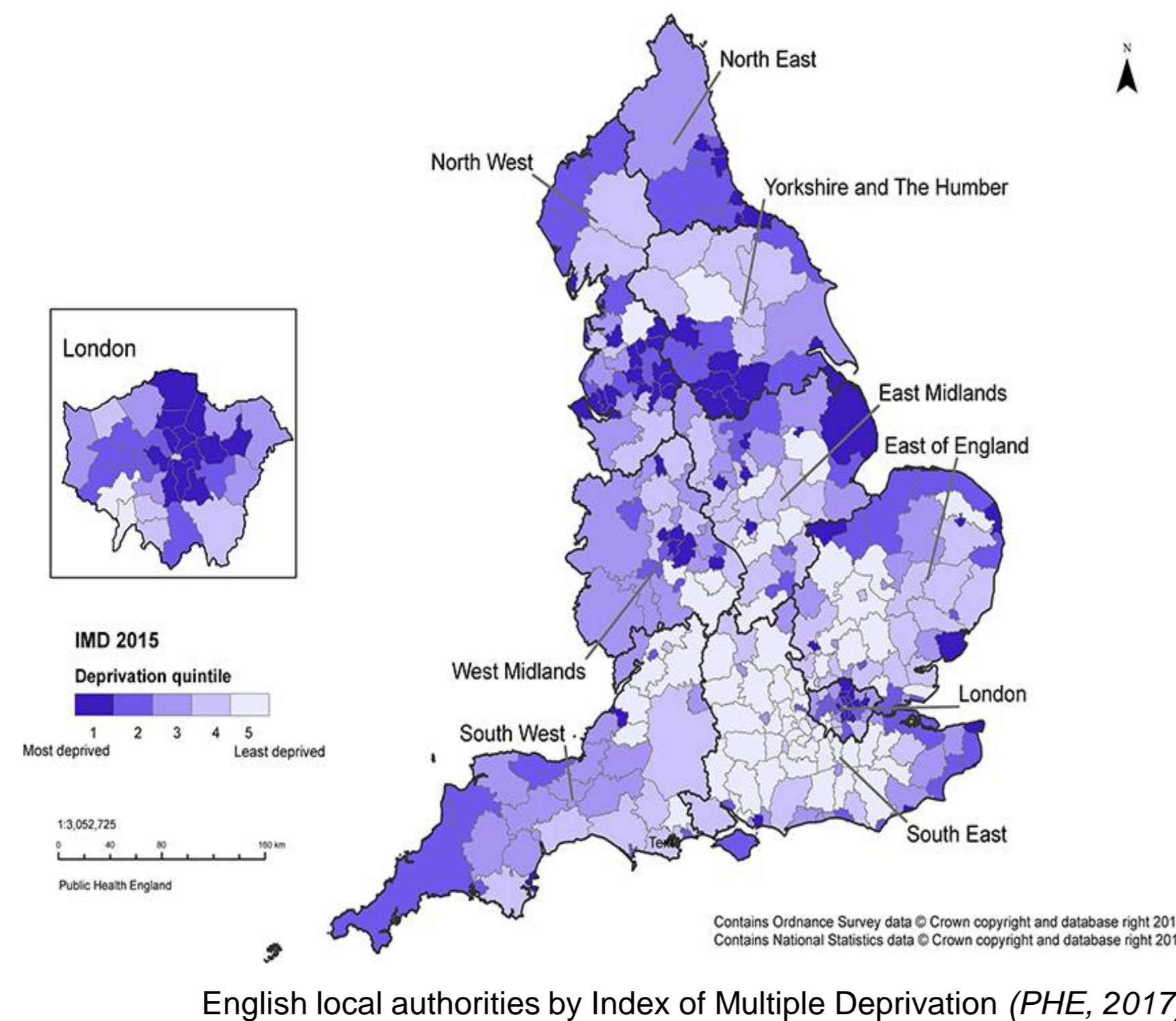
The widening of inequalities in health suggests changes are needed in the ways health inequalities are approached and tackled, as well as understood by those exposed to them.

Whilst there has been increasing interest in exploring public understandings of health inequalities, few studies have looked at the views of young people (Smith & Anderson, 2018). This has resulted in a limited appreciation of the experiences of young people, and how their understandings of health are shaped.

Exploring young people's perspectives, views and experiences can help design better policies, interventions and ways of communicating with the people and places impacted by health inequalities.

Our research seeks to:

- Explore young people's perspectives of inequalities in health.
- Develop a toolkit of resources to enable young people to better understand the social determinants of health and take action to reduce health inequalities.

IMD 2015
Deprivation quintile
1 2 3 4 5
Most deprived   Least deprived

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English local authorities by Index of Multiple Deprivation *(PHE, 2017)*

Methods

Recruitment and Sample

We undertook online and in-person qualitative focus groups with young people aged 13-21 (n=42).
Participants were recruited from six youth groups across three deprived geographical locations in England (South Yorkshire, the North East and London).
Each group took part in three linked focus groups – resulting in 18 focus groups in total.

Focus Group Discussions

The three focus groups were structured around:
1. participatory concept mapping activities (exploring perceptions of what influences ability to be healthy in local areas)
2. the discussion of news articles discussing health related topics
3. participant led discussion around key priorities for change

Data analysis

Data was analysed using a coding framework based on key concepts in the literature and developed through reading the data and transcripts.
All members of the research team were involved in data analysis, including coding and double coding of the data for consistency checks.

Results

Our participants described a variety of different factors shaping their health. What was important was the **interrelationships between factors**, and how the processes around and between factors were understood.

Many of the participants demonstrated a nuanced and sophisticated understanding of the factors influencing young people's health. Not all participants showed the same level of direct understanding, but all made reference to examples of inequalities they face, even if they did not overtly recognise them as barriers.
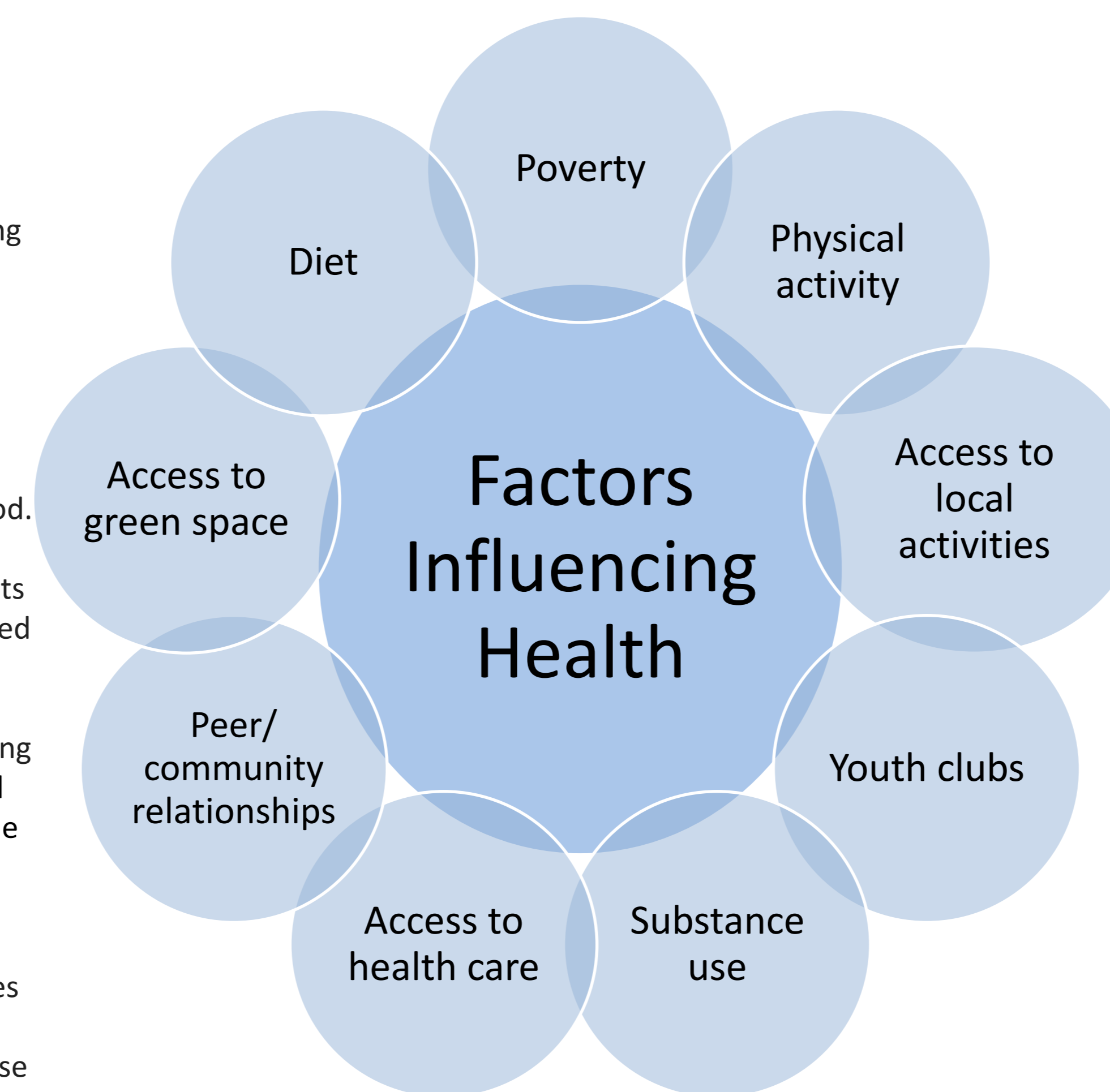
Key pathways around the factors the participants discussed as being important included:

Lack of money/poverty → *less able to afford healthy activities such as gym/sports classes* → *unhealthy lifestyle* → *behaviours which continue into adulthood*

Cost of health food and availability of cheap, unhealthy food → *easier to purchase and consume unhealthy food* → *negative impact on physical health*

Lack of things to do in local area → *boredom* → *increased crime/dangerous activities* → *lack of safe spaces to socialise* → *reduced perceptions of safety/belonging*

Lack of money/poverty → *cannot afford private healthcare or therapy* → *private treatment may also be better* → *wealthier people will be healthier*

Gender → *more opportunities in sport for men* → *sexism and stereotypes in sport* → *puts people off involvement* → *decline in physical health*

Understandings of Health Inequality

Understandings of inequalities in health were often rooted in experience, and framed in relation to personal circumstances. Crucially, young people articulated key pathways through which they perceived inequalities to be created, and consistently highlighted the importance of poverty as a root cause of inequality and a barrier to individual behaviour change. The participants identified key axis of inequality around:

- Poverty and wealth (impacting upon abilities to be healthy in numerous ways, including accessing a healthy diet, accessing leisure spaces and places for physical activity, transport)

- Ethnicity (disproportionate Covid-19 impacts, Asian hate-crime, housing inequalities)

- Sex/gender (sexism, homophobia and transphobia as barriers to sport engagement)

- Regional and local inequalities (North/South divide = differences in labour markets, healthcare access)

Priorities for Change

Healthy Eating
- Cheaper and more healthy food options at school and in the community
- Better education and support to help people to eat more healthily (school and community cooking classes)

Promoting Physical Health
- Increased promotion of physical health options and sports in the community.
- Cheaper and better access to spaces and facilities that support physical activity and exercise
- Increased focus and education on the importance of physical health, diet and exercise from schools

Mental health
- Improving mental health support and access to support in school (limited options in school) and in local community (CAMHS waiting lists)
- Movement towards early support and intervention
- School staff require more nuanced understandings of mental health (the specific issues experienced by young people and specialist support they need, are not always within the capacity or expertise of school staff)

Accessible 'safe' and healthy spaces for young people: youth clubs, gyms and parks
- More visible advertising about youth clubs
- Increased support/funding for youth organisations (to increase provision for young people), including targeted support for particular groups (e.g. LBGTQ+ groups)
- Increased accessibility of sport in regards to gender

Youth pay and wages
- Better quality work and pay for young people
- Need for more, and greater variety of job opportunities in the areas in the North, particularly in deindustrialised areas

Next steps

Toolkit Development Sessions

Findings from the focus groups sessions will be used to inform the development of a toolkit of resources to enable young people to take action to reduce health inequalities.
Participants from the focus groups sessions will be given the opportunity to join two toolkit development sessions.
- The first session will focus on the content and prioritising what the toolkit should look like.
- The second will focus on reviewing the first design of the toolkit, providing feedback and agreeing next steps.

References

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