

## ORIGINAL ARTICLE

# Barriers To Rural Youth Aspiring to Health Entrepreneurship in Hulu Terengganu

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## ABSTRACT

**Introduction:** This study explores the barriers faced by young individuals in Hulu Terengganu in pursuing health entrepreneurship, shedding light on the socioeconomic, personal, and environmental factors that hinder their participation in this vital sector. **Materials and Methods:** Through an in-depth qualitative analysis, this research investigates the complex interplay of financial constraints, limited access to resources, family expectations, and rural infrastructure challenges that shape the entrepreneurial landscape for youth in health-related fields. **Results:** By engaging ten young health innovators from Hulu Terengganu as key informants, this study uncovers the nuanced difficulties they encounter, including gaps in education, mentorship, and policy support. Grounded in existing literature and empirical data, the findings provide insights into targeted strategies and interventions that can empower rural youth to overcome these barriers. **Conclusion:** this research contributes to the discourse on sustainable health entrepreneurship, advocating for inclusive economic growth and equitable development in rural communities.

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## INTRODUCTION

Every individual possesses unique talents, skills, and potential that, when nurtured, can contribute significantly to societal progress and economic growth (1, 2). However, for many unemployed youth, particularly in rural areas, realizing their full potential remains a challenge. In rural Malaysia, this unrealized potential is especially evident in the health sector, where innovative youth participation could both enhance community well-being and create local employment opportunities. Addressing youth unemployment especially those that concerned and interested in community-based health initiatives are particularly crucial for sustainable national development.

In Malaysia, the term youth refers to individuals aged 15 to 40, as defined by the National Youth Development Policy (1997). Yet, most youth development programmes focus on those between 18 and 25 years old—a demographic particularly vulnerable to economic uncertainty (6, 7). The employment recovery process for

young individuals continues to lag in the wake of the COVID-19 pandemic (8). A 2022 global labour study (9) reported that youth unemployment reached 75 million in 2021, a rise of six million from pre-pandemic levels. This global trend has been mirrored in Malaysia, where the Department of Business and Social Affairs (2021) recorded a sharp increase in the national unemployment rate to 6.5% in 2020, up by 1.1% from the previous year. Such setbacks have intensified structural barriers that limit rural youth entry into emerging fields such as health entrepreneurship.

Youth unemployment in Malaysia remains a persistent concern, especially among younger age groups. In 2019, unemployment stood at 14.4% for individuals aged 15–19 and 9.5% for those aged 20–24, compared with just 3.8% for those aged 25–29 (10). This disparity reflects the vulnerability of younger demographics in securing stable employment opportunities. For rural youth in areas like Hulu Terengganu, these statistics translate into reduced exposure to innovation networks, limited access to health-related training, and inadequate business incubation services that could promote local enterprise (11). The resulting lack of opportunities often discourages youth from pursuing innovative careers that could contribute to rural health improvement and sustainability (12).

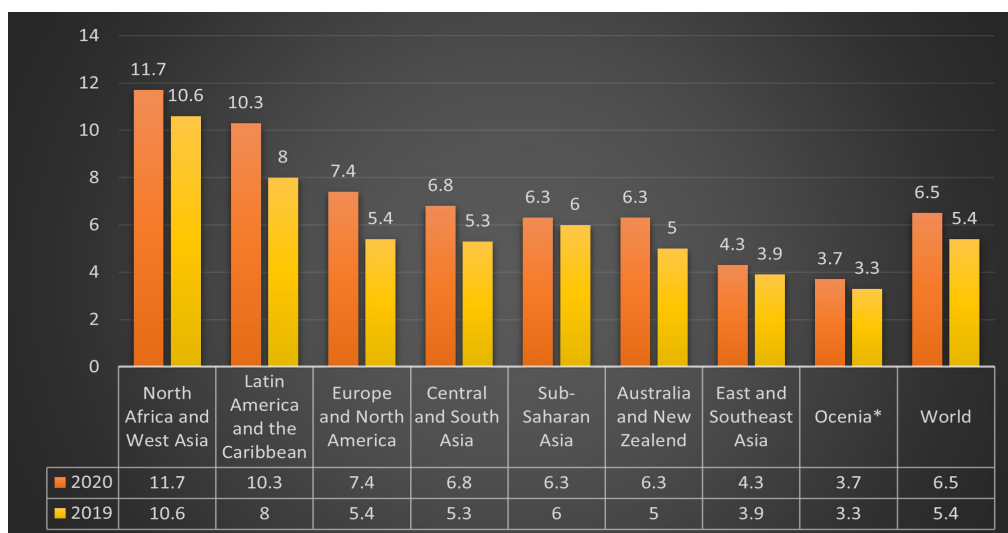


Fig. 1: Comparative Youth Unemployment Rates across Continents (2019-2020) Source: Department of Economic and Social Affairs (2021)

The urban concentration of Malaysia’s labour force in which over 80% of workers reside in cities further marginalizes rural youth from meaningful employment pathways. This imbalance shapes their career aspirations, limiting opportunities for those who wish to engage in service-oriented or health-related entrepreneurship (13). In many rural districts, including Hulu Terengganu, youths face restricted access to technology, limited transportation, and insufficient mentorship, which collectively hinder their entrepreneurial ambitions.

Hulu Terengganu, located inland from the coastal areas of Terengganu, exemplifies the socioeconomic challenges of Malaysia’s rural landscape. Its economy relies largely on agriculture, small-scale industries, and community-based services. While its proximity to Kuala Terengganu presents opportunities for market engagement, infrastructural and institutional constraints limit young people’s ability to explore entrepreneurship, particularly in the health sector. Despite state-level efforts to promote entrepreneurship, barriers specific to health-oriented ventures such as inadequate healthcare infrastructure, limited awareness of health regulations, and scarce digital health platforms remain underexamined.

Meanwhile, youth entrepreneurship is increasingly recognised as a vital pathway to sustainable development, job creation, and improved community well-being. Malaysia’s Pelan Tindakan Belia Negara and related initiatives have promoted youth engagement in innovation and enterprise; however, the health sector remains an underexplored domain for rural youth. In regions like Hulu Terengganu, where access to health innovation resources and entrepreneurial support is constrained, many young people express interest in health-related ventures but face multiple structural and contextual barriers. These include financial limitations, lack of mentorship, minimal technical training, and cultural or familial expectations that discourage non-

traditional career paths (14).

Yet, empirical evidence on what prevents rural youth from transforming this interest into viable health entrepreneurship remains scarce. Understanding these barriers is critical to designing effective interventions and policy responses that empower rural youth to become active contributors to community health improvement and economic resilience. Hence, this study aims to address the existing knowledge gap through the following specific objectives: (i) To identify the personal and socioeconomic barriers influencing rural youth aspirations toward health entrepreneurship in Hulu Terengganu; and (ii) To explore the environmental factors constraining their participation in health-related entrepreneurial activities. By focusing on Hulu Terengganu, the study contributes localized insights into how rural development and youth empowerment policies can better integrate entrepreneurial innovation within the health sector. The findings will help inform future strategies to build sustainable rural economies where youth can transform health entrepreneurship aspirations into impactful community solutions.

**MATERIALS AND METHODS**

This study employed a qualitative research design to explore the barriers faced by rural youth aspiring to health entrepreneurship in Hulu Terengganu. The qualitative approach was considered appropriate because it enables an in-depth understanding of participants’ lived experiences, perceptions, and motivations that cannot be captured through quantitative methods alone. This approach allowed the researchers to uncover complex socio-cultural, economic, and institutional dynamics shaping youth aspirations and participation in health entrepreneurship within rural communities.

Participants were selected using a purposive sampling technique, which ensured the inclusion of individuals

with relevant experiences and insights related to youth development, entrepreneurship, and rural health initiatives. The sample comprised aspiring ten (10) youth entrepreneurs, community leaders, local government representatives, and health programme officers who were directly or indirectly involved in youth empowerment activities. This sampling rationale was guided by the need to obtain diverse perspectives from various stakeholders operating within the study area.

Data were collected through focus group discussions (FGDs) and semi-structured interviews conducted across selected villages in Hulu Terengganu. A total of three focus groups were organised to stimulate interactive dialogue and capture shared community perspectives on the challenges and opportunities surrounding health entrepreneurship. Additionally, individual interviews were conducted to obtain more detailed personal accounts and clarify issues raised during group discussions. All sessions were held in the Malay language, facilitated by trained enumerators familiar with local dialects and cultural norms to promote open and comfortable communication. Each session lasted between 60 and 90 minutes, and with participants' consent, all discussions were audio-recorded, transcribed verbatim, and subsequently translated into English for analysis.

The collected data were analysed using thematic analysis, following (15) six-phase framework: (1) familiarisation with data, (2) generating initial codes, (3) searching for themes, (4) reviewing themes, (5) defining and naming themes, and (6) producing the report. Coding was conducted manually to identify recurring patterns and relationships among personal, socioeconomic, environmental, and institutional barriers affecting youth aspirations. Repeated review of transcripts helped to refine categories and ensure that the emerging themes accurately reflected participants' narratives.

To enhance the credibility and trustworthiness of the findings, triangulation was achieved by comparing data from focus groups and individual interviews, ensuring that recurring perspectives were consistently validated across respondent categories. Peer debriefing among research team members was also carried out to minimise researcher bias and confirm the reliability of the interpretations.

### **Ethical Clearance**

This study was approved by Research Ethics Committee, Faculty of Applied Social Sciences, Universiti Sultan Zainal Abidin No. UNiSZA.600-3/5/1 (67).

### **RESULTS**

A summary of the demographic characteristics of the informants is presented in Table I. Notably, most participants did not have permanent employment and

remained unemployed at the time of the study. Their employment status underscores the challenges rural youth face in securing stable jobs or entrepreneurial opportunities, particularly in the health sector.

### **Major Themes**

#### **Health Entrepreneurship Barriers (Individual, Socioeconomic and Environmental Barriers)**

The insights gathered from informants reveal three significant challenges that impede the involvement of rural youth in Hulu Terengganu in health entrepreneurship and sustainable employment. These barriers not only limit their economic prospects but also hinder the development of a thriving health innovation ecosystem in rural communities. The participants disclosed that the major impediment obstructing their career path in health entrepreneurship are matters and issues relating to individual constraints, family and socioeconomic influence, and environmental and structural barrier. This research sheds light and puts forward that structural and socioeconomic barriers are the stumbling block hindering the youth from entering and becoming involved in health entrepreneurship.

#### **Individual and Information Constraints**

Rural youth in Hulu Terengganu face significant personal challenges that hinder their ability to engage in health entrepreneurship or secure employment in the health sector. These challenges stem from limited access to job information, inadequate skills and experience, and constraints related to educational qualifications.

#### **Limited Access to Employment Information and Resources**

The research findings revealed that one of the major obstacles for rural youth is the lack of accessible information on job opportunities and entrepreneurial pathways within the health sector. A key barrier preventing rural youth from pursuing opportunities in health entrepreneurship and employment is their lack of access to job-related information and resources. Many struggle to identify available vacancies or find the appropriate platforms to seek employment or business opportunities, which limits their ability to take proactive steps toward career advancement. Informants 1 and 3, expressed thus:

"I struggle to find job opportunities due to limited access to employment information. Despite actively searching for work, I have been unable to secure a position. And you know identifying the right platform to explore job prospects and entrepreneurial opportunities in the health sector remains a significant challenge." (*Informants 1 and 3*)

In any entrepreneurship endeavour, getting vital information has been highlighted as critical and very germane, and so an inability to access information will

hinder its start-up. These findings confirm the findings of (16, 17), which found that the unavailability of job-related information and resources is a major barrier preventing students and other individuals from accessing needed education, employment, and getting recruited.

#### ***Lack of Work Experience and Entrepreneurial Skills***

Employers' preference for experienced workers poses a major challenge for rural youth, particularly fresh graduates who have not had the opportunity to gain professional exposure. Additionally, the absence of skills training and development programs limits their ability to enter the workforce or start a business in the health sector. Besides, many rural youth lack formal training, making them feel unprepared and insecure about workplace demands. This manifest

"Lack of prior work experience poses a major barrier for rural youth in starting and venturing into health entrepreneurship, as they struggle to gain the necessary industry knowledge and credibility to establish their own ventures." (*Informant 2*)

Another Informants divulged that:

"Without prior experience, navigating the challenges of health entrepreneurship becomes daunting for fresh graduates, as they lack the practical exposure and business acumen needed to build a sustainable enterprise in the sector." (*Informant 4*)."

In any business venture or enterprise, priority is given to experience; if a person does not have the much-needed experience, his or her chance of getting to succeed is very slim. A study which was conducted to examine the performance of an undergraduate internship programme in rural public health (18) also validates the findings of the study. The study pointed out that internship universities and partnered sites should redesign and improve current internship programmes so that they may better fit the student needs and experience actual situations and future needs.

#### ***Educational Qualifications and Competitive Job Market***

Rural youth face difficulties securing employment or starting a business in the health sector due to their educational background and the competitive nature of the job market. The rising cost of living forces rural youth to prioritize job opportunities that align with their educational background, limiting their entrepreneurial pursuits.

"In the pursuit of health entrepreneurship, rural youth face significant barriers due to the emphasis on high academic qualifications. Limited formal education can hinder their credibility and access to essential resources, making it difficult to compete in the industry." (*Informant 2*)

Another Informants added:

"The entrepreneurial landscape is highly competitive, with success often dependent on an individual's level of education and prior experience. This creates a challenging environment for rural youth who lack these credentials to establish themselves in the health sector." (*Informant 9*)

Another Informants responded:

"With the rising cost of living, financial constraints force rural youth to prioritize stability over entrepreneurship, often limiting their ability to take risks and invest in health-related business ventures that align with their qualifications." (*Informant 9*)

In the concept of entrepreneurship, education is not only know-how but also having necessary skills and ingenuity. All these will serve as agents of stimulants to better get involved in health entrepreneurship and also give relevance and stability to such individuals to remain in the job market.

#### ***Family and Socioeconomic Barriers***

Family dynamics play a crucial role in shaping the career paths of rural youth in Hulu Terengganu. Socioeconomic status, family expectations, and household responsibilities significantly impact their ability to pursue employment or health entrepreneurship.

#### ***Socioeconomic Status and Career Choices***

The financial condition of a family influences whether youth seek stable employment or explore entrepreneurial opportunities in the health sector. Those from low-income backgrounds may face financial constraints, while those from well-off families may have more flexibility in career choices. This is to say that economic background determines career decisions. Youth from lower-income families may prioritize immediate financial stability over entrepreneurship due to financial pressure.

"The family's economic status significantly influences rural youth's ability to venture into health entrepreneurship. Many young individuals feel pressured to pursue opportunities that align with their family's financial standing rather than taking risks in entrepreneurial endeavours." (*Informant 8*)

Likewise, another informant said that:

"Family responsibilities and expectations can create additional challenges for aspiring health entrepreneurs. The need to support family members financially or adhere to traditional family roles often limits opportunities to explore and establish independent business ventures in the health sector." (*Informant 1*)

**Family Support and Expectations**

The level of encouragement and support from family members influences whether youth actively seek employment or consider health entrepreneurship. In some cases, family responsibilities or spousal expectations limit their career decisions. While some families support their children's career aspirations, others discourage them from working due to traditional gender roles or family expectations.

"For some, family obligations take precedence over entrepreneurial aspirations. Personal circumstances, such as childcare responsibilities and spousal expectations, can hinder efforts to start a business in the health industry." (*Informant 8*)

"Time constraints due to family commitments, such as balancing household duties and caregiving responsibilities, further restrict opportunities for rural youth to focus on launching and sustaining a health-related enterprise." (*Informant 5*)

A participant disclosed:

"Parental influence plays a crucial role in shaping career decisions, often steering youth toward conventional employment rather than encouraging innovation and entrepreneurial pursuits in the health sector." (*Informant 7*)

**Lifestyle and Financial Expectations**

Family lifestyles and financial expectations create additional pressures for rural youth when deciding on career paths. Some individuals seek jobs to support their families, while others aim to achieve a higher standard of living.

"The financial responsibility to support my family limits my ability to take risks and invest in health entrepreneurship." (*Informant 2*)

"My priority is to provide for my family, making it difficult to allocate resources and time toward establishing a health-related business." (*Informant 4*)

Like the above, a participant expressed that:

"The aspiration for financial independence, influenced by exposure to a more luxurious lifestyle, drives me to seek stable income rather than explore uncertain entrepreneurial opportunities in the health sector." (*Informant 1*)

There is no mincing words: capital is one of the major backbones of any venture, be it for personal progression or setting up investment of any kind. Getting financial support from various sources, such as family or friends, is tantamount to being ready to start up, and likewise, the non-availability and lack of financial support will

make any dream enterprise crumble from inception. This perspective was also supported by the findings of (19, 20, 21), who found out that getting family and financial support are certainly related to the desirability and feasibility of starting a business. According to these studies, factors such as family support and financial backing undoubtedly have a significant influence on the start-up, stability, and sustenance of entrepreneurship programs or endeavours. So, having (or not having) access can make or mar any entrepreneurial initiatives that youth may have in mind.

**Environmental Barriers on Health Entrepreneurship**

The surrounding environment plays a significant role in shaping the employment and entrepreneurial decisions of rural youth in Hulu Terengganu. Factors such as social stigma, cultural expectations, and limited infrastructure create barriers that hinder their ability to pursue careers in health entrepreneurship.

**Social Perceptions and Community Trust**

The perceptions and attitudes of the community influence rural youth's ability to seek and establish careers, including in health entrepreneurship. A lack of support or negative societal attitudes can lower motivation and confidence in pursuing professional opportunities. In the sense that many communities lack trust in youth capabilities, and this has made many rural youth struggle with societal expectations that undermine their ability to secure or sustain jobs. Family members or neighbours may doubt their potential, making it harder for them to gain confidence in their careers.

"The lack of support and skepticism from my relatives discourages me from pursuing health entrepreneurship, as they doubt my ability to succeed in this field."

(*Informant 9*)

Another informant further added:

"Negative societal attitudes and discouragement from those around me have impacted my confidence and mental well-being, making it difficult to take the risk of starting a health-related business." (*Informant 4*)

**Cultural Norms and Economic Limitations**

Cultural expectations in rural communities often dictate career choices and influence whether youth pursue entrepreneurship or seek traditional employment. In the same vein, unlike urban centres, rural areas provide fewer opportunities for job creation and business development. Limited access to financial resources makes it difficult for youth to start health-related enterprises.

"In rural areas, limited infrastructure and lack of essential facilities make it challenging to establish and sustain a health-related entrepreneurial venture, unlike in urban areas where resources and support systems are more readily available." (*Informant 6*)

### ***Infrastructure and Accessibility Barriers***

The availability of essential infrastructure such as transportation, internet connectivity, and healthcare facilities affects the ability of rural youth to find jobs or start businesses in the health sector. Many youth struggle to find jobs or attend business-related activities due to limited access to public transportation in rural areas. Likewise, digital tools and online platforms are crucial for modern health entrepreneurship, yet many rural areas lack reliable internet access, limiting youth from accessing training programs, networking opportunities, and business resources.

"I struggle to find job opportunities due to limited access to employment information. Despite actively searching for work, I have been unable to secure a position. Identifying the right platform to explore job prospects and entrepreneurial opportunities in the health sector remains a significant challenge."

*(Informants 4 and 10)*

All the above findings reflect the effects the immediate environment, for instance, can play in shaping the employment and entrepreneurial decisions of rural youth in Hulu Terengganu. The findings from the qualitative study clearly highlight the critical situation and crossroads youth find themselves in in their pursuit of careers in health entrepreneurship (22, 23, 24). And this similarly calls for means to devise a multifaceted approach in tackling them.

### **DISCUSSION**

In Hulu Terengganu, the barriers to youth venturing into health entrepreneurship stem from multiple structural and socioeconomic factors. Ultimately, the study's findings have highlighted how limited access to job information, lack of experience and entrepreneurial skills, and educational constraints collectively hinder rural youth in Hulu Terengganu from pursuing health entrepreneurship. Addressing these personal barriers through targeted interventions such as career guidance, skills training, and business mentorship can help unlock their potential in the health sector (25, 26).

The findings of this study also reveal that youth aspirations toward health entrepreneurship in Hulu Terengganu are shaped by a combination of individual, social, and institutional factors that collectively constrain their participation. From the perspective of Human Capital Theory, these barriers highlight the limited access of rural youth to essential resources such as education, skills training, and entrepreneurial exposure, these elements constitute the foundation of productive human capacity.

The family plays a crucial role in shaping the career choices of rural youth, whether through financial limitations, expectations, or responsibilities (27).

Many youth struggle to balance their aspirations for employment or health entrepreneurship with family pressures and obligations. Addressing these barriers requires financial support, career counselling, and programs that empower youth to navigate family expectations while pursuing their career goals.

Youth participants reported that their lack of formal training in business management, health innovation, and financial literacy diminished their confidence and readiness to initiate or sustain entrepreneurial ventures. This finding supports (28)'s view that human capital accumulation through education and skill development enhances productivity and innovation. Hence, the low investment in rural youth education and capacity building has direct implications for their entrepreneurial competence and opportunity recognition within the health sector.

In the same way, bring into bear the broad view of Rural Livelihoods Model, the study further underscores how structural and environmental barriers such as limited infrastructure, weak market access, and insufficient institutional support each and all restrict the ability of rural youth to convert their aspirations into viable economic activities. These contextual factors represent the vulnerability context within which livelihood strategies, such as entrepreneurship, are developed. The findings indicate that most respondents depend on informal networks and community initiatives rather than formal institutional frameworks for support. This reliance reflects the limited presence of enabling policies and rural entrepreneurship support mechanisms, thereby perpetuating dependence and restricting long-term sustainability.

The environmental factors surrounding rural youth in Hulu Terengganu pose significant challenges to their entrepreneurial aspirations in the health sector (25). The lack of societal trust, cultural norms discouraging entrepreneurship, and poor infrastructure limit their opportunities for employment and business creation. In the digital age, technological proficiency is crucial for business success. However, many rural youth lack access to digital tools and training, preventing them from leveraging technology for health-based start-ups. Addressing this digital divide through ICT skill development, access to funding for digital resources, and improved internet connectivity can empower rural youth to establish competitive health enterprises in an increasingly technology-driven economy. Addressing these barriers requires community awareness programs, improved infrastructure, and increased access to entrepreneurial training and resources.

Social capital also emerged as a critical determinant influencing the degree of youth engagement in entrepreneurship (29, 30). The absence of strong mentorship networks, limited peer collaboration,

and low awareness of available programmes reduce collective empowerment and hinder the diffusion of entrepreneurial skills within rural communities. Consistent with the Rural Livelihoods Model, this study suggests that strengthening social and institutional capital is essential to diversify livelihood opportunities and enhance youth resilience.

In the long run, the study contributes to existing scholarship by linking human capital and livelihood perspectives to explain how personal deficiencies, institutional weaknesses, and socio-economic vulnerabilities interact to shape the aspirations and challenges of rural youth in health entrepreneurship. Addressing these barriers requires not only capacity-building interventions but also systemic reforms that create inclusive entrepreneurial ecosystems capable of transforming youth potential into sustainable livelihood outcomes(31).

## CONCLUSION

This study examined the multifaceted barriers that constrain rural youth aspirations toward health entrepreneurship in Hulu Terengganu. The findings reveal that personal, socioeconomic, and institutional limitations such as inadequate entrepreneurial skills, restricted access to finance, and limited mentorship opportunities which collectively hinder the ability of youth to translate their health-related ideas into viable enterprises. Furthermore, the lack of supportive infrastructure, inconsistent policy implementation, and minimal exposure to innovation ecosystems exacerbate these challenges, leaving many rural youth disengaged from the potential benefits of entrepreneurship in the health sector.

By integrating insights from Human Capital Theory and the Rural Livelihoods Model, the study concludes that building the entrepreneurial capacity of rural youth requires a holistic approach that addresses both individual competencies and systemic constraints. Investments in education, vocational training, and health innovation programmes are essential to develop youth human capital, while structural improvements such as access to credit, digital connectivity, and entrepreneurial incubation hubs can enhance the enabling environment for sustainable enterprise development.

In practical terms, the study recommends that policymakers and development agencies adopt multi-stakeholder strategies to strengthen rural youth participation in health entrepreneurship. This includes:

- i. Establishing community-based mentorship and training programmes that link young innovators with experienced health professionals and entrepreneurs;
- ii. Expanding access to microcredit and financial inclusion schemes tailored for rural youth enterprises;

- iii. Integrating entrepreneurship modules into rural health and education curricula to foster early interest and skill development;

- iv. Creating rural innovation and incubation centres to facilitate experimentation, business modelling, and partnerships; and

- v. Enhancing coordination among local government, NGOs, and educational institutions to ensure that youth entrepreneurship programmes are contextually relevant and sustainable.

Conclusively, overcoming the barriers to rural youth health entrepreneurship demands not only individual determination but also systemic transformation. A supportive policy environment that values traditional knowledge, embraces innovation, and invests in rural youth as agents of change will be central to advancing inclusive health development and community resilience in Malaysia and similar contexts globally.

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