Global Baseline Report

# Young Urban Women Programme

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ActionAid's Young Urban Women's (YUW) Programme addresses young women's economic rights and sexual and reproductive health and rights (SRHR). Using a human rights based approach to development, the project places a commitment to building the active agency of young women living in poverty at its centre. This lays the foundation for addressing young women's access to decent work and sexual and reproductive services simultaneously in three key ways: empowerment, campaigning and solidarity. This baseline was conducted to provide some analysis of the key result areas for the YUW Programme at the start of the project.

Global Baseline Report

# Young Urban Women Programme

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# Acknowledgements

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# Acronyms

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| **MDGs** | **Millennium Development Goals** |
| **SRHR** | **Sexual and Reproductive Health Rights** |
| **ILO** | **International Labour Organization** |
| **KPVU** | **Confederation of Free Trade Unions of Ukraine** |
| **YUW** | **Young Urban Women** |
| **NGOs** | **Non Governmental Organization** |
| **ULB** | **Urban Local Bodies** |
| **PDS** | **Public Distribution System** |
| **BPL** | **Below Poverty Line** |
| **ICDS** | **Integrated Child Development Services** |
| **ECD** | **Early Childhood Development** |
| **DSD** | **Department of Social Development** |
| **NPOs** | **Non Profit Organization** |
| **GWCL** | **Ghana Water Company Limited** |
| **STEP** | **Support to Training and Employment Programme** |
| **NGP** | **New Growth Path** |
| **NDP** | **National Development Programme** |
| **MoGCSP** | **Ghana Ministry of Gender, Children and Social Protection** |
| **GSGDA** | **Ghana's Shared Growth and Development Agenda** |
| **NSSO** | **National Sample Survey Organization** |
| **NHI** | **National Health Insurance** |
| **BCEA** | **Basic Conditions of Employment Act** |
| **UIF** | **Unemployment Insurance Act** |
| **HIV** | **Human Immunodeficiency Virus** |
| **AIDS** | **Acquired Immune Deficiency Syndrome** |
| **ICPD** | **International Conference on Population Development** |
| **DOH** | **Department of Health** |
| **RCH** | **Reproductive and Child Health** |
| **STIs** | **Sexually Transmitted Infections** |
| **M&E** | **Monitoring and Evaluation** |
| **JHS** | **Junior Health School** |
| **SHS** | **Senior High School** |

# Key Terms

### Decent work

"Decent work means productive work in which rights are protected, which generates an adequate income, with adequate social protection. It also means sufficient work, in the sense that all should have full access to income-earning opportunities. It marks the high road to economic and social development, a road in which employment, income and social protection can be achieved without compromising workers' rights and social standards.

The concept therefore embodies the Fundamental Principles and Rights at Work as well as the Labour Standards that have been set out in 176 Conventions and 183 Recommendations of the ILO." – ILO, International Labour Conference, Geneva, 1999

### Unpaid care work

Unpaid care work includes all activities involved in caring for a household when these activities are done by family members for no pay. These activities include cooking, cleaning, collecting water and firewood, and caring for children, older people and those who are unwell. Unpaid care work also includes voluntary community work. The term 'unpaid' differentiates this care from paid care provided by employees in the public and NGO (non-governmental organization) sectors, and employees and self-employed people in the private sector.

The word 'care' indicates that the services provided nurture other people.

The word 'work' indicates that these activities are costly in time and energy and are undertaken as obligations (contractual or social). (Adapted from UN Women, 'Progress of the World's Women 2000: UNIFEM Biennial Report', UNIFEM Rome, 2002.)

### Gender relations

The relations of power, privilege between men and women in a given context, society or social group [These are not the same everywhere, and are not static – they change as a result of broader social / economic / political forces or through conscious interventions]

### Gender norms

The particular nature of norms and rules governing male and female roles and relations in a particular society (e.g. veiling, positioning of widows, rights and responsibilities, etc.)

### Gender equality

Reducing or eradicating the socially constructed differences between men and women

### Sexual and reproductive health and rights

"Sexual and reproductive health is defined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the rights of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate healthcare services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant." (UN Programme of Action adopted at the International Conference on Population and Development, Cairo, 5-13 September 1994, Para 7.2a).

### Social mobilisation

A group of organisations and constituents (young women) pursuing a common political agenda of change through collective action.

### Leadership

Leadership has been described as a process of social influence in which one person can enlist the aid and support of others in the accomplishment of a common task or goal. It includes a set of skills and qualities such as being able to listen, think strategically, coach others, mobilise, communicate, collaborate, be assertive, confident and innovative.

**A young urban woman performing at the opening of the resource centre for young women in Accra, Ghana.** Photo Courtesy: AA Ghana

# Executive summary

In a global climate of economic turbulence, the focus of interventions has increasingly shifted to address the vulnerability of young women with the aim of reducing inequality and poverty. The nexus between migration and urbanisation processes have impacted on the quantity and quality of available work for young women, resulting in a concentration of young women in the informal economy, where conditions are usually insecure and incomes inadequate. The focus on decent work opportunities (quantity and quality) is ultimately about ensuring that young women are able to make choices and take control of their lives. The fact that women currently carry the additional burden of reproductive work that is unpaid and unaccounted for in national economic policies is another reason for including this as a critical focus for poverty alleviation.

Combined with their economic rights, young women's ability to access their sexual and reproductive health and rights are important preconditions for achieving the broader aims of development and gender equality. All of this provides the impetus for educating and empowering young women in urban settings about their economic rights and their sexual and reproductive health and rights such that they are able to take leadership in the critical areas affecting their dignity, development and lives.

In line with the issues discussed above, ActionAid is implementing the 3-year Young Urban Women's (YUW) Programme that addresses young women's economic rights and sexual and reproductive health and rights (SRHR). Using a human rights based approach to development, the project places a commitment to building the active agency of young women living in poverty at its centre. This lays the foundation for addressing young women's access to decent work and sexual and reproductive services simultaneously in three key ways: empowerment, campaigning and solidarity. The YUW Programme goal is that in three years, 5,800 young urban women living in poverty in India, Ghana and South Africa will have greater dignity through increased economic independence and control over their bodies, and their voices will be heard and recognised in international forums. Flowing from the programme goal are three major results related to Decent Work, Sexual and Reproductive Health and Rights and Young Women's Leadership and Movement Building.

This baseline was conducted to provide some analysis of the key result areas for the YUW Programme at the start of the project. Ten key outcomes were identified from which 12 indicators were developed. Progress with respect to the indicators will be monitored at regular

intervals throughout the duration of the project. The baseline study has been designed so as to support an eventual retrospective analysis of the changes influenced by the project. This approach was identified by the project as more appropriate and accurate than a traditional baseline and end line approach due to the fact that it is only really feasible for women to provide meaningful data on change once they have become aware of the relevant issues.

## Overview of demographics

Across the three implementation countries, all respondents identified as female, with only one respondent identified as transgender in South Africa. On an average 31% are located in the peri-urban areas, 59% in urban areas and 10% in rural settings*. The age distribution of participants is as follows: 15 to 18 years (56%), 19 -25 (41%) and 26-35 years (3%). In terms of marital status, the majority of respondents (77%) are unmarried, with 21% across all three countries being married. In South Africa, more than 80% of respondents are currently engaged in some form of study. However, for Ghana and India, on average, 30% of respondents were senior high school graduates and 25% junior high school graduates;13% of young women in Ghana indicated they had no education.

See *Table 1* for overview of baseline data collected.

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\* Primarily from Tamale in Ghana, where young women live on the outskirts of the city, towards the rural areas and commute to the city for work or education.

## Young women and decent work

The baseline affirmed the reality of how the combination of gender discrimination, cultural traditions and lack of economic opportunities deepened the sexual and economic exploitation of young women. The realities include a lack of secure employment opportunities, inferior and often hazardous working conditions and also a lack of social security such as maternity leave, pension and sick leave benefits. Despite this, the baseline survey findings show us that young women are unlikely to take formal routes to address exploitation due to a lack of trust of systems for redress. According to the baseline study, young women have little to no experience in engaging in activism linked to workers' rights.

In all three countries, respondents are engaged in multiple forms of care in their families and homes. Although there is some infrastructure to support unpaid care work, it is not adequate in some cases, while in others, issues of cost and physical access prohibit the use of these facilities to lighten the burden on young women.

While national economic policies do look at issues of unemployment and in some instances decent work, there is a critical need for measures specifically focusing on increasing decent work opportunities for young women. This should include the full enforcement of social and labour protection and resources for young women employed in both the formal and informal economy. Policies and protections

should also address reproductive health and conditions of work in which young women face occupational health and safety considerations.

## Young Women's Sexual and Reproductive Health and Rights

Oppressive norms and practices are significant barriers to young women's access to and use of health services. Despite national level commitments towards addressing the sexual and reproductive health service needs of youth, this is not evident in the delivery of services to young people. This was affirmed through complaints of unfriendly health services (to young women) across all demographics in all three countries. Furthermore, young women often have second-hand knowledge as it relates to sex, sexuality, gender and reproductive health due to stigma or norms related to the perception of sexual activity. This creates a barrier in accessing the right information and services to ensure their health.

## Young Women's Movement Building

Many of the young women have no other support groups or networks other than the one established by this programme. For those who are part of other groups, less than one-third occupy leadership positions.

Furthermore, the percentage of young women who had participated in both local government discussions and community meetings in all three countries was low, owing to socio-cultural customs or traditions that censor their speech and behaviour, or because they exclude themselves from particular activities in the belief that these were not intended for them.

As part of the human rights approach, the programme aims to hold states accountable and to engage a range of actors in a positive dialogue about the benefits of young women enjoying basic human rights1. In terms of this baseline study, young women were asked to indicate who they felt were the most supportive and least supportive of them. Across the three countries, respondents felt that their parents were the most supportive of them, while young men and religious leaders were perceived to be the least supportive of them. Other groups they considered supportive included local government and community groups.

## Recommendations

- Create awareness among young women about their legal rights and entitlements as it relates to work as well as sexual and reproductive health and rights.

- Support and implement national level advocacy initiatives to put unpaid care work of young women on the national economic policy agenda. Issues of affordability and access of childcare facilities should be taken up.

- Educate families on the benefits of sharing care work.

- Initiate campaigns on young urban

women's paid work, rights at work-place and also to address issues of family or cultural restrictions, lack of skills and support.

- Educate and empower young women with skills that would prepare them for remunerative jobs and enhance their ability to make decisions about their future

- Advocate for basic facilities in the work place to include safety, minimum wage, job security and other protections. In particular, efforts could focus on both policy and awareness-raising around critical issues such as sexual harassment and exploitation. Advocacy efforts should also look for potential entry points to address issues affecting young women working in the informal economy.

- Facilitate dialogue in the community around norms and practices that oppress young women.

- Conscientise young women on issues of gender norms, power, decision-making and use of financial resources. In this process of unpacking power, young women could contrast their own experiences to that of men and increase their knowledge on how to manage their financial resources.

- Initiate advocacy to ensure that healthcare facilities are able to respond to the specific needs of young women, in particular through the provision of a holistic set of services that create greater

autonomy and choice for young women. Efforts should focus on (i) addressing staff attitudes, perceptions and treatment of young women to ensure that young women are able to access the information and services that they need and (ii) address other inhibitors to women enjoying the highest standards of SRH such as distance to services, cost, hours that services are available, lack of privacy, family restrictions etc.

- Create spaces for young women to discuss, share and deepen their understanding of their own experience and the collective experience of young women. This will provide the basis for young women to participate in collective spaces with other young women to contribute potential solutions to issues they are facing in their lives.

- Provide mentorship and support to increase those young women who are new to organised groups. Through mentorship and leadership training young women would be supported (and guided) on how to go about making change happen at the community level, local government level and beyond.

- Provide opportunities for young women to participate meaningfully in local government and community meetings.

- Mobilise the community around the issue of young women's sexual exploitation in the work and public spaces. The purpose for this engagement is to mobilise them

on a particular issue (identified through the programme) that would ultimately challenge norms or push for law/policy change or enforcement.

- Promote media advocacy and campaign for YUW's rights. It is not sufficient to work with YUW alone but with their family members and community leaders for a healthy environment for growth, safety and security of YUW.

- Build networks and alliances with other youth and non-youth groups who can show solidarity and continuity by working together on specific objectives or initiatives. Given that there are few NGOs working with YUW, a starting point is to develop a stakeholders' analysis for networking purposes.

- There is a further opportunity to engage with NGOs and CBOs working on issues of basic service delivery with respect to young women's unpaid care work, as well as to engage local government on these issues. Further investigation would need to be completed first.



**Young urban women performing at a community outreach event in Johannesburg, South Africa.** Photo Courtesy: Afrika Tikkun

*Table 1: Overview of Baseline Data collected*

| RESULT 1: YOUNG WOMEN HAVE SAFE AND DECENT WORK AND LIVELIHOODS, AND CAN EXERCISE CONTROL OVER THEIR INCOME | |
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| **Result 1.1: Young women recognise and challenge sexual and economic exploitation in their work** | |
| *Indicator 1:* *40% of young women involved in the programme report cases of sexual and economic exploitation within their groups, trade unions and associations.  This is from a baseline of zero.* | |
| **Employment status** | 35% of respondents from India indicated they were employed, compared to 36% of respondents from Ghana and 10% of respondents from South Africa. In South Africa, 40.2% of respondents were still in secondary school, in India 31% of respondents indicated that they weare currently studying (including secondary and post-secondary education). In Ghana, 59% of respondents indicated that they weare still studying. |
| **Work security** | On average, 10% of employment is permanent, with high rates of voluntarism (unpaid) and also reliance on temporary/contractual or seasonal work. IAlso in Ghana more than half of the respondents are self- employed which comes with its own issues of insecurity. |
| **Work hours** | Young women from India spend up to 7 days a week in paid labour, compared to 5-6 days on average for Ghana and South Africa.  Young women report that they sometimes work more than 8 hours a day (in particular for Ghana with self-employed respondents). |
| **Earnings** | On average 53% of respondents earn less than the minimum wage. |
| **Working conditions** | Across the 3 countries, respondents reported various exploitative experiences such as payment below the minimum wage, delay in payment, payment less than agreed, and working under unsafe conditions. In certain instances, respondents who are employees could experience multiple forms (two or more) of these exploitative conditions. The unorganised nature of work does not guarantee social security benefits like maternity or medical leave that was noted as a form of exploitation.  In particular in the Baseline Study from India, issues of sexual exploitation in the workplace were noted as a major concern for young women. |

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| **Reporting of exploitation in the workplace** | 40% of young women from India, 33% from Ghana and 27% from South Africa have reported incidences of exploitation. However, closer examination across the three countries reveals that those who did report it did so primarily to friends and family. Almost 60% of respondents from Ghana reported incidents to friends and 75% to family.  In contrast, 62% of respondents from India reported it to family and only about 20% reported it to friends.  In the case of South Africa, the figures reporting to friends (72%) and family (up to 69%) correlates to those of India and Ghana. |
| **Reasons for not reporting** | The main reasons for not reporting were the perception that it wais  not necessary to do soreport andor that the grievances would not actually result in justice for the young women.   Some respondents raised the fear of  reprisals (being fired). Significantly, the willingness to report to the police and labour department was zero for all three countries. |

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| *Indicator 2:* <br><br> *65% (3480) of young women in the programme across the three countries become members of organised groups to take action on policies, processes and individual cases of sexual and economic exploitation* | |
| **Participation in groups** | More than 70% of respondents across the three countries had never participated in a group before the YUW Programme. |
| **Affiliation to workers' associations** | 1% of respondents from India were affiliated to a workers' association, compared to 3% for Ghana and 2% for South Africa. |
| **Duration of membership** | On average, 75% of respondents have engaged in groups for less than a year. |

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| **Result 1.2: Young women's responsibility for unpaid care work is recognised and starting to be alleviated by families, communities and the state** |
| *Indicator 3:* <br><br> *15 to 30% increase from the baseline in the access to public goods and services (such as crèches, portable water, and household energy) that reduce the time spent on unpaid care work.* |
| *Indicator 4:* <br><br> *40% of women in the programme report a reduction and redistribution of their unpaid care work through support from families, communities and public services.* |

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| **Access to infrastructure** | *South Africa:* Respondents indicated a high rate of access to electricity (92%) and running water (75%). However, only 61% have an indoor toilet. Also important to note that access to both running water and electricity is impacted on by ability to buy such utilities.<br><br>*India:* 97% of respondents had access to electricity, 75% had access to running water in the home. Women also spend time in purchasingto buy kerosene from the local public distribution system. Although there is access to running water in the home, women still reported that they had to shell out money to buy portable water for drinking as the ground water contains high salt and iron content making it non-potable. The sample from India also revealed that about 50% of women indicated that they hadhave to use a shared bathroom to bathe or wash clothes and 13% said they had to use a shack outside of their home for these purposes. The data did not reflect issues of safetyunsafenessty in relation to this.<br><br>*Ghana:* About 99% of respondents engaged in unpaid care work face the burden of washing of clothing followed by fetching of water and cooking cooking.96% respectively. 95% sweep the compound of their homes, while 63% said they shop for food for the home. Only 20% of respondents had running water in their homes, hence the fetching of water tends to be the most time-consuming activity for young urban women who reported in the focus group discussions that they have to join long lines sometimes delaying them for work or school. The situation of power supply, however, contrasts sharply to register a 91% access by young women. There was no question as to whether respondents have access to an indoor toilet for the Ghana. |
| **Access to childcare facilities** | More than 70% of both the South African and Indian respondents indicated that they had access to a crèche facility close by. These are private run facilities (not state run) and are an additional cost or expense for young women and their families.  In the case of Ghana, only 12% of respondents said they had childcare centres near their homes where they can leave small children of 0 to 3 years of age. |
| **Young women with children in their care** | A significant amount number of respondents (South Africa 47%, Ghana 20%, India 52%) indicated that they have children under the age of 18 in their care. |
| *Indicator 5:*<br><br>*Across the project countries three policies are  developed or (re)formulated to include  young  women's interests, demands and participation in  relation  to  employment opportunities* | |
| **Gaps in policy** | • Policies do not address the particular concerns of young women as it relates to finding decent work (quality as well as quantity)<br><br>• Lack of social protection for young women working in the informal sector (whether self-employed) or employed by someone else |

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| | • Policies and interventions to address decent work opportunities do not address the realities or disadvantage gap due to unpaid care work<br><br>• There are not enough initiatives to address the training and capacity building needs of young urban women to ensure that they are employable (transition from education systems to labour market)<br><br>• Lack of gender disaggregated data and hencewhich is why initiatives often do not focusnot focusing specifically on young urban women, but youth as a collective |

**Result 1.4: Women have a greater sense of entitlement to their income and increased capacity to negotiate how it is spent**

*Indicator 6:*

*80% (4640) of young women in the programme report greater control over their own income and resources*

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| **Control over financial resources** | More than half of the young urban women in South Africa and Ghana are able to exercise their economic rights through their ability to decide how to spend the money they earn.<br><br>In India, up to 38% of urban young women make decisions on how their money is spent, with 26% of decision-making coming from parents. Shedding more light on the issue as it pertains to India, the decision varies across the age groups as 15-18 age group dominates in case of parents decision and 19-25 age group dominates in case of individual decision to spend the earned money.<br><br>For respondents from South Africa, the largest source of funds for majority of participants is parents, followed by social grants and other family members. This reflects the fact that most of the participants are high school learners.  58% of respondents indicated that they make decisions about how to spend their money, with 24% saying their parents decide.<br><br>In the case of Ghana, given that a majority of respondents who work are doing their own business, it is easy to understand why close to 60% of respondents who work control the monies they earn. Only 7% said their partner alone decides, and 17% indicated their parents alone decide. |

**RESULT 2: YOUNG WOMEN'S INFORMED CHOICES ABOUT THEIR SEXUAL AND REPRODUCTIVE HEALTH ARE INCREASINGLY REALISED**

**Result 2.1: More young women understand and recognise oppressive norms, values and practices that impact their control over their bodies**

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| **Young women's ability to articulate oppressive norms and values** | In focus groups, young women were able to talk about how their own socialisation, mobility and bodies are impacted by their family, their partners and also the community. This is an area that would need to be further explored in subsequent monitoring and evaluation processes. |

**Result 2.2: More young women are accessing appropriate, non-discriminatory, young women friendly, SRHR information and services**

*Indicator 8:*

*60% increase from the baseline of young women accessing appropriate non-discriminatory, young women friendly SRHR information and services in programme areas. Increase in satisfaction with the services or decrease in the problem with services.*

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| **Access to a healthcare facility** | Almost 74% of respondents from India, 62.9% from South Africa, and 38% from Ghana indicated that there was a health centre within 20 minutes walking distance from their homes. For Ghana, the majority of the respondents (62%) had to travel a longer distance in order to access healthcare facilities |
| **Availability of services** | The baseline data for India shows that 37% (24% Ghana, 82% South Africa) said they were able to access information on sexually transmitted diseases, 8% (24% Ghana, 80% South Africa)said they could access treatment for sexually transmitted diseases prevention of STIs. About 41% of young women in India (23% Ghana, 56% South Africa) were able to access services that included psychosocial counselling linked to their reproductive health. Young women also indicated that they accessed information on nutrition related to pregnancy: 45% India, 37% Ghana, 68% South Africa.

The baseline data did not reflect women's access or utilisation of institutional delivery services |
| **Barriers to accessing services** | Services were reported as inaccessible by young wWomen reported that services were inaccessible based on aspects such as unfriendly staff, distance to services, lack of privacy, family restrictions etcetera. For working young women working as well, the inability to access facilities during working hours posed a serious challenge. In the case of Ghana once again, respondents mentioned that the costs of services were prohibitive. The issue of cost was also considered a factor by 28% of Indian respondents, whilst only 7% of South African respondents noted it as an inhibitor. |

**Result 2.3: More young women have accurate and scientific information about sex, sexuality, gender and reproductive health which they have obtained in safe young women-friendly environments**

| Indicator 9: | |
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| 5,800 young women report that they have greater knowledge about sex, sexuality, gender and reproductive health which they have obtained in safe, young women friendly environments and are better able to assert their choices | |
| Focus group discussions on young women's knowledge about sex, sexuality and gender | Young women indicated that they generally did not seek information from parents or health care professionals as a result of norms or stigma and lack of privacy. Young women received information from their peers. |

| **RESULT 3: YOUNG WOMEN IN THE AREAS WE PROGRAMME IN ARE EMPOWERED AND SUPPORTED BY ALLIES AND RESPONSIBLE STAKEHOLDERS TO EFFECT CHANGE IN THEIR OWN LIVES, THEIR FAMILIES, THEIR COMMUNITIES AND DIFFERENT LEVELS OF GOVERNMENT** |
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| **Result 3.1 Young women are organised in groups, networks, alliances and movements** |

| Indicator 10: | |
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| Number of young women led networks and quality of young women's participation in them. | |
| Young women in leadership in groups | For many young women, they have no other support groups or networks other than the one established by this programme. For those who are part of other groups, less than 1/3 occupy leadership positions. |

| **Result 3.2: Young women are participating in and representing their interests to and in decision-making fora at all levels** |
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| Indicator 11: | |
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| Evidence of 200 young women leaders in each country representing the interests of young women are taking the lead in campaigning for progressive policies and mobilizing 80% of the overall target group along with like-minded youth and others in communities. | |
| Young women's participation in local government and community discussion | In Ghana, 5% of respondents indicated that they participated in local government discussions and 15% said they participated in community discussions.<br><br>In South Africa, 16% of respondents have taken part in local government discussions/forums and 31% have participated in community forums/ discussions.<br><br>In India, 6% of respondents had participated in local government discussions and 14% in community meetings. |

| **Indicator 12:** | |
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| *40% increase from the baseline of targeted civil society and government leaders of influence voicing their support for young women's experiences related to work, livelihoods, SRHR and GBV, soliciting and/or incorporating their input and supporting their demands for change.* | |
| **Perceptions of groups most supportive of young women** | Across the 3 countries, respondents felt that their parents were the most supportive of them, while young men and religious leaders are the least supportive of them. In the 'other' category, most young women felt that older women were most supportive and older men the least supportive. |
| | In India, about 25% of respondents felt that young men were most supportive of young urban women. Other supporters of young women included partners and others such as teachers, family members, friends, community leaders, religious leaders and local government. |
| | In terms of the data for Ghana, young men are considered least supportive of addressing the concerns of young women, followed by husbands of young women. Parents were considered to be the most supportive of young women in Ghana, followed by community leaders and thirdly by local government officials. Other supportive and influential entities identified as allies in the communities include NGOs whose projects and program promote capacity building and community development. |
| | In South Africa, parents and community leaders were considered to be the most supportive and young men and religious leaders were considered to be least supportive of young urban women. |

## 1.1 Background

The opportunities and challenges for advancing women's rights and development are defined today by a set of interlocking crises gripping the world: the financial and economic crisis, the energy and climate change crisis, the food crisis and a social crisis as evidenced by growing inequality and vulnerability. Substantiation that women are affected disproportionately by these dynamics abounds.[2] Women and girls often experience multiple forms of discrimination, including those on the grounds of race, ethnicity, class, religion, sexual orientation, and citizenship status, in addition to gender. In the current context, women and girls are focused on survival but do so as empowered women. Encountering challenges such as women's lack of access to social protection, limited education and training, and lack of control of and equal access to economic and financial resources, on the on one hand reinforces inequalities and further impoverish women and girls.[3] While this context does reflect a situation where many women struggle to access and enjoy their rights, there are women that actively stand up for their rights.

The rapid speed at which urbanisation is taking place has been raised as a particular concern for young women. It is estimated that by 2030, 60% of the global population will live in urban areas.[4] An analysis of urban and rural populations shows that global populations have been expanding in both rural and urban areas, with large urban populations still living in slums and earning incomes significantly below the international poverty line.[5] Increasing migration for economic reasons has led to a situation where higher numbers of women migrate independently in search of jobs rather than following male relatives.[6] However, the nexus between migration and urbanisation processes are strongly shaped by gender roles and relations, resulting in greater risks and vulnerabilities.[7]

Whilst increased urbanisation has led to a reduction in rural poverty, the rate of urbanisation has in fact slowed urban poverty reduction- even as poverty falls in rural areas and for the population as a whole.[8] One of the key strategies to eradicating poverty is therefore not solely a question of generating economic growth and employment opportunities but rather making sure that both the quantity and quality of available livelihood opportunities is such that it can lead to poverty reduction. In reality, there are a considerable number of poor people in the developing world that already have jobs; the problem is that these are predominantly in the informal economy, where conditions are usually insecure and incomes inadequate. [9] The gendered

nature of migration has increased women's opportunities to engage in paid work, thus also increasing their self- reliance and purchasing power. Yet, this development comes with the double-edged sword of flexibilisation of labour, with women dominating informal sectors, resulting in conditions of work that exploit women's labour and often health.[10] With this in mind, it is important to intensify efforts towards gender equality to address the following realities[11]:

- The majority of the world's poorest people are women and girls, accounting for an estimated two thirds of the 1.4 billion people currently living in extreme poverty.[12] Just 11 of the world's richest 100 people are women.[13]

- When all work (paid and unpaid) is taken into account, women work longer hours than men. In addition, women spend long hours performing care work for their families.[14]

- Decisions about women's bodies continue to be subjected to culture, traditions and in addition violence against women and girls affects one in three globally.[15]

- Women's economic empowerment has once again received wide-scale attention from the global development community. In particular, the need to address vulnerability of women, in the face of on-going economic turbulence across the globe, is gaining traction as stakeholders and decision-

makers grapple with what it would take to reduce inequality and enable the poorest and most marginalised to claim their rights and lift themselves out of poverty.

This has led civil society organisations and feminist groups to push for a post 2015 framework that can bring about an economic transformation that would ultimately promote women's contribution to the economy, and acknowledge the unpaid care work that happens on a daily basis. This approach posits that women's economic empowerment is an important driver of women's ultimate self-realisation, dignity and realisation of rights. At the same time, it acknowledges that deep-seated gender inequalities will not dissipate by merely supporting women to earn an income and providing them with opportunities for development.

In fact, this strategic intervention of increasing women's access to and control over conventional economic resources is an important entry point that could facilitate a process of engaging with the complex realm of social norms and normalised power imbalances between men and women in all social institutions and structures. In the case of women's economic empowerment, it allows for an exploration of roles and responsibilities that dictate women's relationship to work and their sense of self-worth and well-being more broadly. This means, the unpacking of the varying layers of power relations at play in the lives of women by asking critical questions about how increased access to resources can be translated

into changes in the strategic choices that women are able to make – at the level of the household and community, as well as at work. What of the terms on which women gain access to resources – are these empowering or exploitative? And how does greater access of women to resources impact on gender relations and norms more broadly?[16] In other words, the process has to have a real understanding of the motivations, choices and possibilities women face as it relates to all their relationships with women and men in their context.

A particular connection to women's economic empowerment that needs to be explored is its links to young women's experiences of their sexual and reproductive health and rights. Women's sexual and reproductive health and rights are important for gender equality in education and access to economic resources, as well as for women's empowerment. Some key issues in terms of this intersection are[17]:

- The links between secondary education and reproductive health is evident where early marriage reduces girls' access to education and that anticipation of an early marriage often precludes secondary education for girls.

- Access to reproductive health is often a precondition for access to economic assets and resources and opportunities to employ them productively. For example, in addition to being a right in and of itself, access to family planning allows women to balance the

size of their family and timing and spacing of their children with their need and desire to earn income.[18] The ability to control their fertility also allows women to seek additional education or training, prepares them for better employment, and permits them to take part in other desirable activities such as community affairs.

- Women's economic status can in turn affect reproductive health outcomes. Women's economic dependency makes them more vulnerable to HIV and other sexually transmitted infections. Research from around the world has shown that when women are economically vulnerable, they are less able to negotiate the use of condoms or other forms of safer sex, less likely to be able to leave a relationship that they perceive to be risky, and more likely to increase their risk by exchanging sex with multiple partners for money or goods.[19] The increasing privatisation of SRH services acts as a further barrier to access these services without an independent income.[20]

- Having the ability to make strategic life choices is central to empowerment. Whether to have children, when to have them, how many to have, and which sexual partners to have are central choices in everyone's life, but particularly in women's lives because they bear the responsibility for biological and social reproduction. Providing

women the opportunity to make those decisions is one pathway to empowerment. Without the right to control their fertility and sexuality, women are unable to realise their other rights - whether to obtain an education, work outside the home, seek a representative role in governance structures, or participate in the cultural life of their community.

All of this provides the impetus for educating and empowering young women in urban settings about their economic rights and their sexual and reproductive health and rights. As a starting point, it is important to acknowledge that at the heart of women's continued inequality and deepening poverty is the fact that young women and young women's groups do not have sufficient input, participation and influence on the ideas, agendas, policies, institutions and actors calling the shots with regard to development and economic policies and priorities.[21]

In other words, to effectively shift the status quo, efforts need to be made to create opportunities for the opinions and voices of urban poor, especially of young women in the planning and implementation of urban SRH facilities as well as poverty alleviation and employment generation strategies. What this means is that it is not enough to empower women with economic opportunities and skills. A sustainable approach would take into account inequitable power structures and processes that undermine women's dignity, development and leadership. In other words, at a

primary level, it starts with young urban women themselves. Primarily, in acknowledging their diverse experiences and realities, young urban women need to be empowered to claim their basic human rights whilst being simultaneously supported with the day-to-day struggles of survival.

At the secondary level, women need to be supported with skills, knowledge and capabilities to take leadership in the critical areas affecting their lives. Finally, at the tertiary level, it is also important to mobilise women (and men) by sparking critical thinking, working with whole communities, encouraging individuals to change, and using multiple strategies that build a critical mass to support women's rights and social equality.

## 1.2 Introducing the Young Urban Women's Programme

In line with the issues discussed above, one of ActionAid's strategic objectives is to: "Ensure that women and girls can break the cycle of poverty and violence, build economic alternatives and claim control over their bodies". ActionAid is implementing the three year Young Urban Women's (YUW) Programme which addresses young women's economic rights and sexual and reproductive health and rights (SRHR). It aims to influence both young women and as well as decision-makers at a local and national level in India, South Africa and Ghana as well as decision-makers at the international level.

The YUW Programme is a multi-country programme that is currently

being implemented in seven poor urban and peri-urban areas across India, South Africa and Ghana.

This particular project is innovative in that it attempts to bring together two key areas of ActionAid's women's rights work that are frequently dealt with separately in development interventions despite the strong linkages between these two issues in women's lives.

## Programmatic Approach

Using a human rights based approach to development; the project places a commitment to building the active agency of young women living in poverty at its centre. Thus, the project is concerned with rights violations and injustices visited upon those living in poverty, particularly in light of inequalities experienced as a result of the intersection of age, gender, class and migrant status of young women involved in the programme. It asserts that discrimination and inequality perpetrated on the basis of their different identities, gives rise to violations of their rights to decent work and sexual and reproductive health rights.[22] By asserting the indivisibility and interconnectedness of rights, there is recognition of the fact that policies and laws, as well as practices and behaviours perpetuate inequality and have to be challenged in order for young women to enjoy their rights.

This lays the foundation for addressing young women's access to decent work and sexual and reproductive services simultaneously in three key ways – *empowerment*, *campaigning* and *solidarity*:

## YOUNG URBAN WOMEN'S PROGRAMME

### Programmatic Approach

**Empowerment**
- Personal Awareness
- Problem Identification
- Analysis and Reflection
- Information Gathering
- Making Choices
- Taking Action (at individual level)

+

**Action, Organisation and Leadership**
- Outreach
- Public and Policy Dialogue
- Political education
- Mobilisation
- Citizen Events

+

**Solidarity WITH Allies**
- Engagement with Power
- Expanded Public Space
- Accountability to Young Urban Women

POWER WITHIN AND POWER TO

POWER WITH

*Empowerment* = the process by which young women living in poverty are enabled to become rights activists. This is done by making them more aware and more critical of power relations and by strengthening their own power. In particular, young women will learn to move from an analysis of power as negative (in other words the power to dominate, to control, to exploit, to isolate) to developing alternative, positive forms of power [23]:

*Power to* – the capacity of each individual to shape her life; to make a difference; to grow and change; to resist;

*Power within* – sense of self-worth, self-awareness and tolerance, respect for difference; ability to imagine and hope;

*Power with* – collective strength and organisation; solidarity; unity of purpose; common cause; influence of numbers.

*Campaigning* = harnessing young women's power through organisation, mobilisation and communication around a simple and powerful demand, to achieve a measurable political or social change.

*Solidarity* = the process of uniting allies in a politically supportive relationship that may cross geographies or "areas" of struggle to support and strengthen young women's movements for change.

## Programme Results

The programme targets young women between the ages of 15 and 25 years living in poor urban areas. At the international level, ActionAid will coordinate advocacy initiatives with young women from Ghana, South Africa and India to build evidence and affect change.

The YUW Programme goal is that in three years, 5,800 young urban women living in poverty in India, Ghana and South Africa will have greater dignity through increased economic independence and control over their bodies, and their voices will be heard and recognised in international forums. Of the total 5,800 direct beneficiaries across the three programme countries, Ghana intends to work with 2,000 young women, with South Africa reaching out to 1000 young women and India working with 2,800 young women.

A wider global reach and impact is anticipated from the various development opportunities and platforms that the programme will seek to take advantage of through national and international advocacy initiatives on the three key outcomes.

Flowing from the programme goal are three major results relative to Decent Work, Sexual and Reproductive Health and Rights and Young Women's Empowerment and Movement Building as follows (*See Table 2*).

## Table 2: Programme Results

| | | |
|---|---|---|
| **Result 1: Young women have safe and decent work and livelihoods, and can exercise greater control over their income** | 1.1: Young women recognise and challenge sexual and economic exploitation in their work | **Indicator 1:**<br><br>40% of young women involved in the programme report cases of sexual and economic exploitation within their groups, trade unions and associations. This is from a baseline of zero. |
| | | **Indicator 2:**<br><br>65% (3480) of young women in the programme across the three countries become members of organised groups to take action on policies, processes and individual cases of sexual and economic exploitation |
| | 1.2. Young women's responsibility for unpaid care work is recognised and starting to be alleviated by families, communities and the state | **Indicator 3:**<br><br>15-30% increase from the baseline in the access to public goods and services (such as crèches, potable water, and household energy etc.) that reduce the time spent on unpaid care work. |
| | | **Indicator 4:**<br><br>40% of women in the programme report a reduction and redistribution of their unpaid care work through support from families, communities and public services. |
| | 1.3. State policies for the creation of decent work by the private and public sector, including through state employment schemes, which specifically target young women for employment and produce goods and services that are of benefit to them are initiated | **Indicator 5:**<br><br>Across the project countries 3 policies are developed or (re)formulated to include young women's interest, demands and participation in relation to employment opportunities |
| | 1.4. Women have a greater sense of entitlement to their income and increased capacity to negotiate how it is spent | **Indicator 6:**<br><br>80% (4640) of young women in the programme report a greater control over their own income and resources. |

| | | |
|---|---|---|
| **Result 2: Young women's informed choices about their sexual and reproductive health are increasingly realised** | 2.1. More young women understand and recognise oppressive norms, values and practices that impact their control over their bodies and ability to earn income and begin to challenge them | **Indicator 7:**<br><br>80% increase from the baseline in the number of young women able to articulate their demands and reflect on how to challenge oppressive norms, values and practices. |
| | 2.2. More young women are accessing appropriate, non-discriminatory, young-women friendly, SRHR information and services | **Indicator 8:**<br><br>60% increase from the baseline of young women accessing appropriate, non-discriminatory, young-women friendly, SRHR |
| | 2.3 More young women have accurate and scientific information about sex, sexuality, gender and reproductive health which they have obtained in safe young women- friendly environments | **Indicator 9:**<br><br>5,800 young women report that they have greater knowledge about sex, sexuality, gender and reproductive health which they have obtained in safe young women-friendly environments and are better able to assert their choices |
| **Result 3: Young women in the programme are empowered and supported by allies and responsible stakeholders to effect change in their own lives, their families, their communities and different levels of government** | 3.1 Young women are organised in groups, networks, alliances and movements | **Indicator 10:**<br><br>Number of young women led groups or networks and quality of young women's participation in them. |
| | 3.2. Young women are participating in and representing their interests to and in decision-making fora at all levels | **Indicator 11:**<br><br>Evidence of 200 young women leaders in each country representing the interests of young women are taking lead in campaigning for progressive policies and mobilising 80% of the overall target group along with likeminded youth and others in communities. |
| | 3.3 Allies and stakeholders recognise young women's experiences related to work, livelihoods and SRHR and support their demands for change | **Indicator 12:**<br><br>40% increase from the baseline of targeted civil society and government leaders of influence voicing their support for young women's experiences related to work, livelihoods, SRHR and GBV, soliciting and/or incorporating their input and supporting their demands for change. |

## 1.3 The Purpose of the Baseline Study

The baseline was conducted to provide some analysis of the key result areas for the YUW programme at the start of the project. This is in line with principle number 7 of Action Aid's Human Rights-Based Approach (HRBA) that deals with monitoring, evaluating and evidencing impact.

Ten key outcomes were identified from which 12 indicators were developed. Progress in respect of the indicators will be monitored at regular intervals throughout the duration of the project.

The project baseline had the following set objectives:

i.   Establish baseline information on the set of verifiable indicators of the project results across the three outcomes to inform measurement of expected change.

ii.  Provide reliable basis for the tracking and updating of the change process in the course of the project through the intake survey.

iii. Incorporate into the baseline analysis key extracts from decent work, unpaid care work, and SRHR policy mapping.

iv.  Provide recommendations to address identified gaps in the baseline data.

## 1.4 Baseline Study Methodology

ActionAid considered seriously what approach to use to measure change resulting from supporting women's groups over a period of approximately three years in three countries: Ghana, India, and South Africa. Based on an extensive analysis of the situation, it was decided to follow a retrospective pre-post approach. This approach is appropriate and more accurate than a baseline and end line approach based on the fact that women can't know how they have changed and how much they have changed, until they have actually done so. The rationale is further elaborated below.

The project indicators demand that set indicators that have established percentages be measured. A typical baseline would sample from a given population, and in a predetermined time, repeat those questions from that same population. This data forms part of an overall evaluation to then probe the findings and provide broader, more in-depth information through (most often) qualitative questions and methods. Combined, these methods would be likely to provide a holistic understanding of the change that has or has not taken place. Yet, at the start of the project, it was acknowledged that population from which to sample did not yet exist, which ruled out using a quantitative or qualitative sampling approach. At the same time, it would not be possible to track all women that enter the program due to limitations in budget, human resources, and the low likelihood of finding the same women.

In choosing a methodology therefore, ActionAid was guided by the need for a baseline that could provide concrete evidence to demonstrate that this program has made a difference in the lives of 5 800 young urban women in three countries. The retrospective pre-post approach was considered an equally robust method for the following reasons:

- The lack of a population from which to sample for a baseline.

- The short time frame of the evaluation.

- This is less than 2.5 years between a woman starting the program and then being asked to reflect on her experiences, and less for those that do not join in the first months.

- The very high potential of response shifts for the types of changes ActionAid is anticipating

- It is cost effective

- It is more likely to accurately identify variations of change for different women

In executing the baseline study, preliminary data was gathered on the women involved in the project via an intake form in order to identify women involved in the project and conduct the retrospective to explore with them how their knowledge, attitude, opportunities and access to services had changed. This initial data collection process was supplemented by Focus Group Discussions, policy analysis, and will continue to be supplemented by on-going project monitoring and the eventual retrospective study. This approach has been designed to fit with the reality of the project and the limitations in both financial and human resources. This allowed for a straightforward and yet rigorous approach that could be implemented cost effectively by staff with limited experience of formal evaluation techniques and processes. The retrospective study at the end of the programme will consult a sample of these women to explore how their knowledge, attitude, opportunities and access to services have changed.

The total number of young women who participated in the baseline was 1428. For purpose of the baseline, a total of 751 young women were surveyed in India (450 women in Mumbai, 150 women in Hyderabad and a further 151 women in Chennai). In Ghana, a total of 356 young women completed the survey (150 young women from Greater Accra Region and 206 from Northern Region). In South Africa, a total of 321 young women filled out the questionnaire (121 participants from Cape Town and 200 from Gauteng).

Women were asked to complete an intake form which asked questions on their Demographics; Participation and leadership in women's groups; Work and working conditions; Unpaid care work; Access to information on SRHR and Community support. The intake form primarily asked closed questions with multiple choice answers to facilitate ease of data entry and analysis. This approach recognised the additional capacity required to analyse large amounts of qualitative

data with limited capacity and human resources. Data for all three countries was analysed using Qualtrics.[24]

The baseline also suggested a series of participatory tools for use in focus group discussions to complement this data and give an extra dimension to our understanding of women's current level of knowledge and awareness around key issues.

The data collected for this baseline will enable ActionAid to track changes in the three project outcomes through an overall M&E framework that will probe the findings and provide broader, in-depth information through on-going project monitoring and qualitative questions and methods and the eventual retrospective study. ActionAid is cognizant of the fact that there would be information that would not be collected either in the intake form or through the participatory exercises at the baseline stage of the project. This is specific to indicators regarding sexual exploitation and oppressive norms which owing to their sensitive nature, are not appropriate to raise with the young women as many of the groups are new and there may not be enough rapport and trust between the young women to share these kind of experiences. These discussions will be held as they arise, and will support young women to reflect on them in the retrospective survey towards the end of the project. Suggested tools to support monitoring of this information are under development and will be provided to partners when ready. Combined, these methods aim to provide a holistic understanding of the change that has,

or has not, taken place.

## *Limitations of the methodology*

The approach used was designed to give us initial data on how women understand and experience many of the concepts and issues that will be addressed by the project. We do not anticipate comparing a particular woman's response in 2014 with her response in 2016; rather we wish to use this opportunity to learn more about the women working with us so as to help us work with them towards bringing positive change and access to their rights. We therefore used closed questions to identify general trends and tendencies that will enable us to characterise the women working with us. This led to the focus on developing an intake form to eventually collect data from all 5,800 women who participate in the groups. This information will enable us to conduct formal sampling within our population for the retrospective study at the end of the project. As new young women join the project and new groups are formed in the first and second year of the programme they will fill out the intake form. Thus at the design stage we were aware that the data generated by the intake form would have limited potential to provide a rich picture of the baseline situation of the women interviewed.

Another of the key challenges was that although the indicators are quantitative in that they anticipate incremental changes in the numbers of women who are aware of and practicing their rights to decent work, economic

autonomy and SRHR, these changes are themselves qualitative. Qualitative data requires an additional level of analysis in codifying before it can be used either to identify key trends and tendencies or develop a data set that would support a before and after analysis of a traditional baseline. The intake approach was a conscious decision to facilitate analysis of data in countries to support sampling to add additional rigour to our eventual retrospective analysis.

As it relates to the data collected under the result for sexual and reproductive rights, there was a need to balance academic rigour with humane sensitivity. To address this limitation, the project will collect quality information on an on-going basis to build a picture over time. This data will assess knowledge, attitudes and perceptions on an on-going basis as it relates to the indicators mentioned in this report.

The intake forms for all three countries address the three result areas and the different indicators. A master intake form was designed at the global level. This was then tested and adapted at the country level, with each of the local partners making strategic adaptions as to what additional basic information they would require from young women.

Whilst the strength of this approach at the national level is that there is depth of information for each context, at the global level it did limit a comparative analysis with certain pieces of data.

## About this Report

This report consolidates the baseline studies conducted by ActionAid Ghana, ActionAid South Africa and ActionAid India in order to guide the systematic implementation of the Young Women's Programme.

The purpose of this baseline is to provide the donors of this project with a global overview of the key issues that the programme will be addressing. This baseline will also be used as a basis to develop a policy brief on some of the key findings to be used as an advocacy tool at the global level. Finally, this study is intended to guide the country level teams in planning and identifying potential areas for cross-regional work.

*The report is structured as follows:*

Chapter 1 provides a background to the project, the context of urbanisation, poverty and young women's rights , and also introduces the Young Urban Women's Project

Chapter 2 explores the contexts of the three implementation countries and the relevant demographic data of the sample for the baseline studies.

Chapter 3 reviews baseline findings on young women's access to safe and decent work. This includes a policy analysis as well as a review of finding from each of the indicators.

Chapter 4 reviews the findings on

young urban women's sexual and reproductive rights. In particular, it looks at young women's access to services, their knowledge as well as the norms that may prevent them from exercising control over their bodies.

**Chapter 5** provides an overview of young women's current engagement in groups, and also their perceptions of support from particular interest groups in their community. This is to assess the opportunity and also the areas for intervention to strengthen and facilitate young women's leadership for addressing key issues impacting on their lives.

**Chapter 6** provides an overview of findings and synthesises a set of recommendations for the project moving forward.



**Young urban women at a capacity building workshop in Hyderabad, India**
Photo Courtesy: Shaheen

## 2.1 Contexts for this project

The countries selected for the YUW Programme are India (Chennai, Hyderabad, Mumbai), Ghana (Accra) and South Africa (Cape Town, Johannesburg). More than 50% of Ghana's and 62 % of South Africa's populations are urban compared to about 30% for India. What is significant for each of the countries, and especially South Africa, is that their growth rates over the past 20 years have started stabilising as indicated in *Table 3* below. While the cities in India and Ghana too show a growth rate that is slowing down, there is considerable growth taking place just outside municipal or metropolitan boundaries that has important implications for programming. Some of the emerging challenges include provision for piped water, sanitation, drains, roads, schools, health centres, and other forms of infrastructure and service provisions.[25]

**Table 3: Urban populations and growth rate for cities in YUW programme**

| Country-City | City 2010 | Population 2015 | Growth 2010 -2015 | % of population below poverty line 2000 - 2009 |
| --- | --- | --- | --- | --- |
| Ghana – Accra | 2,332 | 2,668 | 2,84 | 30 |
| India – Chennai | 7,559 | 8,309 | 1,89 | 41,6 |
| India – Hyderabad | 6,761 | 7,44 | 1,93 | 41,6 |
| India – Mumbai | 20,072 | 21,946 | 1,78 | 41,6 |
| South Africa – Cape Town | 2,394 | 2,715 | 0,86 | 17,4 |
| South Africa– Johannesburg | 2,265 | 2,732 | 0,90 | 17,4 |

In terms of the study areas it is worth noting the following demographic information as a background to the implementation of the YUW Programme.

## India

This programme is being implemented in three cities - Chennai, Hyderabad and Mumbai. ActionAid has already done considerable work on urban poverty issues in these cities. Mumbai is the largest city in the country, Chennai the fourth largest and Hyderabad is the sixth largest city.

The project site for Chennai is Semmancherry which is located 25 km from the city. It was conceived as a rehabilitation and resettlement site under the Flood Alleviation Programme of the Government. It was originally meant for relocating and rehabilitating slum dwellers living along waterways in the city into multi-storied tenements with all amenities, but the houses were allotted to the Tsunami victims to address the emergency situation. The residents have been facing various problems in the area largely due to its distance from the city and the lack of infrastructure and basic facilities since their arrival in 2005.The demographic feature of Semmencherry states that there are 26,300 inhabitants residing in 6000 tenements (TNPSC, 2013) constituting 6,300 men, 7,800 women and 12,200 children. Majority of the population are porters, domestic helps and fish workers. As people come from various communities, feuds and clashes are common. More than 80% of the children are continuing their study in Chennai city and commute more than four hours a day to attend school.

Hyderabad, the capital city of Andhra Pradesh, is the sixth largest urban agglomeration of India. As per the Census of India estimates, the urban poverty in Hyderabad is measured at 23% of total population. This level is comparatively high as against Chennai (20%) but slightly better than that of Mumbai (27%).Villages and livelihoods getting displaced in neighbouring districts due to creation of special economic zones push migrant workers towards urban Hyderabad thus putting more pressure on the already burdened infrastructure. They also add to the numbers of unemployed and underemployed. Many families in the old city live in a tiny room under one roof. The women and girls earn a living through embellishing shellac bangles[26], making stone necklaces, incense sticks and safety pins. Malnourishment and anaemia are rampant amongst women; there is no awareness of the body or any room to discuss sexuality, given the complete control and denial of the female body by patriarchy, religious customs and practices and poverty.

Mumbai city is considered to be the principal business, financial and communications centre of India. Mumbai has the largest and busiest port that handles India's foreign trade and major international airport. Mumbai is one of the most populated cities in the world (6,736,815 male and 5,741,632female)[27] and is seen as a hub of opportunity to earn a livelihood. According to Census of India 2001, slum dwellers make up 54.06% of Mumbai's population. The conditions in the poor urban settlements in Mumbai are appalling

where inhabitants constantly have to deal with issues such as lack of tenure, migration, lack of water, sewage or solid waste facilities, pollution and housing shortages. Infant mortality is as high as it is in rural India where there are no amenities.[28] In fact, the rural infant mortality rate declined by 30% compared to the urban decline of 28% since 2003.[29]

## Ghana

The capital region (Greater Accra), which occupies less than 1.4% of Ghana's land area, is home to 16% of the nation's population.[30] The steep rise in Ghana's urban population – particularly in Accra – poses major challenges in terms of public services such as water, sanitation and transportation as well as shelter and decent work. With 42% of Greater Accra's population living in compounds (often with five to ten households sharing a basic kitchen, rudimentary lavatories and other common spaces), the growth in the city's population imposes immense stress on the already unsatisfactory level of housing services and increases the tendency of settlements dominated by the poor to deteriorate into slums. A study by Columbia University[31] reports that 58% of Accra's housing stock comprises of low-income neighbourhoods characterised by crowding, poor servicing, substandard structures, informal enterprises and unplanned development. These low-income areas – some indigenous and inner-city, others migrant enclaves – are, typically, where job-seeking migrants begin their search for housing in the city. At both Bulpela and Kpobiman (more so in the latter), access to toilets is a major priority for the youth (particularly young women), who noted the lack of such facilities at the house level and the resulting long queues at the few public latrines. When water and sanitation services are inadequate, the implications are much greater for women, who bear the responsibility for keeping their households' water vats filled and for whom society is less accommodating when they have to defecate in the open. Equally, young women at Kpobiman were concerned about their safety when they have to travel the lengthy distance from the city centre after dark.

## South Africa

The two cities under consideration in this report are Johannesburg (in Gauteng Province) and Cape Town (in Western Cape Province). Both cities are of enormous socio-economic and political importance to the country. While Johannesburg is the economic heart of South Africa, Cape Town is also an economic powerhouse as well as politically vital as the location of the South African parliament. The areas the project is implemented in the two cities could be classified as economically depressed even though both (and particularly the Johannesburg site), are located in close proximity to areas of immense economic wealth and importance. There are a number of positive associations with these areas such as a sense of community, a diversity of community and easy access to the facilities and opportunities of the city. There are, however, a number of

challenges in life in both Johannesburg and Cape Town; these include poverty, high rates of crime and gang activity, poor living conditions, substance abuse and alcoholism and a low sense of community spirit. The gendered nature of these challenges was highlighted through, for example, the very high levels of sexual violence to which women are exposed in these areas. Of particular importance is the high unemployment rate that disproportionately impacts young people. In 2013 the youth unemployment rate 52.9%.[32]It has also been shown that if a person has failed to gain formal employment by the age of 24, it is unlikely that they will ever gain formal employment.[33]

## 2.2 Relevant demographic data of sample

### Overview of demographics

Across the three countries that the project is being implemented in, all respondents identified as female, with only one respondent identified as transgender in South Africa.

On average 31% are located in the peri-urban areas, 59% in urban areas and 10% in rural settings. The age distribution of participants are as follows 15 to 18 years (56%), 19 -25 (41%) and 26-35 years (3%). In terms of marital status, the majority of respondents (77%) are unmarried, with 21% across all three countries being married. In South Africa, more than 80% of respondents are currently engaged in some form of studies. However, for Ghana and India, on average 30% of respondents were senior high school graduates and 25% junior high school graduates. Thirteen (13) percent of young women in Ghana indicated they had no education.

### Location

In terms of location of respondents, in SA the overwhelming majority 96% of participants was from the urban area in contrast to 78% respondents from peri-urban area for Ghana and a 79% urban location of respondents for India.

### Figure 1: Location of respondents



Legend: South Africa, Ghana, India

Peri-urban: South Africa 2%, Ghana 78%, India 12%
Urban: South Africa 96%, Ghana 2%, India 79%
Rural: South Africa 2%, Ghana 20%, India 9%

## How old are you?

| | 15-19 | 20-25 | 26-35 |
|---|---|---|---|
| India | 41% | 56% | 3% |
| Ghana | 66% | 34% | 0% |
| South Africa | 62% | 38% | 0% |
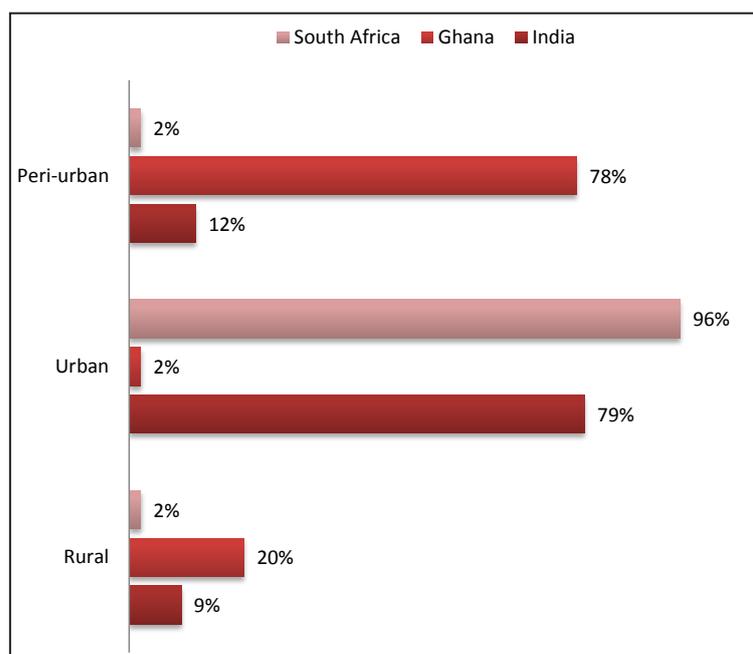
*Percentage of Respondents*
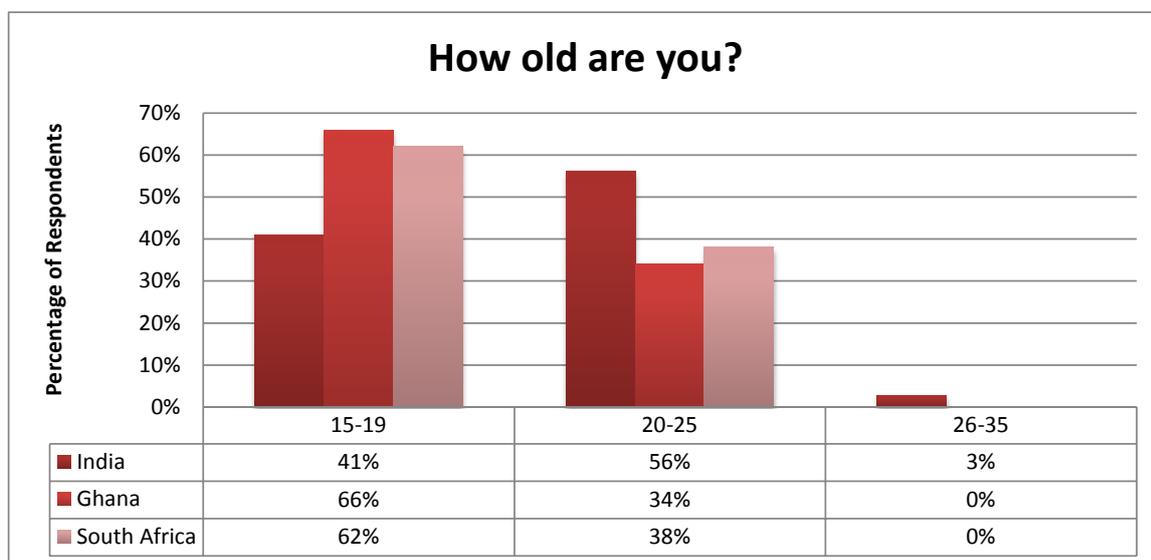
### Age

For both South Africa and Ghana, the majority of participants in terms of age distribution were in the age grouping 15 to 18 years (62% and 66% respectively)[34],  with none in the 26-35 years age range.  In contrast, for India, more than half (56%) of their participants were in the age range 20-25 years old and 41% in the age category 15-19 years old and a small percentage (3%) falling into the 26-35 years old category.

### Marriage and children

In South Africa, about 96% were single with no children (80%). Of those who have children, 78% have one child, 17% have two children, 3% have three and 2% have more than five children. In Ghana, the majority of the respondents 84% were single (not married) and 16% were married.

It is worth noting the following distinctions in the samples among the countries. For India, 11% of respondents were married before the age of 15 years and 34% before the age of 18 years. In addition, 57% of those married were in arranged marriages, of those 9% were fixed by a marriage broker. More than half (55%) of young women indicated that their parents paid dowries for them. For the young women that were unmarried, 70% of them indicated that they were not in agreement with parents having to pay dowries for them. Also for the sample of respondents from India, 5% responded that they had their children before they were 15 years old and 31% before they were 18. More than 40% of young women surveyed said that they did not have a say in how many children they would have.

For the sample of Ghana, 2% of respondents indicated that they were second wives, thus also highlighting

**Figure 3: Marital Status of respondents**

## What is your marital status?

| | Married | Single | Other |
|---|---|---|---|
| India | 46% | 52% | 4% |
| Ghana | 16% | 84% | 0% |
| South Africa | 1% | 96% | 3% |
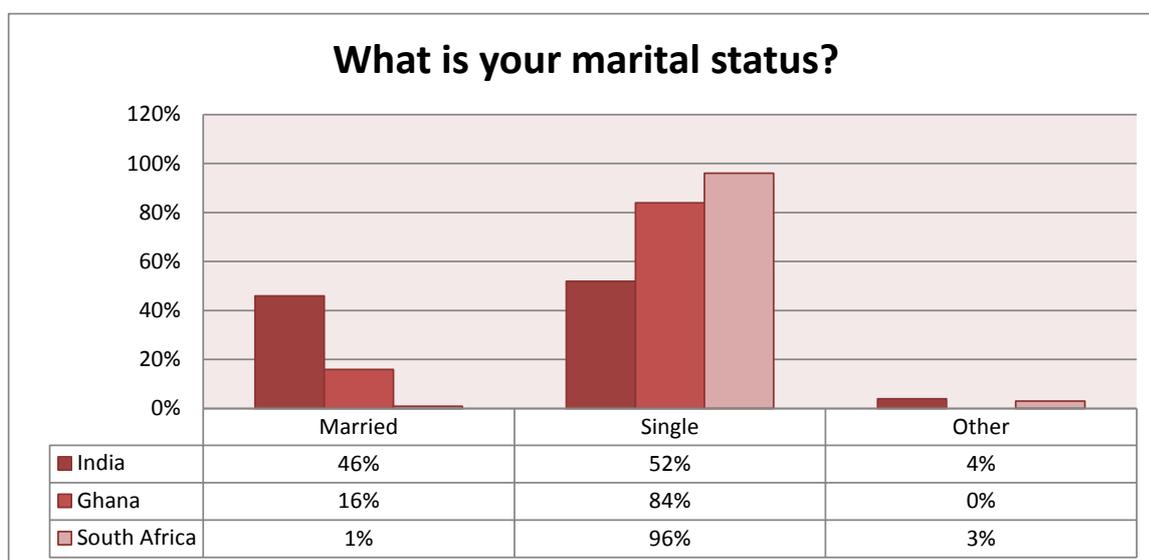
the issue of polygamy in this context. There was no relevant data talking about the age of marriage for the respondents from Ghana or South Africa.

### Education

In terms of level of education attained or being attained, the results were mixed across the three countries. In South Africa, the majority of participants are currently engaged in some form of studies (83.2%), of which 64.1% are learners at secondary school. In Ghana, 13% of respondents have never been to school out of which 3% are in the informal sector learning a trade.6% have had pre-primary education, 37% primary education, 35% Junior High School (JHS) and 12% are Senior High School (SHS) graduates. In contrast, for India 2% had no formal education, 7% had pre-primary, 15% lower secondary and 48% senior high school.

studying, 69% answered negative. For 39% of those, they indicated that they did not study because of their families not allowing them to or because of poverty. Some other reasons included marriage (20%) and parents' decisions for the girls to not study (16%), while 20% indicated they were not interested. Another reason cited for discontinuing education was the lack of safety.[35]There was no indication from the samples of South Africa and Ghana regarding the reasons they were not studying. For South Africa, this is not surprising given that the majority of respondents are currently in secondary school and for Ghana the majority of respondents are engaged in petty trade and therefore no longer at school.

## Figure 4: Education Level of respondents



Bar chart showing education level of respondents by country (South Africa, Ghana, India):

| Education Level | South Africa | Ghana | India |
|---|---|---|---|
| First stage of university education (under-grad) | 1% | 0% | 0% |
| Post-secondary technical training (FETs - Further Education Training) | 2% | 3% | 20% |
| Upper secondary education (Grades 11 - 12) | 41% | 12% | 48% |
| Lower secondary or second stage of basic education (Grades 8 - 10) | 31% | 35% | 15% |
| Primary education or first stage of basic education (Grades 1 - 7) | 26% | 37% | 7% |
| Uneducated (informal education) | 0% | 13% | 2% |



**Young urban women developing a community map as part of the baseline data collection process in Ghana.** Photo Courtesy: AA Ghana

In spite of all efforts to promote education, skill development and asset creation, there are deficits of decent work like unemployment, under-employment, poor quality and under paid jobs, unsafe work, insecure income, rights that are denied and gender inequality[36].

The Decent Work Agenda developed by the International Labour Organization (ILO) emphasises fair and sustainable working opportunities. The ILO has conceptualised decent work as having four constituent pillars, which are interdependent and mutually reinforcing.[37]The developmental approach of the Decent Work Agenda takes cognisance of the fact that limited access to decent work (and opportunities) is a major impediment for the advancement of women in many parts of the world and hinders the possibility for women to live as dignified human beings enjoying equal rights with men. The current reality of working conditions and lack of organisation for young urban women makes it critical to ensure that rights, representation and protection are central components of social and economic development strategies.

This chapter explores the different factors related to young urban women in terms of paid work.

## RESULT 1: YOUNG WOMEN HAVE SAFE AND DECENT WORK AND LIVELIHOODS AND CAN EXERCISE

## GREATER CONTROL OVER THEIR INCOME

### Result 1.1: Young women recognise and challenge sexual and economic exploitation in their work

A key motivation for generating decent work is to reduce poverty and enable young women to make choices and take control of their lives. Outcomes of this could be equal recognition, and increasing young women's ability to compete in the market place, remain healthy and have a voice in the workplace and in their community. In some situations, it is about moving from subsistence to existence. Despite the lofty ideals of international development agendas such as the MDGs, the Decent Work Agenda is beset with several challenges that have particular implications for young women as a result of gender discrimination, cultural traditions and the lack of opportunities. When looking at the agenda of decent work, there are several aspects that are affirmed globally, but also through this baseline study:

### High rates of unemployment

The ILO has estimated that nearly 75 million youth were unemployed around the world and global youth unemployment rate is projected at 12.6% in 2013. Gender differentials

in youth unemployment rates are small at the global level and in most regions.[38]These high rates are confirmed for the three countries of this baseline study. Ghana reports an unemployment rate of 64.2% among economically active female aged 15-19 (60.1% for males) and 25.9% among female youths aged 20-24 (24.4% for males). By contrast, the national unemployment rate for all females aged 15-49 years was a much lower 22.2% (19.3% for their male counterparts). Opportunities for paid employment for young women are very low. This was confirmed by the baseline data where more than 50% of respondents indicated that they were unemployed and looking for work.[39]For South Africa, the unemployment rate[40] as of 31 March 2014 was 35.1%[41] with unemployment rates amongst women in all categories generally just over 5% higher than that for men. The rate of unemployment for India on the basis of the current daily status is 22.1 per cent for urban women aged 20-24.[42]The high rates of unemployment as per national statistics are affirmed in the number of young women respondents that indicated that they were unemployed in each of the countries. However, it is important to point out that in part, the high unemployment figures are reflective of the fact that many women who indicated that they are unemployed are in school.

### Concentration of young women in the informal economy

Globally, there are a growing number of young women in the informal economy. Young women often find themselves with limited access to knowledge, technology, finance and markets. Their problems are compounded by the lack of legal and social protection and organisation as well as voice to address exploitation in this context. The earlier expectation that the informal economy would be progressively absorbed by the formal sector through economic growth has been proven wrong.[43]

Nationally, in Ghana, 64.3% of urban employed women are self-employed in categories such as hawking, petty trading, porter work, commercial food preparation/restaurant work, sex work and domestic care work are common with poorer urban young women. This figure is affirmed by the baseline data with more than 70% of those indicating employment engaging in self-employment. However, although this may be considered to provide greater economic freedom, young women routinely suffer raids, non-payment and other exploitation due to the lack of protections in this sector. In India on the other hand, self-employment among young urban females makes up half of the workers in the age brackets of 20-24 and 25-29. Self-employment occurs largely in the services sector. Although a smaller percentage of respondents indicated participation in this sector, the challenges facing young women in the informal sector is definitely applicable in this context as well. Some of these challenges include the lack of social protection, sometimes dignity and often safety.

### Inferior working conditions

Working conditions of young urban women are likely to include: low

wages, delay or non-payment of wages, long working hours, deadline pressure, precarious or non-existent job security and medical insurance, sexual harassment, health and safety hazards, use of intimidation tactics and violent measures to quell dissent.[44] This baseline study in particular highlights that some of the key issues affecting young women in the workplace include the lack of work security with a prevalence of seasonal, contract or temporary work. In the case of South Africa, the perpetual volunteering by young women (often unpaid) to increase their employability emerged as a key factor.

Another issue was the cost of young women's labour where young women in particular are considered cheaper than men to employ due to assumptions that they are less skilled, are not the primary earners, and also supposedly less likely to complain about unfair remuneration. In the context of this study, the baseline assessed the income levels of respondents as well as their awareness of the basic minimum wage in their country. Across the three countries, respondents reported various exploitative experiences such as payment below the minimum wage, delay in payment, payment less than agreed, and working under unsafe conditions. Related in particular to unsafe working conditions was reference to sexual exploitation and harassment (verbal as well as physical). Other issues noted include the lack of basic facilities and the lack of basic protections such as maternity benefits or sick leave.

All this highlights the importance of ensuring that the work that young women do is recognised, protected, formal and decent.

### *The disadvantage gap as a result of young women's unpaid care work*

The majority of respondents work 5-6 days a week. This is in addition to other roles in the home such as cooking, fetching water, cleaning and caring for children and other family members. Other issues that emerge from the baseline are the impact of early marriage and family norms or restrictions on young women's potential and possibility for decent work. Global data concurs with the fact that labour force participation rates for young women are lower than for young men often as a result of cultural traditions and the lack of opportunities for women to combine work and family duties.[45] It is important therefore for the state to invest in infrastructure, basic amenities and public services to reduce the amount of time young women work on unpaid care in order to free them up to take up opportunities for education and employment if desired. This needs to be accompanied by education and awareness where possible.

### *Young women's inability to challenge work injustices*

Overall, it seems that young women are able to articulate issues of exploitation (working conditions) and report these to friends and family. Very few young women would choose to go the formal route of reporting (workers association, community leaders or organizations). Not surprisingly, societal obligations, fear of losing

jobs, and also a loss of confidence in the system play a big role in young women's willingness to seek redress. This particular finding is not surprising given the fact that young people in the workplace and informal work represent a large concentration of needs without voice.[46]

***Result 1.1: Young women recognise and challenge sexual and economic exploitation in their work***

Indicator 1:

40% of young women involved in the programme report cases of sexual and economic exploitation within their groups, trade unions and associations. This is from a baseline of zero.

Several issues were looked at, as they pertain to the working conditions for young women in urban areas. These included:

· Employment status

· Work security

· Hours of working

· Income level

· Working conditions

· Ability to challenge unfair working conditions

· Who the injustices were reported to

## *Baseline Findings*

### (i)  The status of young women's employment

At the time of this Baseline Study, 35% of respondents from India

indicated they were employed compared to 36% of respondents from Ghana and 10% of respondents from South Africa. See *Figure 5.*

***Figure 5: Employment status of respondents***



**Are you working outside the home?**

■ India  ■ Ghana  ■ South Africa
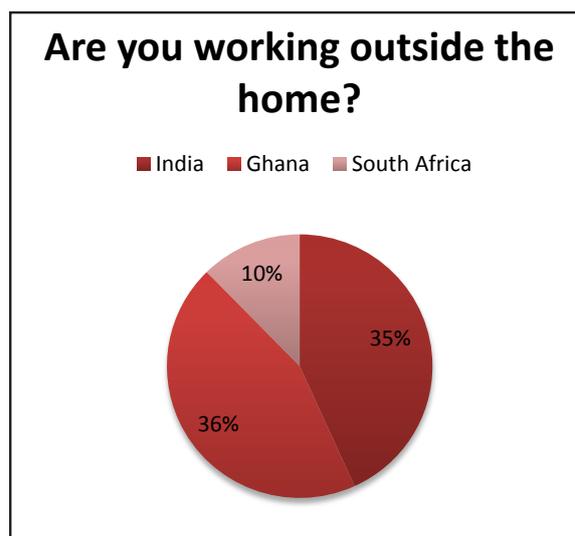
In the case of India, it is important to note that at least 41% of those indicating employment worked from home (for example making bangles), only 2% were engaged in office work, whilst 35% indicated they were engaged in 'other' work (scrap picking, tailoring etc.). It is worth noting that where respondents in India indicated that they were not employed, 11% indicated it was due to early marriage, 10% due to pregnancy, 33% due to family norms/restrictions and 15% due to family responsibilities. 31% of respondents indicated that they are currently studying (including secondary and post-secondary education). As is illustrated by this point, young women very often have to sacrifice opportunities for paid work or development at the expense of their unpaid care work in the home or family.

**A young urban woman being interviewed during the baseline data collection process in Chennai, India.** Photo Courtesy: Thozhamai

In terms of employment status of respondents from Ghana, 35% of respondents said they were working and 59% of respondents indicated they are still studying. Of those employed, 39% indicated they are in the employment of a company or an individual, while 61% said they are running their own businesses. Other forms of employment included hairdressing (9%) and dressmaking (13%). Of those who indicated they are not in employment, 51% did indicate that they were seeking employment. In the case of Ghana, some of the factors identified that impacted on employment included lack of formal education (35% of Ghanaian respondents indicated that they did not have access to education), lack of access to financing for their businesses (and

in cases where they access from informal financing providers they are exploited) and lack of skills or knowledge on running their businesses.

In the South African sample, 8.4% of respondents are neither studying nor working , 10% are engaged in some form of employment and 40.2% of are still in secondary school. Of those in employment, the majority (44%) are engaged in occupations that are considered the traditional roles of women, viz. community and social services[47], and domestic work in private households. Furthermore, consideration also needs to be given to the fact that the unemployment rate[48] for South Africa as of 31 March 2014 was 35.1%[49]. The national unemployment rate of women was 38.4% and the unemployment rate in the age group 15-24 was 66%. There is no sex-disaggregated data for age groups, although employment rates amongst women in all categories are generally just over 5% higher than that for men. As the South African sample group has a high rate of school-learners, it is difficult to assess the impact of unemployment as it pertains to this project.

### (ii)  Work security

Young women's work security in urban settings has a tendency to be characterised in terms that indicate a flexible nature. These could range from temporary, seasonal or contract positions with very few positions being of a permanent nature.

## Figure 6: Overview of work security
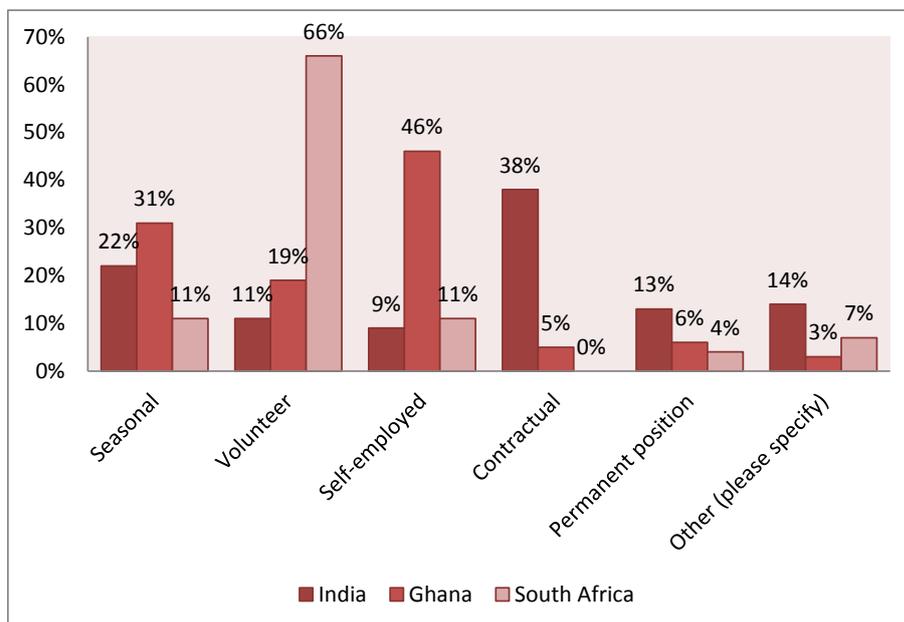


For this baseline this trend was confirmed across all three countries where 4-13% of young women indicated they had permanent employment. See *Figure 6*.

For respondents from India, only 13% of the respondents are permanently employed, 9% are self-employed, 11% are volunteers and the remaining respondents are either temporary, contractual or seasonal. In Hyderabad for example, most of the work was seasonal (30.4%) followed by self-employed (12.5%). In terms of the variance (other), respondents indicated that they worked either when they needed or when there was work, hence their selection of the category of other.

The results from Ghana illustrate a situation where almost half of the sample is self- employed and up to a third (31%) is involved in seasonal work. Furthermore, 19% were involved in volunteer work which had no remuneration attached to

work performed.

In contrast to both India and Ghana, more than 66% of the South African respondents indicated that they were volunteers (44% of these were remunerated with a small stipend, 22% was not remunerated). Only 4% of South African respondents indicated that they had permanent employment. One of the reasons attributed to the high levels of voluntarism is the link between levels of education, skills and unemployment in South Africa. Government initiatives in South Africa have targeted young jobseekers with the hope of providing them access to on-the job training in exchange for a small stipend. The ultimate aim is to increase employability of the young unemployed population.[50]

In terms of the time spent volunteering, whilst it is a commendable short-term strategy for young women to gain experience

and increase their skills, it becomes a challenge when it is a means to gain free services of young women indefinitely, and when it prevents young women from seeking other decent paid work that sustains an adequate living.

## (ii)  Time spent working

The illustration of baseline data for time spent working for all three contexts is presented in *Figure 7 and 8*.

A more in-depth analysis of this data for India shows that for all three cities, more than 50% of the respondents work 7 days a week, while the next biggest group work 5-6 days a week. Similar to India, up to 38% of respondents from Ghana indicated that they worked 7 days in a week and 34% said they worked

### *Figure 7: Number of days worked per week*
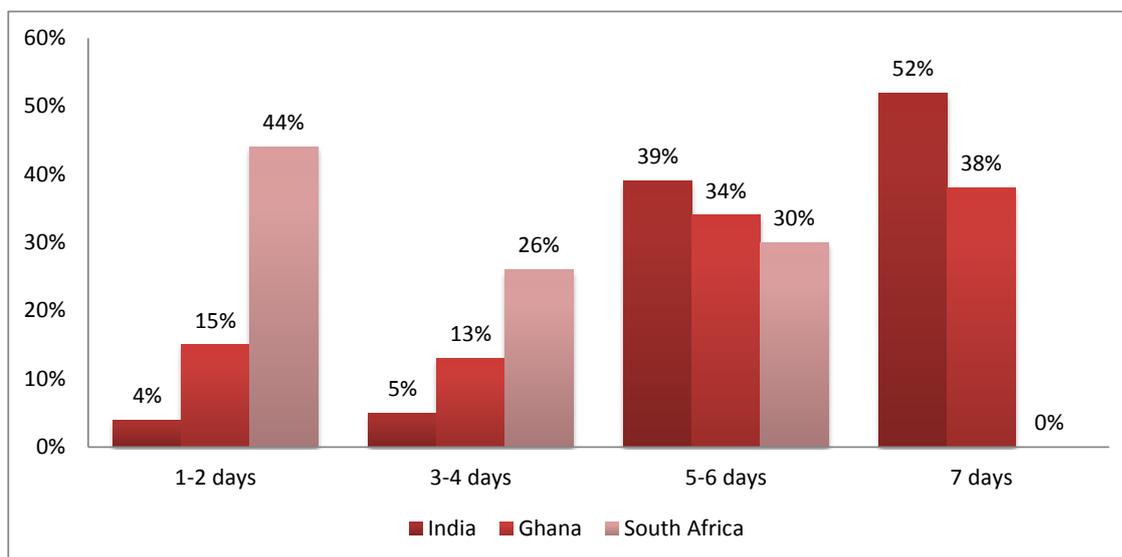


### *Figure 8: Hours per day working*
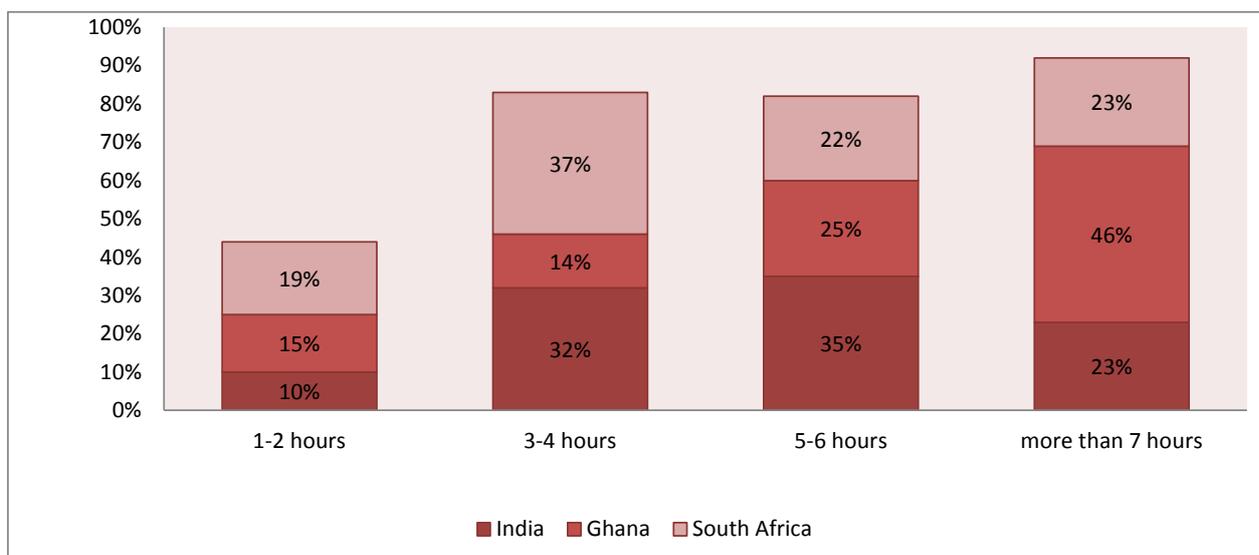
for 5-6 days in a week.

In contrast to the data from both India and Ghana, only 30% of South African respondents indicated that they worked up to 5-6 days a week. No one indicated that they worked 7 days a week. Up to 44% of respondents worked between 1-2 days a week. This is in line with the fact that 40% of respondents are still in secondary schooling and 8% or them are neither working nor studying.

In terms of hours spent working, in the case of South Africa, (77%) work between 1 and 6 hours per day and for less than a day up to four days a week (72.5%) However, as noted previously, more than 40% of respondents from South Africa are in formal education and this impacts on the amount of time available to them to engage in paid work. For India, In terms of working hours, 23% work more than 8 hours a day while 35% work for 6-8 hours a day and 32% work 3-4 hours day.

In the case of Ghana, in view of the fact that a majority of respondents are working for themselves, there may be increased pressure to work longer hours to make enough income. It is also possible that respondents working for others could be exceeding normal working hours.

### (iii) Income levels

Whilst there has been increasing attention on increasing women's participation in the wage labour market, it has not been corresponded with equal or fair remuneration. Young women in particular are considered cheaper than men to employ due to assumptions that they are less skilled, are not the primary earners, and also supposedly less likely to complain about unfair remuneration. In the context of this study, the baseline assessed the income levels of respondents as well as their awareness of the basic minimum wage for their context.

### *Figure 9: Income levels of respondents*
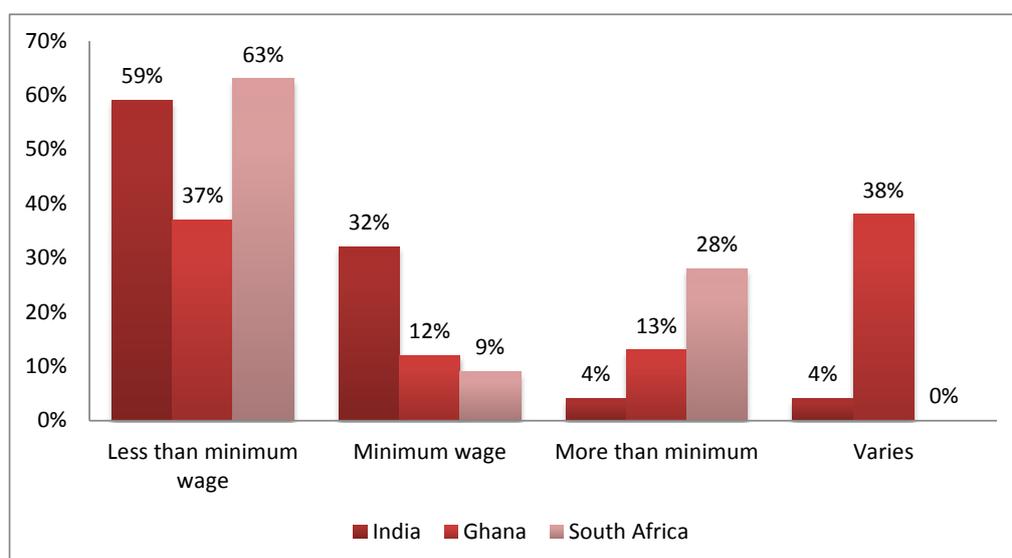
### Table 4: Minimum wage breakdown: India

| Monthly Income | Chennai | Hyderabad | Mumbai |
|---|---|---|---|
| *Rupees* | % | % | % |
| Less  than Rs. 5000 | 43 | 25 | 60 |
| Rs. 5001 to Rs. 7000 | 50 | 3 | - |

For India, the minimum wage per month was identified as USD 82 per month. As can be seen in Figure above, up to 59% of respondents are currently earning less than the minimum wage. *Table 2* below breaks it down for the three cities. The most significant percentage is for Mumbai where 60% of respondents indicated that they earn less than the minimum.

About 58% of the women surveyed are significant contributors in their family's income.[51] This should be noted against the fact that most of these women also revealed that they work for all 7 days in a week. Moreover, for a significant percentage of these women (23%), the number of hours that they work in a day exceeds 8 hours. These figures clearly depict the strenuous nature of work and working conditions for the women In general, women work longer hours than men but still however, society undervalues these immense contributions made by women.

For Ghana, the daily wages of majority of respondents were found to be below the minimum wage of USD 2. 37% of respondents said their daily wages were below the statutory USD 2, and 38% said their minimum daily wage varied. Respondents that worked for themselves earned higher daily wages than those employed by others. When respondents who were self-employed were asked how much they earned daily from their businesses, 72% earned about USD 3 daily while 16% earned between USD 3-6 daily. Seven (0.7%) earned between USD 15 – 30, the remaining 4% of respondents said they earned USD 6-15.

In South Africa, given their low hours of work but also the school-going age of many respondents, it is not surprising that 60% of respondents earn less than USD 50 per month.[52] Only 22.2% of those who are working earn more than USD 150 per month. It has been suggested that the minimum wage in South Africa be set between USD 150 – USD 200 per month,[53] demonstrating that the majority of the working young women in the survey are receiving an income below the recommended minimum wage. Currently there is no national minimum wage in South Africa. Trade unions and other civil society organizations have called for a national minimum wage for more than a decade and in July 2014 the Labour Minister appointed a task team[54] to look into the matter in the next three years.

The call for reducing the gender pay gap is critical as research shows that despite the low pay that women receive, women are far more likely than men to spend their incomes on food, education, and healthcare that enhance the welfare of their

## Figure 10: Working conditions of respondents



**Could not work due to illness or family responsibilities and was not paid / or lost job**
- South Africa: 13%
- Ghana: 0%
- India: 13%

**Gave birth but did not receive maternity benefits / lost job**
- South Africa: 0%
- Ghana: 0%
- India: 0%

**Unsafe working conditions that affect your health**
- South Africa: 13%
- Ghana: 12%
- India: 13%

**Paid less than the agreed amount**
- South Africa: 30%
- Ghana: 20%
- India: 30%

**Delay in payment of wages**
- South Africa: 39%
- Ghana: 12%
- India: 39%

**Wages below the minimum wage**
- South Africa: 30%
- Ghana: 68%
- India: 30%

■ South Africa  ■ Ghana  ■ India

children as well as their own.[55] Dependency on women's income is even greater in households where they are the sole breadwinners. Under the International Covenant on Economic, Social and Cultural Rights, it is women's right to receive equal pay for work of equal value. This is particularly important in the context of the Decent Work Agenda that there is awareness of this right, as well as promotion and protection of it. This is also part of the ILO's Decent Work Agenda to ensure women can obtain decent and productive work in conditions of freedom, equity, security and human dignity'.[56]

## (iv) Working conditions

Across the three countries, respondents reported various exploitative experiences such as payment below the minimum wage, delay in payment, payment less than agreed, and working under unsafe conditions. As can be observed from *Figure 10*, respondents who are employees could be having multiple experiences of two or more of these exploitative conditions.

### Table 5: Sexual Exploitation in Workplace: India

| Nature of Sexual Exploitation | City | | |
|---|---|---|---|
| | Chennai | Hyderabad | Mumbai |
| *Physical Advances* | 58% | Nothing | 67% |
| *Demands for Sexual Favours* | 32% | Reported | 27% |
| *Distribution of Pornography* | 10% | | 6% |

As mentioned earlier in the report, up to 80% of respondents in India (compared to almost 70% In Ghana and 40% in South Africa) that work for others were paid less than the minimum wage. In South Africa, up to 41% of respondents have experienced delays in payment and 26% have been paid less than the agreed amount.

Other issues mentioned include unsafe working conditions as reported by 20% of respondents from India. In contrast to the other countries, the respondents from India also pointed out the lack of basic facilities and the lack of basic protections such as maternity benefits or sick leave. This was affirmed by the respondents from South Africa who specifically highlighted that working conditions are relatively poor with only 14.8% getting paid sick leave and one third of respondents do not have access to clean and secure toilets and 25.9% do not have regular lunch and tea breaks.

Another issue that emerged from the Indian baseline study is the phenomenon of sexual exploitation in the workplace as illustrated in *Table 5*.

The data for South Africa and Ghana does not show whether or not this is a factor or whether this was just omitted in the data recorded for the baseline. In the case of

*Figure 11: Are young women able to articulate and report exploitation*
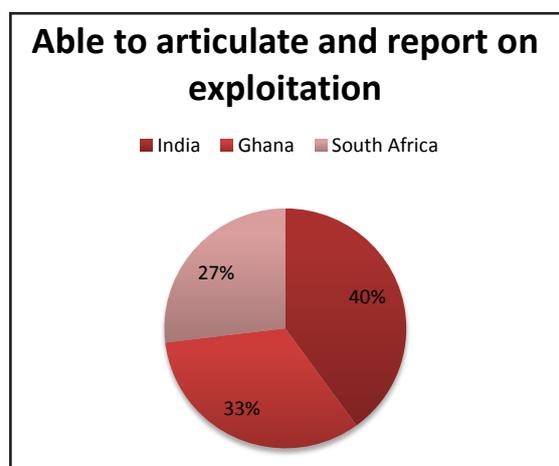


**Able to articulate and report on exploitation**

India, it was reported that sexual harassment or exploitation in the workplace was prevalent in the form of physical advances, requests for sexual favours in exchange for pay or pay increases as well as pornography. The forms this has taken include unwelcome physical, verbal or non-verbal sexual conduct.

*Figure 12: Reports of injustices by respondents*
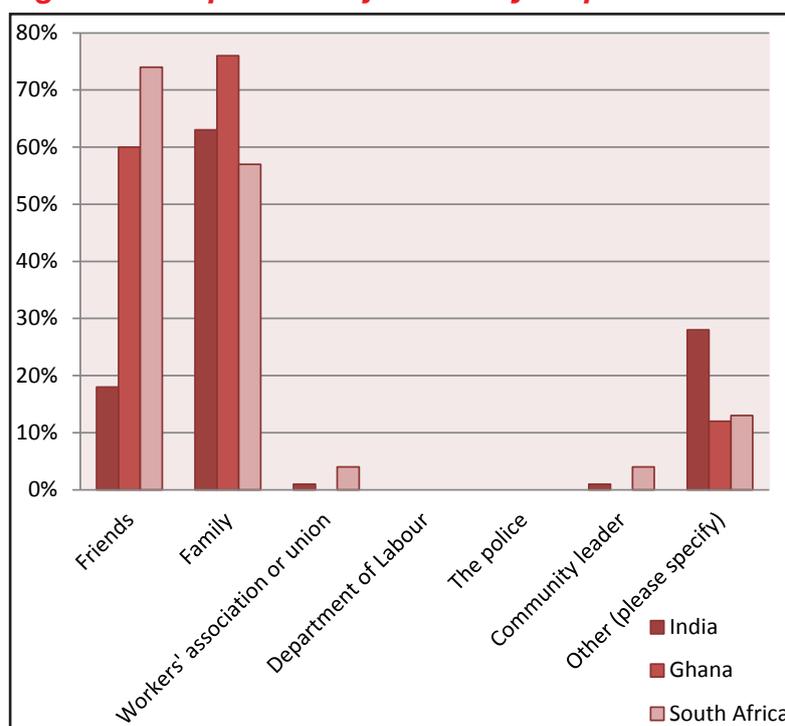
## (v) Young women's ability to challenge work injustices

The main indicator for this result is that at the end of this project, up to 40% of young women involved in this programme would report incidents of economic and sexual exploitation suffered as it relates to their working conditions.

Following the enquiry into young women's awareness of exploitation, it was important to find out whether young women felt willing and able to react to and or challenge exploitative conditions in their places of work. The question was therefore asked if any of the experiences referred to above were reported and to whom.

At first glance, *Figure 11* suggests that 40% of young women from India, 33% from Ghana; and 27% from South Africa have reported incidences of exploitation such as low or delayed wages and unsafe working condition.

Closer examination across the three countries reveals that those who did report incidences of exploitation did so primarily to friends and family. For Ghana, friends were told by 60% of respondents (18% India, 74% South Africa) and family was informed by 76% of respondents (63% India, 57% South Africa).

Only small percentages for each of the countries indicated that they reported incidences to community leaders (3% India, 4% South Africa, 0% Ghana), or to a worker's association (4% South Africa, 1% India, 0% Ghana), while the remaining alternatives for reporting included management, and

community organizations.

In exploration with respondents, indications are that they did not report incidences due to societal obligations, fear of losing jobs, and also a loss of confidence in the system. Respondents from both India and Ghana affirmed this sentiment. It is significant that the willingness to report to the police and labour department was zero for all three countries. Once again this is illustrative of the lack of confidence that young women have that they would receive justice.

In the case of Ghana, when probed, the respondents indicated that they did not report incidents at all for various reasons. While 63% said they did not find it necessary to report, 16% said they did not think anything would come out of their reporting, implying mistrust in the system if one existed at all to address such grievances. Yet 21% said they were afraid they would be fired if they reported it. Significant for the Ghana baseline study is the fact that none of the respondents indicated that they would make a complaint or file a report to their employers.

## *Summary*

· The situation as it pertains to young women and work is characterised by high rates of unemployment, concentration of young women working in the informal economy, inferior working conditions.

· Early marriage and early childbearing, low education, and women's care responsibilities (for

children, the sick, and the elderly) present barriers to young women's employment. Early marriage and early childbearing have historically limited young women's access to education and thereby to employment opportunities. In some parts of the world, young women's employment is seen as a threat to culturally accepted gender roles, and many families fear for the safety of girls in the workplace and traveling to and from work. Even when young married girls want to work or need to support their families, they have few marketable skills that can be translated into decent work. Thus most young married girls who are employed work in home-based or other types of informal employment.

- The concentration of young women who work in the informal sector is a concern because there is a significant overlap between being a young woman, working in the informal sector, and being poor. Working in the informal sector could include either home-based work as evidenced by the data collected or street vending. The precise relationship between informal employment and the intensity of poverty appears only when informal workers are disaggregated by status of employment (i.e. employer, self-employed, worker). There is ample evidence to suggest that many of those who migrate to cities in search of jobs find work in the informal (rather than the formal) economy.[57] Young women working in the informal sector typically lack the social protection afforded

to formal paid workers, such as worker benefits and health insurance, and typically work under irregular and casual contracts. The concentration of women in the informal sector can be attributed to a range (and mix) of factors including: economic policies and restructuring as well as constraints on women's time and mobility as a result of social and cultural norms. Increasingly, NGOs are providing social protection to informally employed workers to fill gaps in public provision of health insurance, child care, and disability. The Self-Employed Women's Association in India is one example of an NGO effort, alone and in partnership with the Indian government, to deliver innovative services to address the needs of informal workers.[58]

- The barrier of unpaid work means that young women's possibility of employment or development opportunities have to be weighed against other responsibilities of caring for children, the elderly, and the sick. Urbanisation has meant that increased migration has resulted in a breakdown of extended families, and changing social arrangements.[59] There is a need to make childcare affordable for poor young women who do not have viable care options.

- Inferior conditions of employment such as earnings, the nature and terms of employment- in formalisation and flexibilisation of work continue to hamper young women's ability to move out of poverty. This also includes inadequate provision of social

security protection such as maternity leave, pension and sick leave benefits.

- High rates of unemployment among young women mean that women are often forced to take on work for much less pay, engage in chronic volunteering for skills or experience often not necessarily resulting in decent paid work.

- Young women have to contend with sexual violence and harassment (verbal and physical) that has a prohibitive effect on their participation in work and education. There is a need to take more acute steps to address gender issues affecting education, training and work of young women, including violence, gendered education, gender discrimination and harassment at work places and schools.

- Young women, according to this baseline, indicated that they are unlikely to take formal routes of addressing exploitation. The main reasons for not reporting were the belief that it is not necessary to report or the belief that reporting grievances would not result in justice for young women. Some respondents feared reprisals (being fired). Significantly, the willingness to report to the police and/or labour department was zero for all three countries, once again illustrative of the lack of confidence that young women have in justice systems. The baseline illustrates that there is a level of awareness among young women of exploitation in the workplace and the ability to articulate it. However,

it also shows low awareness of their legitimate rights within the work environment and potential reporting channels where injustices could be addressed and support for such processes.

### Result 1.1: Young women recognise and challenge sexual and economic exploitation in their work

Indicator 2:

65% (3480) of young women in the programme across the three countries become members of organised groups to take action on policies, processes and individual cases of sexual and economic exploitation

The data collected for this indicator included:

- Group membership
- Type of groups affiliated to
- Period of membership

### Baseline Findings

At the heart of women's continued inequality and deepening poverty is a democracy deficit. Women do not have sufficient input, participation and influence on the ideas, agendas, policies, institutions and actors calling the shots with regard to development, economic and environmental policies and priorities. In the context of protecting and promoting the rights of workers, women's participation and visibility in unions have been important strategies to ensure their well-being, their autonomy and their rights as

## Figure 13: Group Membership



100% | 94%
90% |
80% | 74%
70% | 72%
60% |
50% |
40% |
30% | 30%
20% | 23%  18%
10% | 6%      9%
0% |        0%

| No, this is the first group that I have joined | I belong to this group and one other group | I belong to this group and more than one other group |

■ India  ■ Ghana  □ South Africa

## Figure 13: Group Membership



South Africa
Ghana
India

0%    1%    2%    3%    4%

| | India | Ghana | South Africa |
|---|---|---|---|
| ■ Workers' Assocation | 1% | 3% | 2% |
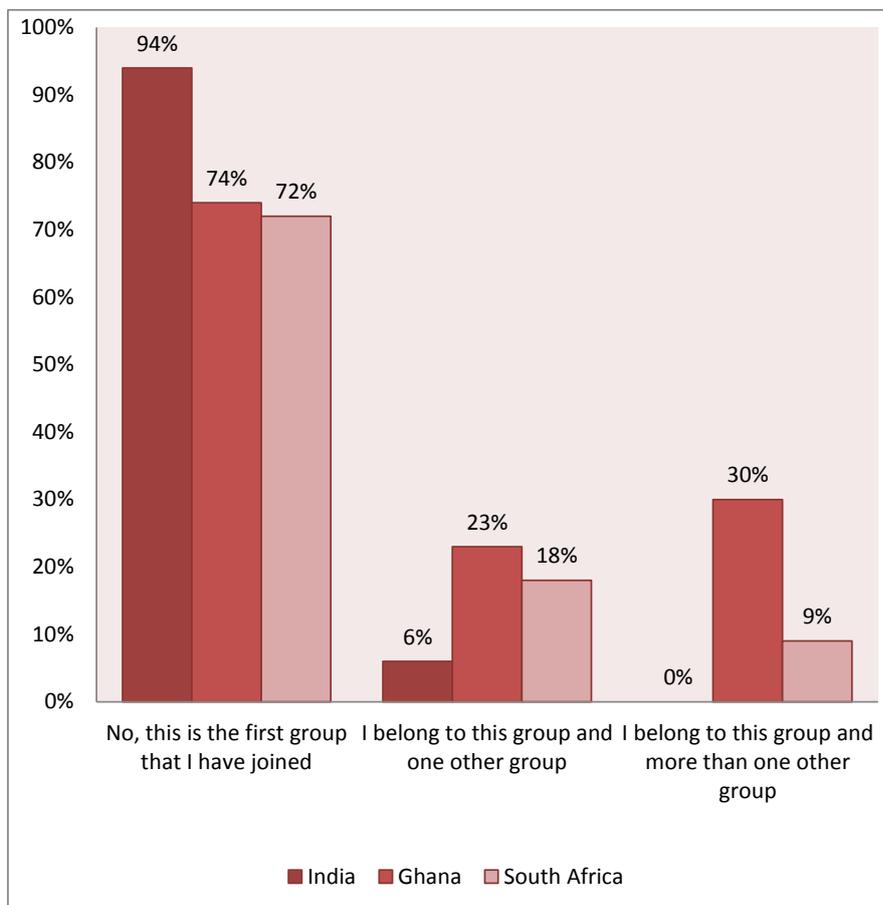
workers. Given the increased numbers of young women in the labour force, efforts have been made to organise young women to bring their particular issues to the fore, to claim space for young women's leadership, and provide vital new skills and approaches to labour movements. Kenya and Ukraine provide diverse examples of organising young women workers. The Confederation of Free Trade Unions of Ukraine (KPVU) is educating young workers on their rights, and women and youth are joining forces to protest bad wages and working conditions, and are proposing legislation to support work and families. The East African Trade Union Confederation recently instituted constitutional provisions related to women and young workers to enhance their voice in the union.[60]
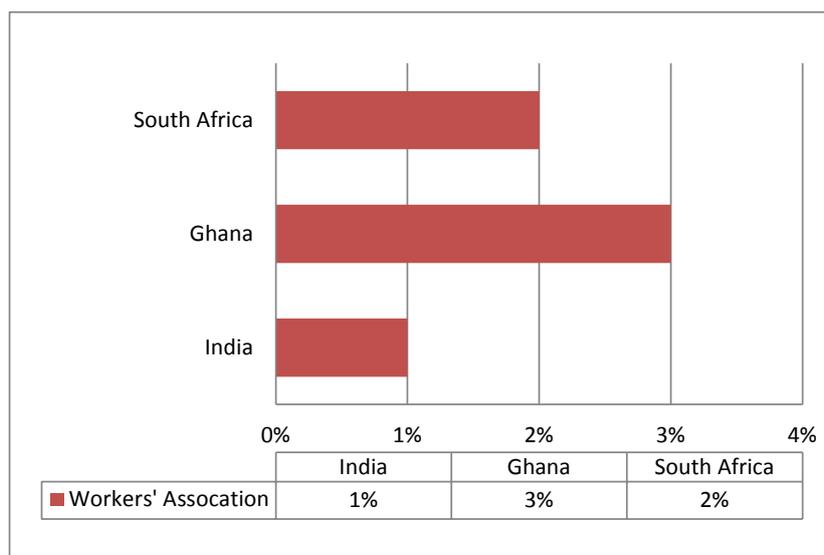
In this baseline study, young women were asked to provide information of current membership of organised groups and the focus of these groups. As can be seen in the *Figure 13*, for more than 70% of respondents across the three countries, their participation in the programme was the first time that they had belonged to a group. Almost 20% of the Ghanaian and South African respondents indicated that they also belonged to another group aside from this project. At least 30% of the Ghanaian respondents indicated they belonged to more than one other group (compared to 9% for South African respondents and 0% for India).

As it relates to the rights of workers, for India, only 1% of respondents indicated that they belonged to a group focusing on workers' rights compared to 2% for South Africa and 3% for Ghana. See *Figure 14* below.

While the low percentages of affiliation is one indicator, another important area to assess moving forward would be participation in these spaces.

## *Summary*

Young women respondents in this study indicated that they have little to no experience in engaging in activism linked to workers' rights. More than half of participants from all three countries indicated that this is the first group that they belong to that is headed by a woman. Significantly, there are also no global indicators of young women's level of engagement in workers' associations. There are however initiatives to increase young women's active participation in unions. This is because the intersection of

decent work and health points to a dire need to engage young women in these processes to ensure that strategies respond to the realities of young women (their paid and unpaid work and time), their culturally specific barriers that prevent them from participating as well as issues that materially inhibit their participation (e.g. transport).The strategy of empowerment is an important one as it will build young women's participation and leadership to achieve the ultimate outcomes of the project.

*Result 1.2: Young women's responsibility for unpaid care work is recognised and starting to be alleviated by families, communities and the state*

Indicator 3

15 to 30% increase from the baseline in the access to public goods and services (such as crèches, portable water, and household energy) that reduce the time spent on unpaid care work.

The data collected under this indicator included:

· Different responsibilities young women have in the home

· Time they spend on care work

· Goods and services young women had access to (childcare, electricity, water, indoor toilets)
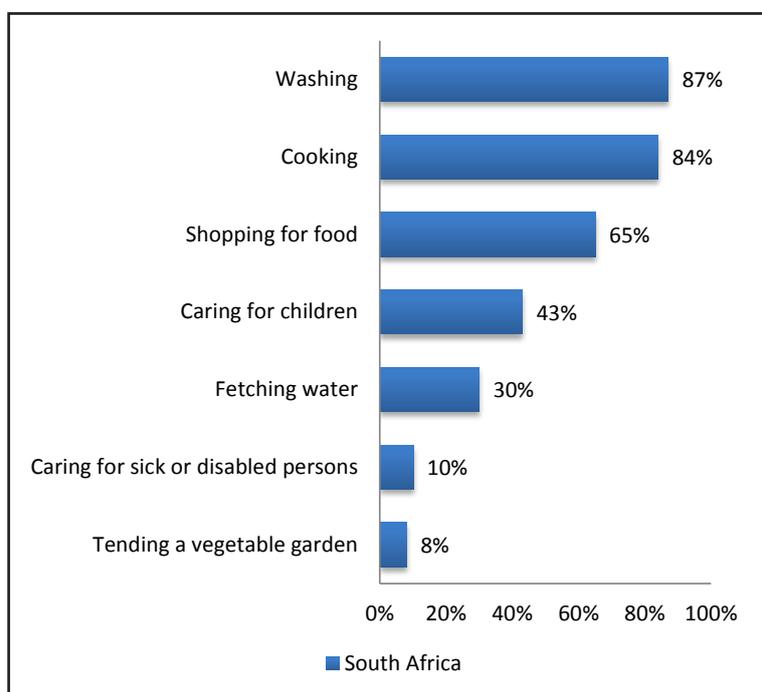
## *Baseline Findings*

Traditional divisions of labour and socially ascribed responsibilities mean
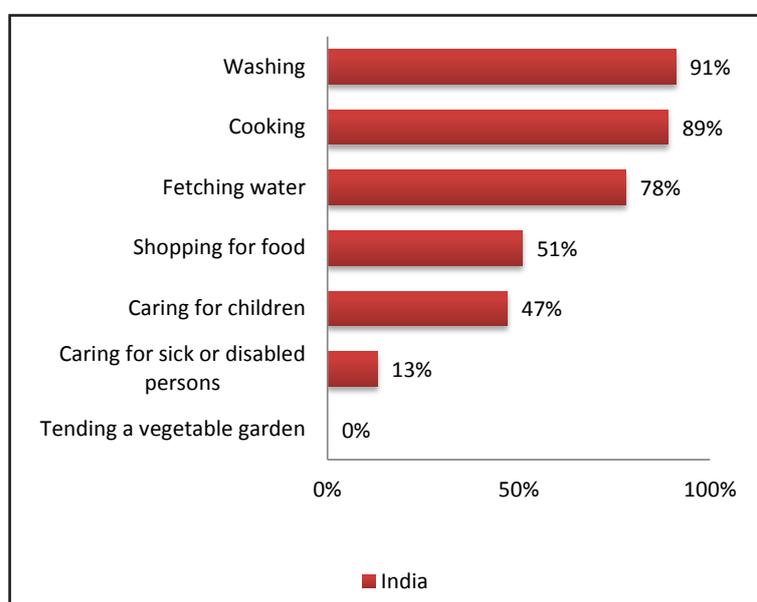
that it is women and girls who generally assume primary responsibility for unpaid care work. This includes both the direct care of dependents – children, elderly, people with disabilities, the sick – and the daily domestic work, including cooking and cleaning that women are usually expected to take on.[61] These obligations pose a serious obstacle to women's labour force participation, and have a major impact on their lives and well-being with particular reference to SRHR. For women's economic empowerment to be sustainable, it is important that care work is taken into account as care obligations will continue to limit the time women can devote to paid productive work and education and training opportunities.

Not only does the time women spend on unpaid work impact on their ability to engage in productive and civic activities, it also has significant negative consequences for women's health. The heavy water containers that women typically carry injure their heads, necks, and backs. Poorly planned sanitation projects can also increase women's vulnerability to violence. Young women's absenteeism from school as

**Figure 15: South Africa: Which of the following do you do as it relates to care work?**



Washing 87%
Cooking 84%
Shopping for food 65%
Caring for children 43%
Fetching water 30%
Caring for sick or disabled persons 10%
Tending a vegetable garden 8%

0% 20% 40% 60% 80% 100%

■ South Africa

**Figure 16: India: Which of the following do you do as it relates to care work?**



Washing 91%
Cooking 89%
Fetching water 78%
Shopping for food 51%
Caring for children 47%
Caring for sick or disabled persons 13%
Tending a vegetable garden 0%

0% 50% 100%

■ India

a result of their care work could also result in them missing out on critical information related to their sexual and reproductive health and well-being.[62]

Inadequate physical facilities (such as roads, utility supply systems, communication systems, water and waste disposal systems) and the under provision of services flowing from those facilities typically results in a far greater time burden on women than on men because of a gender-based household division of labour. In addition to transforming norms that entrench this double burden of labour on women (as opposed to men), it is equally important that governments respond to this through the provision of targeted services and state-funded care provision that reduce the time women spend on unpaid care work.

For the baseline, respondents were asked to select which of the care duties they were currently doing in their home. Respondents had to select all that applied as represented in *Figure 15 to 17* .

As noted from *Figure 15*, 87% of young women in South Africa said they did washing in the home, 84% did cooking, 65% indicated they did shopping and 43% listed caring of children as responsibility. Only 10% indicated that they took care of sick or disabled people, and 8% tended a vegetable garden.

As noted from *Figure 16* above, 91% of young women in India indicated they did washing in the home, 89% did cooking, 78% fetched water, 51%

*Figure 17: Ghana: Which of the following do you do as it relates to care work?*
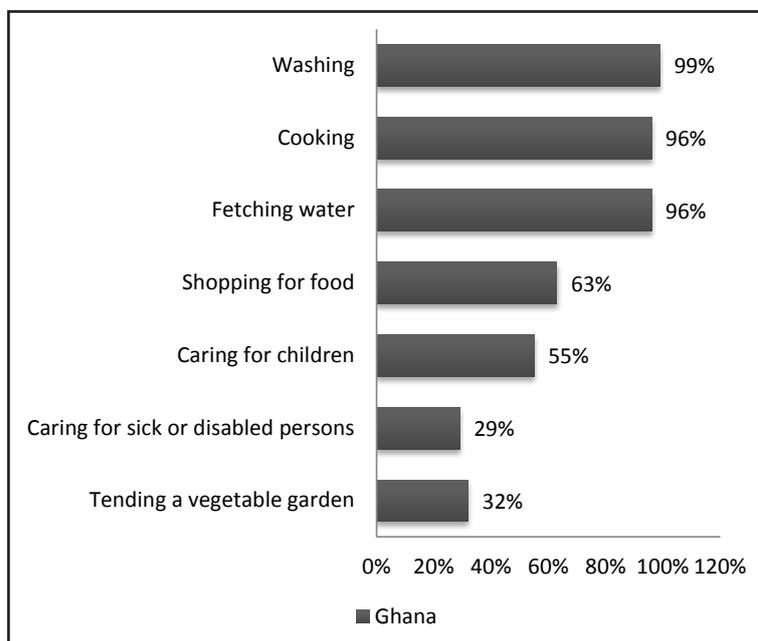


indicated they did shopping and 47% listed caring of children as part of their responsibilities in the home. Only 13% indicated that they took care of sick or disabled people, and 0% tended a vegetable garden.

As per *Figure 17*, 99% of young women in Ghana indicated they did washing in the home, 96% did cooking, 96% fetched water, 63% indicated they did shopping and 55% listed caring of children as responsibility. About 29% indicated that they took care of sick or disabled people, and 32% tended a vegetable garden.

What the data shows is that across all three countries, respondents are engaged in multiple forms of care work in their families and homes. Global data from 16 sample countries show that young women spend on average 47 hours per week helping with housework.[63] For this group, as

well as for those in employment only, the significant amount of time spent on work reduces their time for study, leisure and other activities essential to social and human development.[64]This finding is confirmed by the baseline data collected where young women in the YUW indicated that they spend a considerable time per week on care work (average 52 hours India, 36 hours Ghana, 31 hours South Africa). This unpaid care work needs to be considered in the light of the fact that young women indicated they work between 5 to 7 days a week sometimes for more than 7 hours. This therefore highlights that aside from paid employment, women's days are extremely long.

In light of this, *Figure 18* shows what goods and services young women have access to.

In the case of South Africa, respondents indicated a high rate of access to running water (75%), 61% even have an indoor toilet. Access, however, is relative as putative access and actual access are two different things. Piped/running water could be an outside tap or a communal tap within 100 m of the home. Also, given that access to water is dependent on payment for such services, many households do not always have water, or many of them are on the 'drip/trickle system'.[65]

Although in India there seems to be about 75% access to running water in the home, the 25% who do not access it, have to fetch water from the street tap. Women also spend time to buy kerosene from the local public distribution system. From a young age already, many women are faced with the challenge of juggling between various paid and unpaid care work activities. In addition, although there is access to running water in the home, women still reported that they had to shell out money to buy portable water for drinking as the ground water contains high salt and iron content making it non portable. Also important to note for the sample from India is that about 50% of women indicated they have to use a shared bathroom to bathe or wash clothes and 13% said they had to use a shack outside of their home for these purposes.

In the case of Ghana, 99% of respondents engage in washing of clothes followed by fetching of water and cooking. 95% sweep the compound of their homes, while 63% said they shop for food. Only 20% of respondents had running water in their homes, hence the fetching

**Figure 18: Overview of goods and services that respondents have access to**
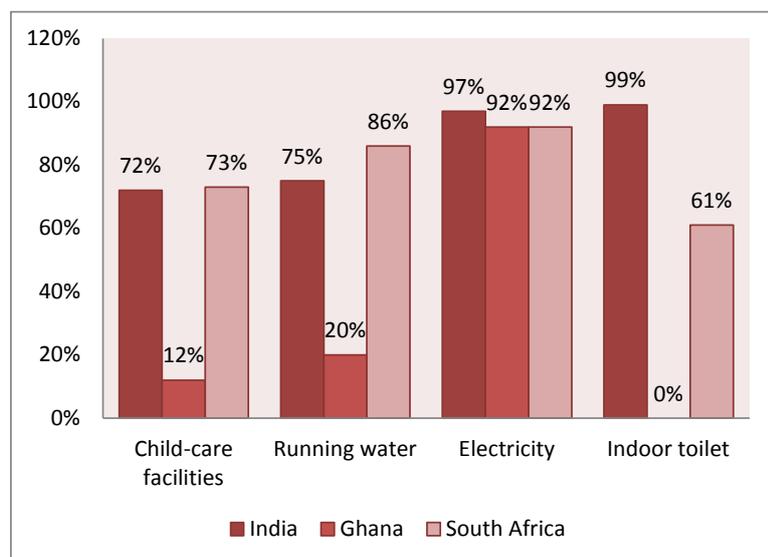


Legend: ■ India ■ Ghana ■ South Africa

of water tends to be the most time-consuming activity for young urban women who reported in the focus group discussions that they have to join long lines sometimes delaying them for work or school. In addition, pipes lock up at 12 noon and open around 4 p.m, which means that if someone is unable to fetch water within the timeframe they go without good drinking water. There was no question as to whether respondents have access to an indoor toilet for the Ghana case.

More than 70% of both the South African and Indian respondents indicated that they were aware of a crèche facility nearby. This is compared to 12% of respondents from Ghana who noted that they had child-care facilities near their homes where they can leave children of 0 to 3 years of age. It is not clear whether respondents that confirmed availability or knowledge of facilities was as a result of them either having children or responsibility for child-care in their family. In other words, those with no children or child-care responsibilities may simply not be aware of facilities near their homes. This is something that will need to be ascertained as this project progresses. Secondly, the data also does not provide any indication whether respondents actually use the facilities that are available. These are private run facilities (not state run) and are an additional cost or expense for young women and their families. In the case of South Africa, 76% of respondents indicated that the childcare facilities were affordable to their family.

The overall objective of this particular indicator is to reduce the amount of time young women spend on



**Young urban women reviewing public toilet facilities as part of a safety audit in Mumbai**
Photo Courtesy: Ashana Trust

unpaid car work. Part of the strategy to address this is to ensure that the infrastructure that does exist is affordable and accessible. In each of the contexts though, the issues are different. For example, for South Africa the focus may be on increasing access to child care facilities and also indoor toilets. For India, the issue of washing facilities and access to childcare facilities may be worth exploring. In Ghana, the issues may be providing access to both reliable and accessible source of fuel, pipe-borne water as well as child-care facilities.

## Summary

In all three countries, respondents are engaged in multiple forms of care in their families and homes. Young women are engaging in care work that takes between 31 to 52 hours per week. This is in addition to their work or school hours. Young women working or involved in informal trading in particular, work between 5-8 hours a day for up to 7 days a week. Thus, due to the significant amount of time spent on their various care-giving roles young women's time for study, economic development, leisure and other activities which are essential to human development get severely limited.

The time women and girls spend on routine tasks can be reduced dramatically if the appropriate infrastructure is in place, such as efficient sources of energy (especially new forms of fuel for cooking and heating), electricity, transport systems, and water and sanitation systems. Investments in such infrastructure that can relieve young women's time

burdens are essential to increase young women's economic power as well as to reduce poverty.[66] In the case of South Africa, respondents indicated access to electricity, running water and sanitation is dependent on affordability due to high costs of such utilities. For India, the cost of drinking water was also an issue noted, and in addition, young women indicated that they share a bathroom (for washing of clothing and self). Issues of safety have to be taken into consideration in the process of developing potential strategies. Finally, for Ghana, the biggest issue was the time taken to collect water (as a result of the privatisation of water). The time taken for this activity was prolonged due to long queues and also the times that it was possible to collect water.

The baseline data helps indicate the areas for strengthening or advocacy on facilities that would alleviate or reduce the amount of time spent on care work for young women. In each of the contexts, the issues are different. However, a major trend emerging from this data and confirmed by global studies is the cost constraints related to young women's access to existing infrastructure.[67]Some potential combination of interventions can assist in lowering costs, such as storage facilities for water, bulk purchases of fuels, or access to alternative fuels. All these solutions have to be explored contextually, whilst taking into account issues related to young women's control over financial resources. While young women may have control over some of their finances, they may not be in positions to make or inform such household decisions. Other options

include building capacity (economic and management capacity) of women's groups to provide this type of support to young women through clubs. The area of interventions presents opportunities for young women's groups, women's groups, government, private sector and other NGOs to partner in exploring and piloting platforms that could reduce the time required for labour-intensive tasks. This time could shift to other productive activities such as education or paid work, as well as leisure time.

**Indicator 4:**

40% of women in the programme report a reduction and redistribution of their unpaid care work through support from families, communities and public services.

The data collected under this indicator included:

· Who supports young women in taking care of children

## *Baseline Findings*

A significant amount of respondents (South Africa 47%[68], Ghana 20%, India 52%) indicated that they have children under the age of 18 in their care. Support from community and family for unpaid work for the care of young women's children, came mainly from young women's mothers, grandmothers, sisters, fathers and neighbours. In the case of South Africa, the figure for other is quite high as it refers to other family members. Respondents did not specify whether these family members were male or female. In the other two countries, other referred to childcare facility or some other individual. In Ghana, grandmothers and fathers provided equal amount of help with children. See *Figure 19* .

## *Figure 19: Who takes care of children*



Legend: India, Ghana, South Africa

| | India | Ghana | South Africa |
|---|---|---|---|
| Mother | 53% | 71% | 40% |
| Grandmother | 13% | 26% | 7% |
| Sister | 17% | 32% | 8% |
| Father | 7% | 26% | 4% |
| Brother | 3% | 17% | 3% |
| Partner | 6% | 7% | 1% |
| Neighbour | 7% | 20% | 7% |
| Other | 22% | 15% | 51% |
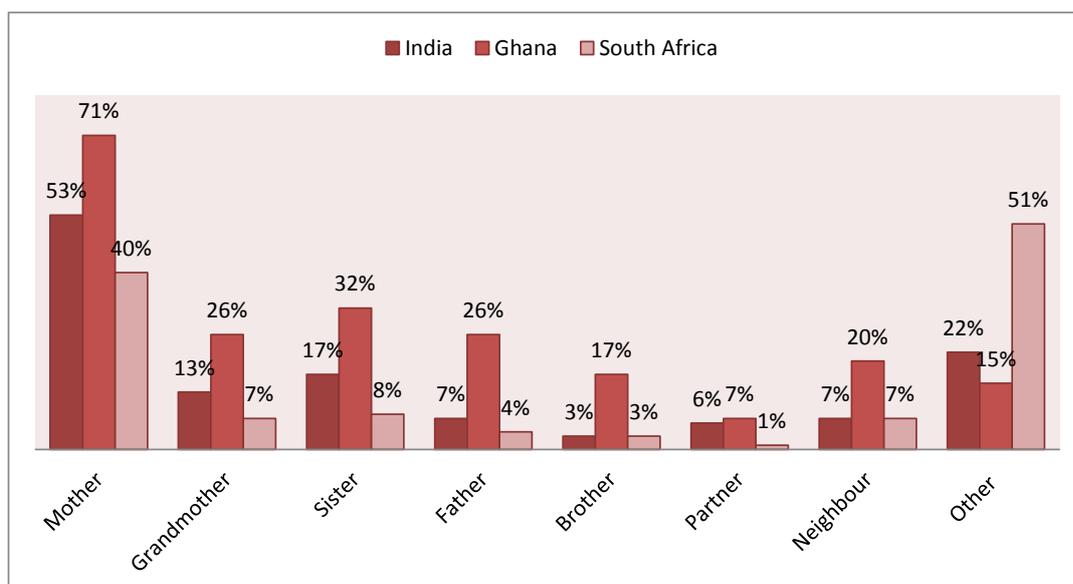
As reported in the previous indicator, the availability of childcare facilities is one such support that can alleviate the care burden on young women. However, in all the countries, the cost factor could pose an inhibiting influence as to whether young women access these facilities. As mentioned earlier, the costs related to child care tend to be a burden as these facilities are privately run.

### Bridging the disadvantage gap attributed to unpaid care work

Generally, people allocate their time to work on 'paid,[69] unpaid,[70] and no work.[71] While doing unpaid work, "women and girls living in poverty sometimes have to forego their basic human rights to an education, healthcare, decent work and leisure time in order to balance all these many activities.[73]

### India

The only National Time Use Survey conducted in 1999 and covering six states in India, revealed trends that are not dissimilar to the situation today. The survey revealed that women spend 34.6 hours per week, on cooking, purchases for the household, childcare, fetching water, washing, taking care of the elderly and infirm, etc. as compared to 3.2 hours by men on unpaid care work. Unsurprisingly, men also spend 8 hours more on leisure, learning and personal care.[74] Easy access to essential public facilities can reduce the load on women. However, in India, more than 97 million people lack access to safe drinking water, while more than 800 million do not benefit from hygienic sanitation facilities such as toilets, a significant proportion of them poor households, especially in urban and peri-urban informal settlements (slums). This particularly affects the lives of women adversely as it is mostly young girls and women in slums who spend hours in queues to fetch water for the household from a lone pump or two. Similarly young women are the most affected by absence or shortage of toilets in overcrowded settlements, resulting in lack of privacy and vulnerability to violence during open defecation, besides making them prone to disease.

At the central level, the Ministry of Housing and Urban Poverty Alleviation (MHUPA) and the Ministry of Urban Development (MoUD) share the responsibility for urban water supply and sanitation. Water supply and sanitation is predominantly a state responsibility under the Indian Constitution, operating through municipalities in urban areas, called Urban Local Bodies (ULB) and through State Water Boards. According to Indian norms, access to improved water supply exists if at least 40 litres/capita/day of safe drinking water are provided within a distance of 1.6 km or 100 meter of elevation difference, to be relaxed as per field conditions. There should be at least one pump per 250 persons.

While overall figures show improved access, the situation in poor urban pockets is dismal. Slums are often seen as unauthorised settlements and the government facilities are

invariably absent or minimal. In this study, it was seen that 80-90% of the women spend considerable time fetching water for their households in each city. It is not unusual for brawls to break out over the limited access to water and toilets. However, a good practice that stands out is the Sanitation Program in Mumbai that has provided access to sanitation for a quarter million slum dwellers.

In November 2008, the government of India launched a National Urban Sanitation Policy (NUSP) with the goal of creating what it calls "totally sanitised cities" that are open-defecation free, safely collect and treat all their wastewater, eliminate manual scavenging and collect and dispose solid waste safely. As of 2010, 120 cities are in the process of preparing city sanitation plans. The Government also has a targeted Public Distribution System (PDS) whereby essential food supplies are provided at subsidised rates to Below Poverty Line (BPL) families. While the PDS system is plagued by corruption, poor quality and shortage of supplies, women invariably have to make multiple trips to the ration shops and stand in long queues to avail of the supplies, often taking time off from other income-generating activities, which rather than easing women's burden of work, adds further to it.

The Integrated Child Development Services (ICDS) scheme was initiated to serve as day-care centres for children and infants, providing child-care, learning and nutrition to children, and enabling the mothers to work outside.

However, the assistance under ICDS is very meagre to meet their demand and the financial provisions for social security and additional remuneration for Anganwadi and ASHA Workers, the principal carriers of the flagship schemes have not been made. Issues related to the National Social Assistance Programme also impacts on young women. A variety of problems plague the pension system in India and it demands separate discussion not relevant here. While these schemes don't directly impact the young women the project targets, they do have an indirect bearing on the unpaid care work that many of the young women in the project communities are engaged in. Thus a strengthened universal Social Assistance program would indirectly benefit the young women by the state pitching in to ease the care-giving responsibilities, whether of the elderly, siblings, children, or the disabled and infirm, that they are often entrusted with in the family.

Overall, addressing the needs of women in respect of unpaid care work is a much neglected aspect in Indian policy. With the traditional family system breaking down, and more women entering the public sphere, but patriarchal attitudes still strongly entrenched, it is left to individual women to work their way through the system. The only institutional mechanism which has retained some relevance is the ICDS system, which also needs better implementation.

## South Africa

The General Household Survey 2013 found that 89.9% of South Africans have access to piped water and 85% of households are connected to electricity. Piped/running water could be an outside tap or a communal tap near the home. According to the SA Gender Statistics Report 2011, whatever the distance, a larger proportion of female than male members of the household (10 years and older) are likely to be involved in water collection. However, when the water source is very distant (a kilometre or more), female members of the household are almost twice as likely as male members to collect water. The percentage of households in urban areas who fetched water from a source one kilometre or more from the dwelling in 2011 was 1%. As with water collection, whatever the distance from the fuel source, female members of the household are more likely than male members to collect the fuel. In the run-up to the 2000 local government elections in South Africa the national government announced there would be a policy of "free basic services" (water, sanitation, electricity and refuse removal) in South Africa, beginning in 2001, to be delivered by municipal authorities and to be funded in part by the national government. In the case of free basic water, this amounted to 6,000 litres (6kl) per household per month, based on a calculation of 25 litres per person per day for a household of eight. In the case of electricity this amounts to 50kWh, or its equivalent in other fuel sources, per month. Although this has been widely rolled out in the major metropolis of the country, the City of Cape Town recently admitted that it does not reach all qualifying households. Further, 50kWh per month is not a large amount and most poor households would still have to find other means to meet their fuel requirements. As women do most of the cooking, this affects the poorest women adversely.

In terms of support with care of children, levels of attendance at childcare facilities in urban centres in South Africa is generally quite low, with less than 50% attending childcare facilities in the age group 0–3 years, despite the fact that centres in communities do cater for children under 3 years of age. The situation is better in the age group 3–6 years (50 %+), after which most children begin attending primary school. There is no state provision of childcare and childcare centres or crèches are generally private enterprises or run by NPOs. The Department of Social Services (DSD) grants subsidies to some NPOs for the provision of ECD.

## Ghana

Ghana faces serious constraints to meeting the challenge of providing adequate water for all rural and urban residents. These include the dire and worsening financial condition of the  urban  utility – the  Ghana  Water  Company Limited  (GWCL),  insufficient  sector investment over the last ten years, weak implementation capacity caused by staffing problems and

low salary levels. Approximately 10.3 million people (51%) have access to improved water supplies in Ghana. For the 8.4 million residents in the country's urban areas, this increases slightly to 61% with two thirds of these or 40% of the total urban population covered by GWCL's networks.[5] In Accra, for example, it has been estimated that approximately, only 25% of residents enjoy a 24-hour water supply. About 30% have an average of 12 hours service every day for five days a week. Another 35% have service for two days each week while the remaining residents on the outskirts of Accra are completely without access to piped water supplies. This pattern is more acute in other urban centres. Currently issues under consideration include the establishment a Water Directorate at the Ministry of Works and Housing to coordinate water sector activities. Sanitation coverage for both the urban and rural population is less than 40%. Latrines which are not connected to sewerage systems account for all improved access to sanitation in rural areas and small towns and are the most common sanitation facility used in large towns and urban centres. Regarding wastewater, the Government's

strategy and emphasis is even less advanced.

All the above have serious implications on the amount of time young women spend on unpaid care work such as collecting water. While development plans and programmes that address issues related to decent work by young women attempt to make mention of unpaid care work, at present there is nothing in national frameworks that recognise and or govern unpaid care work. Neither are there any provisions to reduce the amount of time young women spend on this. This therefore is an important opportunity for advocacy.

## Summary

As indicated in a previous indicator, young women spend a considerable amount of time caring for children, the elderly, and the sick. There is a need to make child-care affordable for poor young women who do not have viable care options of sharing this role with extended family or support networks as a result of migration.

**Resource centre for young urban women in Accra, Ghana.**
Photo Courtesy: AA Ghana

As noted in the previous indicator, there has to be a wider availability of affordable, reliable and high quality care for the elderly, disabled and sick. The issues of cost-sharing or saving mechanisms and creative interventions as mentioned in the previous indicator would apply in this instance as well.

***Result 1.3: State policies for the creation of decent work by the private and public sector, including through state employment schemes, which specifically target young women for employment and produce goods and services that are of benefit to them are initiated***

> **Indicator 5:**
>
> Across the project countries, three policies are developed or (re)formulated to include young women's interests, demands and participation in relation to employment opportunities

This particular indicator reviewed existing policy frameworks in all three countries to assess potential areas or entry points for advocacy as it relates to decent work for young urban women.

## *Baseline Findings*

The internationally agreed development goals, including in particular the Millennium Development Goals (MDGs), stress the need for an integrated and broad approach to combating the effects of poverty as a means for promoting sustainable development, security and human rights for all. The political momentum generated by these development goals gained strength when world leaders at the 2005 World Summit recognised the crucial role of employment for poverty reduction, and resolved "to make the goals of full and productive employment and decent work for all a central objective of (their) relevant national and international policies".

While comprehensive policies and programmes are essential in generating opportunities for all young people, it is necessary to tailor these policies and programmes to the needs of youth, in particular young women. One of the major challenges for policy makers is to embed youth employment policies into a comprehensive employment framework, which considers not only employment but education, training, labour market, enterprise development and social policies.

The key issues as emerging from the baseline study that would need to be addressed by policies include:

### Creating access to decent work/ employment

Globally, the high rate of youth unemployment is coupled with unfavourable working conditions such as longer hours for lesser pay with little job security.[75] Young women's employment is closely associated with other factors such as age, ethnicity, training, family situation, health status, disability, among others. Evidence has shown that in a number of countries young women have a more protracted and difficult transition to working

life than young men as they may have even more limited access to information channels and job search mechanisms than young men, and importantly, employers in a range of countries revealed a striking preference to hire young men rather than young women for a variety of reasons.[76]

### India

The Constitution of India is the overarching framework that guarantees equality, equal protection of the law and the right against discrimination to all citizens. In terms of efforts to address unemployment and empower young women in urban areas in respect of livelihoods, the following exist - the National Urban Livelihoods Mission (NULM) that envisages universal mobilisation of urban poor households into thrift and credit-based Self-Help Groups (SHGs) and their federations/collectives. These groups will serve as a support system for the poor, to meet their financial and social need, creating opportunities for skill development leading to market-based employment and helping them to set up self-employment ventures by ensuring easy access to credit. NULM is less than a year old and it remains to be seen how it impacts the lives of poor urban women. Furthermore, Support to Training and Employment Programme (STEP) for Women aims to provide an integrated package of services to women enabling them to become economically independent and to improve

their socio-economic status by upgrading skills for self and wage employment. It seeks to support women's work by providing a range of inputs and services like facilitating organisation of women, upgrading of skills through training, marketing and credit linkages to ensure sustainable employment, legal literacy and health check-ups, referral services, mobile crèches, elementary education, and gender sensitisation. The ten traditional sectors identified for project funding under STEP comprise of agriculture, animal husbandry, dairying, fisheries, handlooms, handicrafts, khadi and village industries, sericulture, wasteland development and social forestry. The ultimate endeavour of each project under STEP is to develop the women groups to thrive on a self-sustaining basis in the market place with minimal government support and intervention. Though an old scheme, information on the current status and beneficiaries of the programme are not accessible. The scheme is well-thought out in terms of covering the marginalised with a whole package of services which include enabling women to access employment and reduce their burden of unpaid care work. However, nearly two decades later, there is no visible impact and the scheme is largely unheard of, which puts the implementation of the scheme under question.

### South Africa

South Africa launched its Decent Work Country Programme (2010 – 2014) at the end of September

2009. South Africa's macro-economic policy framework is centred on the Asgisa[77], launched in 2007, and the New Growth Path (NGP), launched in 2010. The NGP document envisages the creation of five million new jobs by 2020, with more than half of all working-age South Africans engaged in paid employment and an unemployment rate of 15%. However, the unemployment rate, which was slightly above 22% in the period 2006 through 2008, has increased to 25.2% in the first quarter of 2014[78], which is more than 10% higher than the NGP goal. The country's NDP[80] was launched in 2013 and is the government's official macro-economic plan up to 2030. The NDP is largely silent on gender issues with very little sex-disaggregated data and no gender indicators incorporated into its targets. In December 2013, the Employment Tax Incentive Act [80] No 26 of 2013 was signed into law. The Act is aimed at encouraging employers to hire young people between the ages of 18 and 29 who are South African citizens through providing a tax incentive, i.e. government would share the costs of the employment for a maximum of two years provided that the employee was earning above the minimum wage and below USD 600 per month. Domestic workers are, however, excluded. The National Treasury has estimated that the youth employment subsidy will subsidise 423,000 new jobs for young and less skilled people aged between 18 and 29 years old. However, no gender indicators have been set. Women are more likely than men to be found in the lower earning categories. According to the Gender Statistics in South Africa Report 2011 (Statistics South Africa, 2013), the proportion of women who earned USD100 or less per month was double the proportion of men who earned at this level. Furthermore, by excluding the most vulnerable and marginalised workers,[81] it is clear that no thought has been given to gender disparities in both employment and income.

### Ghana

At the national level, Ghana has allowed for decent work provisions and related issues of capacity building and skills acquisition are captured by the Constitution of Ghana, 1992, Labour Act, 2003 (Act 651), Children's Act, 1998 (Act 560), Human Trafficking Act 2005 (Act 694), National Education, Vocational Guidance and Training 1970 (Act No. 351), National Youth Policy 2010, The National Land Policy of 1999(amended 2002), and The National Gender and Children's Policy. The Ghana Ministry of Gender, Children and Social Protection (MoGCSP) developed a four-year development plan (2010 -2013) to provide a policy framework and a new direction that would guide the sector to implement its mandate for four years. The plan addresses a number of critical issues related to decent work for young women in the country. This includes one of the six strategic policy objectives that are 'to improve the socio-economic status of women and children through targeted interventions'.

The plan also addresses key issues such as:

- Low access to credit and support facilities for women

- Low coverage of women under the Social Security Scheme

- Violence Against Women

- Poor enforcement of child related laws

- Harmful socio-cultural practices affecting women and children

- Increasing number of 'kayayes' (young/women and girl porters) and streetism in urban areas

- Commercial sexual exploitation of women and children

While there is The Medium Term Development Plan in place with strategies to address implementation of these critical issues, its implementation is currently very weak. The plan for instance fell short of indicating a strategy to address the challenge of low access to credit and support facilities for women. In addition, Ghana's Shared Growth and Development Agenda (GSGDA), 2010-2013 identifies youth employment including employment related issues for young women under its thematic area for human development, employment and productivity. Once again, the GSGDA II proposes numerous strategies that hold the potential of impacting youth employment issues including decent work for young women and unpaid care work issues. Furthermore, the Ghana Decent Work Country Programme (2011-2014) also promotes opportunities for women and men to obtain decent and productive work in conditions of freedom, equity, security and human dignity. This is one area young urban women can engage with to ensure that their issues are taken up. Finally, the National Youth Employment Programme has also served several youth including young women in terms of equipping them with employable skills and supporting some to set up their own businesses throughout the country. However, with all the great initiatives in operation in Ghana, there is an obvious lack of attention for the needs of urban young woman and their diverse realities.

## High levels of informal work

The growing number of young people in the informal economy calls for a supportive legal and regulatory framework that would provide social protection to young women workers as well as employment creation as a central component of national economic policy. As noted from both South Africa and Ghana, the focus has been on encouraging small scale entrepreneurship through national policy which in turn has left women far more vulnerable without any social security measures – i.e. maternity leave, pensions, sick leave, holidays etc. – precisely because they are self-employed. The decent work deficits in the informal economy must be reduced and opportunities must be provided for young people to make the transition from the informal economy to work that is productive and secure - work that is recognised and protected by regulatory frameworks.

### India

In India, the Government has enacted Unorganized Workers' Social Security Act 2008 to create a framework for providing social security to these unorganised workers. As the first attempt to legislate security for nearly 94% of the workforce, the Act is welcome. However, it does not make it mandatory for the government to introduce new welfare schemes. It unfairly divides unorganised workers into those below the poverty line and those above, and is silent on a national minimum wage, improving working conditions and the problems of women workers like unequal pay and sexual harassment at the workplace.[82]

### South Africa

In South Africa, as noted earlier, the government has tended to focus on youth enterprise development as a national strategy to address youth unemployment. In addition, the only potential protection that is available to young people engaging in informal work is through organising themselves in cooperatives and registering as such. Currently, there is no real regulatory framework to support young people and also to provide them with basis for redress in terms of exploitation in the informal workplace.

### Ghana

In Ghana, the Ministry of Gender, Children and Social Protection's (MoGCSP) development plan (2010 -2013) attempts to provide some

basis of protection for young women in the informal sector. In addition to this, Ghana has several initiatives focusing on vocational training that is targeting young people. However, as mentioned previously, there is no real sense how this is supporting young people, and the weakness in implementation of strategies means that policy objectives fall short of its intentions.

## Exploitative working conditions

A first step in improving working conditions is for young women to understand their legal rights and entitlements.

### India

In India, legislative protection for workers to receive a minimum wage is one of the fundamental premises of decent work. In India, the Minimum Wages Act, 1948 provides for fixation and enforcement of minimum wages in respect of scheduled employments. The Act also requires the appropriate government (both at Centre and States) to fix minimum rates of wages in respect of employments specified in the schedule and also review and revise the same at intervals not exceeding five years. However, NSSO 2013 data clearly shows that when it comes to wages, while the urbanites are paid more than their rural counterparts, men are consistently paid more than women. It is however noteworthy that only a small percentage of women are in regular wage employment, with 43% of urban

women in the workforce being self-employed. The Factories Act, 1948 regulates the employment of women in factories, prohibiting their engagement in hazardous occupations- work at night time, providing for separate latrines and urinals for female workers and provision of crèches. However, the enforcement has been very poor and neither toilets nor crèche facilities are provided for. The formal system of social security covers the organised sector through various social security legislations like the Employees' Provident Funds and Miscellaneous Provisions Act, 1952 and the Employees State Insurance Act, 1948. The Maternity Benefit Act 1961 provides for maternity benefit of up to 12 weeks of paid leave for women covered under the Act. There are also several initiatives that support the rights and needs of workers. For example, the working women hostels were set up to promote availability of safe and conveniently located accommodation for working women, with day care facility for their children, wherever possible, in urban, semi urban, or even rural areas where employment opportunities for women exist. However, these working women hostels are few and far and largely underutilised by the target group; they are sometimes too far from women's place of work; and because financial assistance is only partial, they are expensive and unaffordable.

## South Africa

South Africa makes provision for safe and healthy work environments through the Compensation for Occupational Injuries and Diseases Act, and is funded primarily through levies paid by employers. Compensation is available in cases of injury, disablement and death. Domestic workers are not covered by the Act. According to the QLFS (1st quarter 2014), approximately one third of employees are entitled to medical aid benefits from their employers, with little difference between women and men. The situation in respect of payment of medical expenses as well as contributions is likely to change radically as National Health Insurance (NHI) is introduced. The Basic Conditions of Employment Act (BCEA) provides some relief for women employees in respect to their reproductive role by providing for a minimum of four consecutive months of maternity leave when they give birth. Leave is also provided where a child is adopted. The Act does not provide for pay during this period, but the Unemployment Insurance Act (UIF) provides for a proportion of the wage or salary to be paid to employees who have contributed to the Fund. Women who work less than 24 hours per month however do not qualify for UIF. If one looks at average hours of work for women, many of them will not qualify. Also, where employers do not register workers for UIF (mainly the informal sector where most women find themselves), these women will not be eligible. Learners and interns

also do not qualify. Women engaged in the informal sector and domestic workers are without protection.

### Ghana

Ghana adheres to the principle that it should make provision for every person to have the right to safe and healthy conditions, with the guarantee to receive equal pay for equal work without the distinction of any kind. The Ghanaian Constitution states that all workers have the right to be assured rest and a reasonable limitation of working hours, periods of holidays with pay, as well as remuneration for public holidays. Part VI and VII of the Ghana Labour Act is entirely dedicated to the "Employment of Women" and 'Employment of Young Persons' respectively. Article 55 under employment of women, elaborates on "night work or overtime by pregnant women", establishing that unless consented to by the worker, an employer shall not assign or employ a pregnant woman worker or a mother of a child less than eight months old to do night work or engage for overtime. Here, night work is defined as work that is carried out any time within a period of eleven consecutive hours; that includes the seven consecutive hours occurring between ten o'clock in the evening and seven o'clock in the morning. If this provision is not respected by the employer, the woman worker has the right to file a complaint to the National Labour Commission. Article 57 specifically stipulates that a woman is entitled to a period of maternity leave of

least 12 weeks in addition to any period of annual leave she is entitled to after her period of confinement.

### *Summary*

There is a critical need for measures specifically focusing on increasing decent work opportunities for young women. This should include the full enforcement of social and labour protection and resources for young women employed in both the formal and informal economy. Policies and protections should also address reproductive health and conditions of work in which young women face occupational health and safety risks.

Currently, policy interventions do not take into account the cost factors (time and financial) as they relate to young women's unpaid care work as these hamper young women's employment and development. Particular attention has to be paid to cultural contexts where there are pressures to conform to societal expectations by entering early marriages and parenthood as these are factors that perpetuate the cycle of poverty for young women. Furthermore, decent work opportunities are pointless without relevant, gender-sensitive interventions focusing on enhancing their employability to enable young women to fulfil their potential.

*Result 1.4: Women have a greater sense of entitlement to their income and increased capacity to negotiate how it is spent*

This particular indicator explored who made decisions on spending of income (individual, partners, parents, joint decision-making)

## Baseline Findings

Decisions that impact on the well-being of individuals are made within families It is therefore important to assess the processes by which resources are allocated among individuals within the structure of the family. Studies focusing on this area of women's control and decision-making of their income use this as a means to assess the amount of decision-making power and control of an individual in efforts to assess shifts towards gender equality.[83] Although the assumption would be that resources would be allocated based on the amount of responsibilities carried by individuals, the gendered division of labour and dominant gender norms often means that women (and as a result young women) often have little to no say as to how their own cash earnings are spent. This particular indicator is important also as it relates to the care burden carried by women (and young women) as it is important to assess whether or not they participate in decision-making on major household purchases.

*Figure 20* shows that more than half of the young urban women in South

Africa and Ghana are able to exercise their economic rights through their ability to decide how to spend the money they earn. In India, up to 38% of urban young women make decisions on how their money is spent, with 26% of decision-making coming from parents. Shedding more light on the issue as it pertains to India, the decision varies across the age groups as 15-18 age group dominates in case of parents decision and 19-25 age group dominates in case of individual decision to spend the earned money.

Furthermore, in the case of South Africa, the largest source of income for majority of participants is parents, followed by social grants and other family members. This reflects the fact that most of the participants are high school learners.[85]

In the case of Ghana, given that a majority of respondents who work are doing their own business, it is easy to understand why close to 60% of respondents who work control the monies they earn. Only 7% said their partner alone decides, and 17% indicated their parents alone decide. It is not clear the reasons for this. It could be that the partners and the parents who assume sole responsibility of deciding the use of monies earned might have contributed to the capital investment for the business or it could be sheer dominance culture over the female. It would be interesting to explore what happens to young men who work in the family to establish whether control over income is gendered against women or not. This would be possible via discussions with women to help them understand their rights and empower them to challenge the
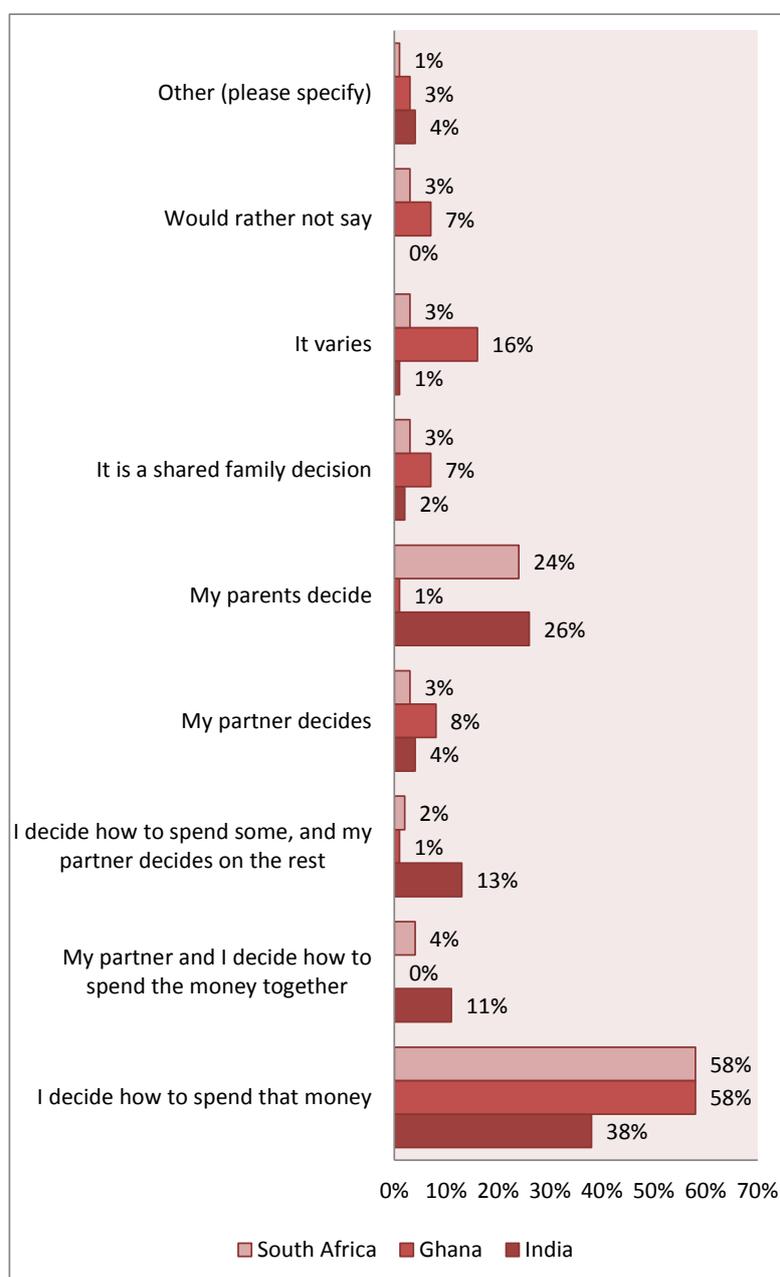
status quo. One area worth noting about husbands of young urban women or could be women in general has to do with men wanting to exploit the gains that wives make from their informal businesses. As noted by one focus group participant from Ghana[85]: "Most of us who are trading had our capital coming from our husbands. I for instance, my husband sent me to learn how to sew and he provides all that I need. But sometimes when the business start to progress, they stop giving feeding money and will like us to use the profit to take care of the home. When this happens, we are not able to expand the business and sometimes, it collapses." This practice undermines business expansion and economic progress of the women as they usually feel compelled to use profits to support domestic overheads.

## Summary

Global studies that have reflected on this trend of women's control over resources start with assessing whether young women have control over resources they generate themselves through economic activity.[86] As evidenced from this study, more than half of the young urban women in South Africa and Ghana are able to exercise their

economic rights through their ability to decide how to spend the money they earn. In India, decision-making is age dependent with parents largely influencing spending decisions with 15-18 year old age group. On the other hand young women themselves aged 19-25 years play a significant role in decisions on spending of income. For respondents from South Africa, the

### *Figure 20: Decisions on expenditure*



| | South Africa | Ghana | India |
|---|---|---|---|
| Other (please specify) | 1% | 3% | 4% |
| Would rather not say | 3% | 7% | 0% |
| It varies | 3% | 16% | 1% |
| It is a shared family decision | 3% | 7% | 2% |
| My parents decide | 24% | 1% | 26% |
| My partner decides | 3% | 8% | 4% |
| I decide how to spend some, and my partner decides on the rest | 2% | 1% | 13% |
| My partner and I decide how to spend the money together | 4% | 0% | 11% |
| I decide how to spend that money | 58% | 58% | 38% |

largest source of income for majority of participants is parents, social grants and other family members reflective of the demographic of high school learners. In the case of Ghana, given that a majority of respondents who work are doing their own business, it is easy to understand why close to 60% of respondents who work control the monies they earn. Only 7% said their partner alone decides, and 17% indicated their parents alone decide.

It is important to note that decision-making is not uniform across all households. In fact, there is evidence to suggest that distribution of resources depends on an individual's bargaining power within the household.[87] The distribution of power and resources within the household, however, almost always favours men. What this means in the era of migration and also urbanisation is worth interrogating. The inequality in resource distribution between men and women has both economic and social consequences, although the specific consequences will differ across countries and cultures. Thus, it is worthwhile for this project to focus on increasing the negotiating and bargaining power of young women to increase their control over resources.



**Young urban women undergoing a leadership training in Cape Town, South Africa.**
Photo Courtesy: Wellness Foundation

Sexual and reproductive health is defined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the rights of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate healthcare services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.

*(UN Programme of Action adopted at the International Conference on Population and Development, Cairo, 5-13 September 1994, Para 7.2a).*

## RESULT 2: YOUNG WOMEN'S INFORMED CHOICES ABOUT THEIR SEXUAL AND REPRODUCTIVE HEALTH ARE INCREASINGLY REALISED

*Result 2.1 More young women understand and recognise oppressive norms, values and practices that impact their control over their bodies and ability to earn income and begin to challenge them*

Bodily integrity is the inviolability of the physical body and emphasises the importance of personal autonomy and the self-determination of human beings over their own bodies.[88]A woman's right to bodily integrity goes beyond freedom from violence and includes the capacity to make free and informed decisions about when to bear children – a capacity that takes in education, access to affordable contraceptives, and a supportive social environment. When women are not in control of their own reproductive health, it is harder for them to be active in their communities and to take control of their economic destiny.

This requires an understanding of the different environmental and personal factors that constrain women's agency, collectively and individually. At a policy level, gender-biases in legal and judicial systems can mean that violent and unlawful acts against

women's rights are left unaddressed.

For the indicator on SRHR, there were very few questions included on the intake form premised on a sensitivity that would not be ready to share such sensitive information about themselves at such an early stage of the project. Partners were provided with a set of participatory tools that they can use to explore the issues addressed by the programme and ensure that they are addressing all areas defined by the indicators in the programme results framework as the project progresses. These exercises would be conducted approximately every six months to be able to track progress on the indicators over the programme period.

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**Indicator 7:**

80% increase from the baseline in the number of young women able to articulate their demands and reflect on how to challenge oppressive norms, values and practices

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Data for this particular indicator was extracted from focus groups discussions and looks at young women's ability to identify and articular oppressive values and norms.

## Baseline Findings

For young urban women to realise their sexual and reproductive rights, there is a need for accurate and appropriate information on sex, sexuality, gender and reproductive health; adequate understanding and appreciation of practices and norms

that undermine control of their bodies; and the availability and accessibility of non-discriminatory and friendly services. These have to be supported by giving young women space and the capacity to express their needs, identify barriers and challenge them while public services increase the availability and accessibility of SRHR services for young women

### India

The baseline study of India also had young women reflect on the fact that there were cultural and societal restrictions placed upon them during their menstruation period. These restrictions resulted in prohibitions to enter places of worship, entering the kitchen, touching utensils or being secluded. What this reveals is that women's menstrual cycles are still considered impure and this presents an opportunity for changing those norms and beliefs. Further discussions with young women revealed additional norms that impact young women's sexual and reproductive health. Young women referred to the harmful effects of child marriage and the resulting early child pregnancies in the urban area, child sexual abuse, sexual harassment and eve teasing. In addition child marriage also makes girls more vulnerable to domestic violence, sexual abuse and inability to complete primary education. It is also found that infant mortality rates are higher than the national average in the states where child marriage is highly prevalent.[89] Another issue identified was the stigma faced

by young unmarried sexually active women who consequently lacked access to information (and supplies) about many issues like contraception, safer sex and HIV and AIDS.

## South Africa

In South Africa young women reflected on how society imposed norms that would control how young women should dress, sit and behave. The persistent threat of sexual violence is used by families, sexual partners and the community in general, as a means to control young women's bodies and mobility. Information about young women's bodies was not forthcoming from families and clinics, but from peers. When information is presented, it was more to deter young women, for example as young women noted that education from families is often presented in a threatening manner: "If you sleep with boys and there is blood from your vagina, you will get pregnant" (Young woman, Johannesburg female FGD).[90] Thus young women yearn for empowerment where accurate and correct information will be disseminated to them about their bodies. Where young women are sexually active, some admitted that they are involved in intergenerational sex- to be able to provide for their families or to get things like mobile phones, clothes, and groceries forthe family from the sexual partner. However, young women also noted that where they are in long-term sexual relationships, this would often lead to intensification of control from the sexual partners. Some of their experiences included being pressurised to bear children to show their ability to reproduce as men do not like to marry a barren woman.

Also, where young women get married, it is presumed that her husband has more control over her body. One of the young women cited a story where a young married woman complained to the family that the husband is not willing to use a condom during sex although he has other girlfriends. She was told by the family that he can use condoms outside of marriage, but as a woman who was paid lobola[91] for, she has to provide unprotected sex to him. Young women also referred to the pressure to get married and have children. Some of the young women succumb to this pressure and find themselves forced to marry and exposed to gender based violence and HIV infection. Young women felt it is difficult to challenge these issues of control, violence or safe sex at the household level by themselves.

## Ghana

Young women in Ghana[92] reflected on the fact that fear of losing a partner or pressure from their sexual partner often resulted in practices of unprotected sex. The issue of arranged marriages also influenced young women's decision-making in terms of their sexuality. In one instance a young woman may opt to get pregnant by a partner of her choice in order to thwart an arranged marriage. Transactional

sexual relationships also influenced their decision-making in terms of protection as it allowed them to gain immediate economic return.

Owing to stigma, young women interviewed said they prefer to purchase their condoms from anonymous supermarkets and from familiar street-food vendors rather than from their local chemists who they described as more likely to ask searching questions and who sometimes refuse to sell to the youngest adolescents.

Unsurprisingly, unplanned pregnancies came up as a major reproductive health issue amongst young people with young women confirming that child-bearing significantly reduces young women's chances of progressing with their education and to a lesser extent, with skills training and job opportunities. Young women also reflected on the prohibitive cost of clinical abortions that meant that there were high rates of non-clinical abortions that often put young women at greater risk of broader health issues. Other issues raised included efforts to control young women's mobility by boyfriends and husbands who often try to prevent them from keeping or taking up jobs which keep them away from home for lengthy periods and that they could be beaten by their partners/ husbands if they refused to comply with demands to give up their schooling ambitions.

## Summary

Although young women did not directly mention this, the lack of awareness and knowledge among women, their families and health care providers about the existence of health problems and the potential to address these problems pose as significant barriers to young women's access to and use of health services.[93]

As articulated by young women respondents, gendered norms exist in households and communities on the basis of values and attitudes about the relative worth or importance of girls versus boys and men versus women; about who has responsibility for different household / community needs and roles; about masculinity and femininity and who has the right to make different decisions.

Young women seem to be challenging the gender double standard as it relates to sexuality. This is evident in the scoping study from Ghana where young women note their choice to engage in multiple sexual relationships, transactional sex as well as to subvert arranged marriages to get pregnant. Interestingly though, the choice of subversion itself instead of providing young women with greater autonomy and choice, ends up trapping them in other norms (example pregnancy, economic dependency, sexual health risks). Young women's decision-making and negotiating power around condom-use and contraception continues to impact on their rights as evidenced in global studies.[94]

**_Result 2.2: More young women are accessing appropriate, non-discriminatory, young women friendly, SRHR information and services_**

**Indicator 8**

60% increase from the baseline of young women accessing appropriate non- discriminatory, young women friendly SRHR information and services in programme areas. Increase in satisfaction with the services or decrease in the problem with services.

The key issues that this indicator looked at as it relates to young women's access to SRHR information and services were the following:

· *Accessibility:* such as distance of health centre

· *Availability:* the types of services young women used

· *Barriers:* Issues that limit young women's access to SRHR information and services.

The intake forms from the national studies did not focus on quality nor did it focus on the details of discrimination that young women may encounter when seeking out information and services.

## Baseline Findings

At the Fourth World Conference on Women, held in Beijing (1995), governments recognised that entrenched patterns of social and cultural discrimination are major contributors to sexual and reproductive ill health, along with the lack of information and services.

SRH efforts are to be coordinated with interventions that address the patterns of social discrimination, gender inequalities and exclusion that hinder women, men and adolescents from exercising their reproductive rights.[95]All three countries have endorsed the International Conference on Population and Development (ICPD) and the ICPD+5Programme of Action, and made a commitment to "protect and promote the right of adolescents to the enjoyment of the highest attainable standard of health" (UN 1999), the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women that reinforces the rights of adolescent and young females. In addition, there is a realisation that sustainability of the Millennium Development Goals rests, to a considerable extent, on the sexual and reproductive situation of young people.

India has articulated its commitment to promoting and protecting the sexual and reproductive rights of adolescents and youth through its policies and in several forums. The National Population Policy 2000, the National AIDS Prevention and Control Policy 2002, the National Youth Policy 2003 and the Reproductive and Child Health (RCH) Programmes (I and II) 1997; 2005 are key examples of the recognition that the sexual and reproductive rights of adolescents require urgent attention.

In South Africa, the policy framework with respect to sexual and reproductive health and rights is guided by the Department of Health's (DOH) SRHR: Fulfilling our Commitments 2011-2021 and Beyond

which among other things, aim to ensure provision of comprehensive sexual and reproductive health and rights services, including those provided in communities and through mobile services, and at clinics, community health centres and district hospitals. In addition, the policy framework addresses barriers to achieving sexual and reproductive health and rights, including poverty and gender inequity. The policy alludes to the need to provide specific services to targeted populations such as young women.
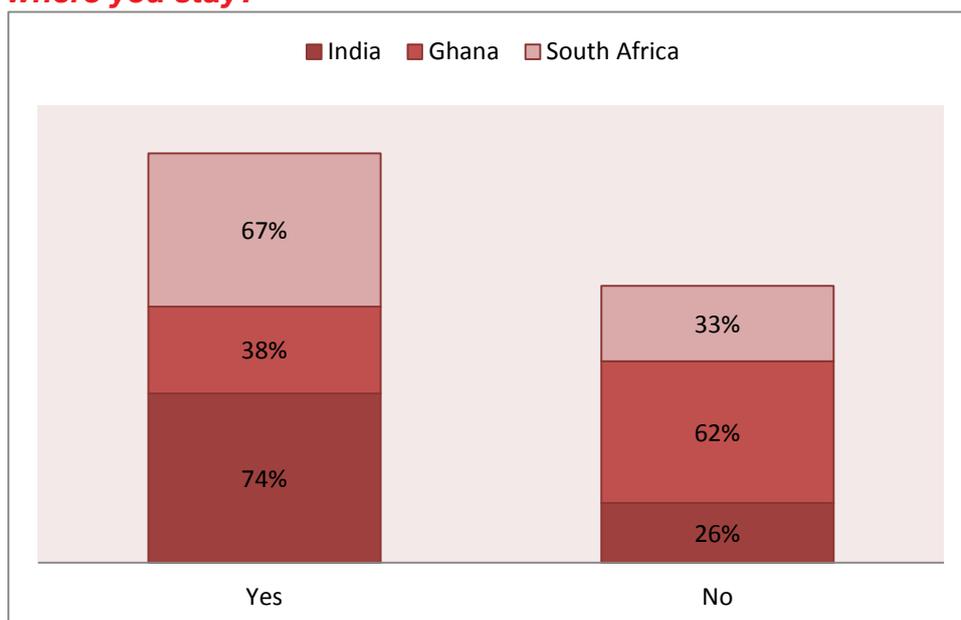
In the case of Ghana, the Adolescent Reproductive Health Policy National Population Council of 2000 is the national affirmation of government's international commitments to educate the youth on population matters which directly affect them, such as sexual relationships, fertility regulation, adolescent health, marriage and childbearing, in order to guide them towards responsible parenthood and small family sizes. Through the Ministry of Health, the country has produced a national health policy that sets out guidelines and standards for health delivery, including sexual and reproductive health. This policy on the reproductive

health of adolescents and the youth emanates from the general health policy and responds to the peculiar reproductive health needs of young people. The Policy also complements the National Youth and the HIV/AIDS policies.

» **Accessibility**

In particular, all three countries, through their national policies have affirmed a commitment to provide services for both young married and unmarried girls and that service providers recognise the need among this age group, particularly among unmarried adolescent girls, for reproductive health advice, information, and services. As was evident from the policy mapping, programs that are young women friendly are small andwith limited coverage. It is another question, whether young women are able to access these

*Figure 21: Is there a health centre within 20 minutes from where you stay?*



Legend: India | Ghana | South Africa

Yes: India 74%, Ghana 38%, South Africa 67%

No: India 26%, Ghana 62%, South Africa 33%

services. As is evident from Figure 21 below, 74% of respondents from India, 62.9% from South Africa, and 38% from Ghana indicated that there was a health centre within 20 minutes walking distance from their homes. For Ghana, the majority of the respondents (62%) had to travel a longer distance in order to access healthcare facilities.

**Figure 22: What type of health services are you able to access?**
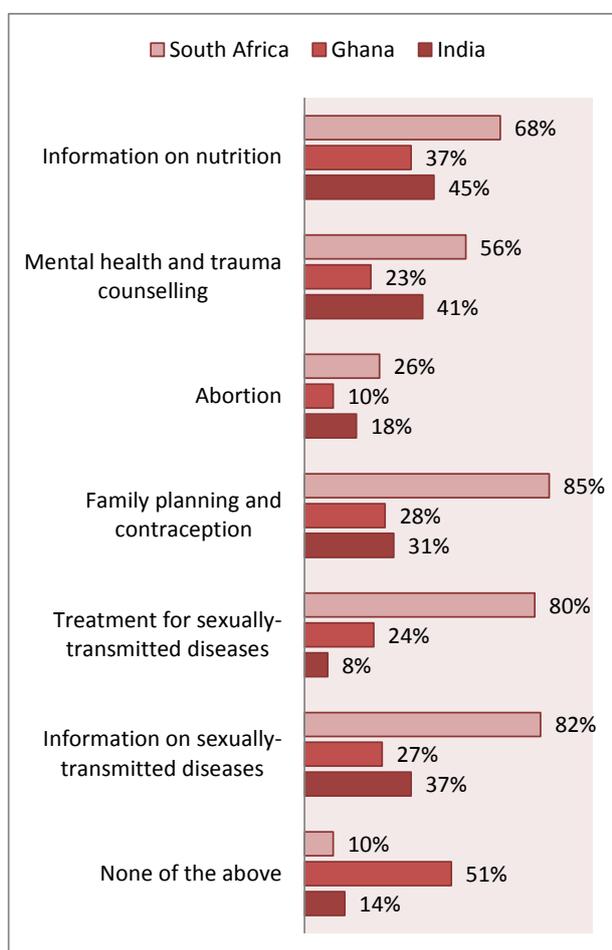


» **Availability**

The second enquiry for this baseline was regarding the type of services young urban women would seek. *Figure 22* provides an

overview of the responses across the three countries.

At the outset, it is important to acknowledge that young women are not a homogeneous group in terms of their sexual and reproductive rights. For example, the needs of young women aged 16 to18 or 20 to 24, their different cultures, religion and class impact the needs of young women and their ability to realise their sexual and reproductive health and rights. Also, different cultures have different expectations for young women in these different age groups, some of these might also be related to young women's marital status or whether or not they have children. Overall, the characteristics of young people, including their religion, cultural upbringing, place of origin (rural or urban), and level of education will, to some extent, define their needs. However, basic SRH needs include as affirmed by the baseline data:

*Access to information and services and treatment for sexual health problems*

Efforts to control STIs are failing, and the health and development impact of STIs is often unrecognised.[96] At the end of 2004 about 40 million people were estimated to be living with HIV and AIDS, most (95%) in developing countries and about half of those 15–49 years old are women. In Sub-Saharan Africa, women constitute 57% of all adults living with HIV and AIDS. About three-quarters of young people (15–24 years old)

infected with HIV/AIDS on that continent are women and girls.

The baseline data for India shows that 37% (24% Ghana, 82% South Africa) said they were able to access information on sexually transmitted infections, 8% (24% Ghana, 80% South Africa), said they could access treatment for sexually transmitted infections. About 41% of young women in India (23% Ghana, 56% South Africa) were able to access services including psychosocial counselling linked to their reproductive health. Young women also indicated that they accessed information on nutrition as it related to pregnancy: 45% in India, 37% in Ghana, 68% in South Africa. None of the countries indicated whether the source of treatment was from government/private or NGOs.

### Access to family planning and contraception services

Adolescent fertility rates remain high, and young women have higher chances of suffering from complications at birth. They also have a higher unmet need for contraception and higher HIV infection rates, particularly in Sub-Saharan Africa.[97]About 31% in India, 28% in Ghana and 85% in South Africa said they accessed family planning and contraception services.

In the case of India, although respondents have some knowledge of contraceptive methods, they are not favoured in many places. Women's low decision-making power in the early ages of marriage, their poor health leading to miscarriages, the societal and family pressure regarding contraception before completion of desired family size, are the barriers to the use of contraception and other health facilities among women.

In Ghana, there is a high unmet need for contraceptives (modern) for young women for spacing births, particularly among adolescent young women (15-19) years. Current family planning programmes have not successfully identified the special needs of young urban women or the intricacies of the needs of various segments among young urban women (i.e. peculiar reproductive health needs women of 15-19 years as compared with women aged 20-24 years),  leaving huge gaps in unmet needs for contraceptive use among these groups.

Despite the fact that 85% of respondents indicated that they had access to contraception, in South Africa, according to the General Household Survey 2012[98], 10.2% of 19-year-old girls were pregnant and 7.8% of girls between the ages of 7 and 18 years who were not attending any educational institution blamed pregnancy for dropping out of school. Although technically pregnancy should not interrupt girls and young women's education as they are allowed to continue with their schooling, in reality it does. Currently, dedicated facilities or identifiable health professionals for SRH needs of adolescents are largely absent

in South Africa, which has been attributed to the high rates of unplanned pregnancies among young women.[99] In addition, due to the high prevalence of HIV infection among young women in Southern Africa, most interventions tend to focus on HIV prevention as opposed to encouraging contraception use. The assumption at play is that if young people effectively prevent HIV transmission they would also prevent pregnancies.

### Access to safe abortion

One result of high levels of unmet need in some regions of the world is a high incidence of unsafe abortions. Women seek abortions for a variety of reasons for unplanned or unwanted pregnancies. Some women simply are too poor or cannot disrupt employment or schooling to have a child. In other cases, women seek spacing between births or wish to postpone pregnancy. Relationship problems with the husband or partner, as well as risks to maternal or foetal health, may result in a decision for an abortion. Furthermore, some women may wish to terminate a pregnancy arising from rape or incest.

In India, 18% of respondents (10% Ghana, 23% South Africa) said they had access to abortion services. This figure does not indicate whether young women were aware of such services and unable to access it or whether it was actually needed. In South Africa, despite the existence of progressive legislation

on termination, services are not always available at community clinics, and often the attitudes of staff discourage women from seeking out such services. In Ghana, induced abortion accounts for more than one in ten maternal deaths and the obstetric risk from induced abortion is highest among young women age 15-24 years. There is the need to examine the policy and legal provisions and their relation to current high levels of abortion among young urban women.

» **Barriers to access sexual and reproductive health and rights**

Despite considerable achievements towards reaching the goal of universal access to sexual and reproductive health, the accessibility and affordability of basic services is still a major challenge in many countries.[100] This reality was confirmed through the baseline study with respondents indicating a lack of privacy, unfriendly staff and being turned away as reasons for not accessing health services in local communities. *Figure 23* illustrates some of the reasons for inaccessibility of services across the three countries. Additional reasons cited for not accessing services include distance to services, family restrictions and for young working women's inability to access facilities during working hours. In the case of Ghana once again, respondents mentioned that the costs of services were prohibitive. The issue of cost was

## Figure 23: Reasons for not accessing healthcare services
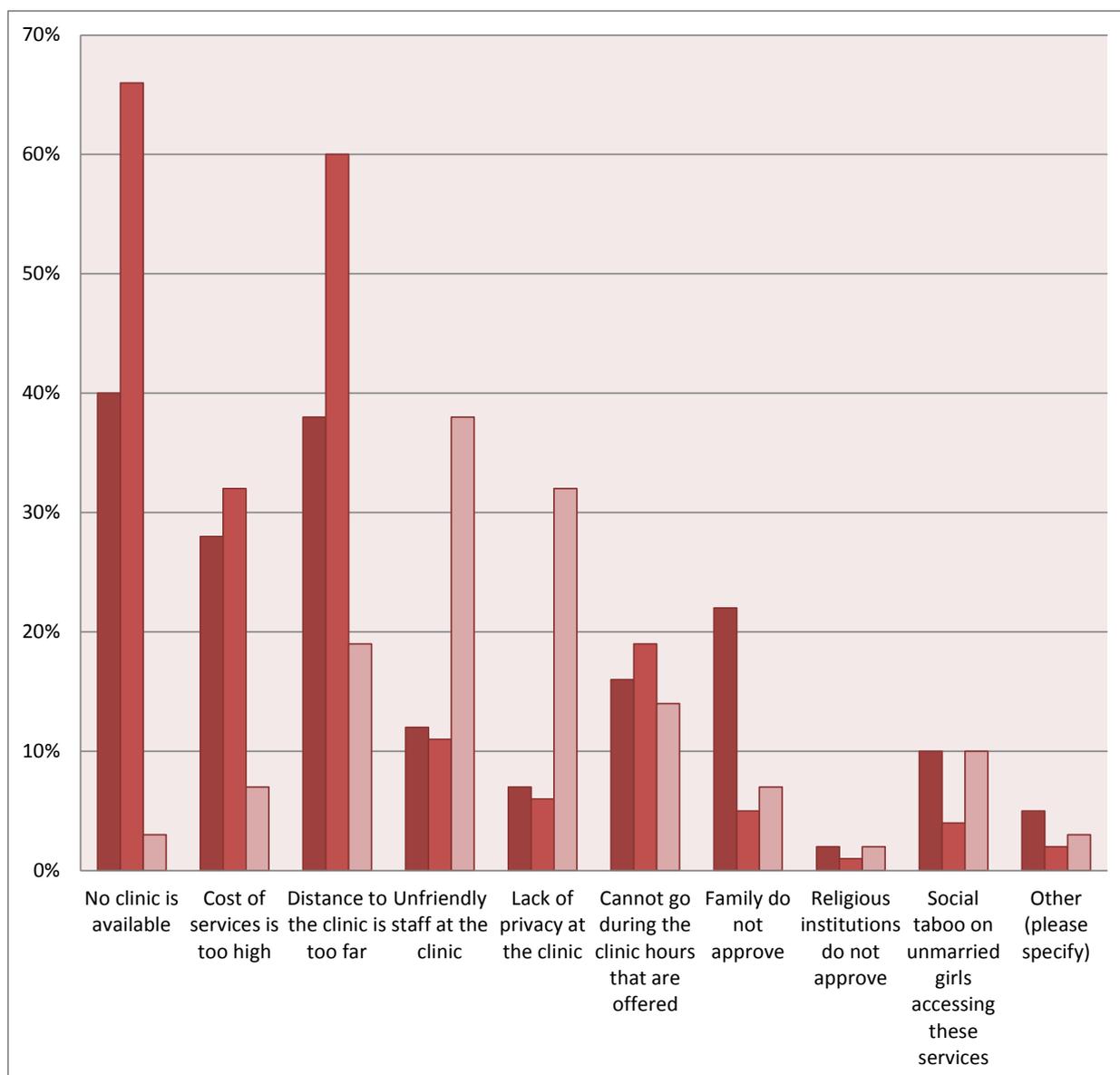


also considered a factor by 28% of Indian respondents, whilst only 7% of South African respondents noted it as an inhibitor.

### Summary

Certainly, all the contextual policy mappings show that there was a favourable policy environment to advocate for specific services for young urban women. Despite national level commitments to addressing the sexual and reproductive health service needs of youth, there remains ambiguity in service delivery. For example, services do not accommodate or adequately distinguish the needs of young women depending on their diverse identities (for example married, unmarried, school-going, working/

out of school). Also despite this, the complaint of unfriendly services (to young women) resonated across the board. Services and information has to take into account cultural norms related to sexual relationships and rites of passage into adulthood and attitudes related to sex to ensure that it effectively meet the needs of young women.

***Result 2.3 More young women have accurate and scientific information about sex, sexuality, gender and reproductive health which they have obtained in safe young women-friendly environments***

Indicator 9:

5,800 young women report that they have greater knowledge about sex, sexuality, gender and reproductive health which they have obtained in safe, young women friendly environments and are better able to assert their choices

As noted previously, this particular area of the baseline was approached with sensitivity in order to build trust and confidence of women. Following the guidelines provided, the initial focus group discussions used body mapping and other participatory tools as a means to allow women to articulate and share what they were comfortable sharing at this stage of the project. The project design is such that this indicator will be tracked through discussions that will be held during the life cycle of

the programme. This will be done by introducing women to what can sometimes be considered sensitive topics and explore their existing knowledge, attitudes and perceptions in relation to these issues. These will be documented every six months to be able to track progress on the indicators over the programme period. It is up to programme teams to define the exact periodicity of these discussions and dynamics to ensure that they are used in a way that best contributes to programme objectives and so that the data generated later in the programme is able to demonstrate change.

Thus, while there is no real baseline to draw on for this indicator, this methodology was used intentionally. This approach encourages young women to take ownership of the concepts and issues that the programme will address and provide them with tools to demonstrate how their awareness and empowerment has evolved in relation to specific questions. Encouraging women to reflect on how their perceptions and ideas have changed will support their empowerment and confidence and help us gauge where the programme has successfully contributed to achieving its intended results.

For young urban women to realise their sexual and reproductive rights, there is a need for accurate and appropriate information on sex, sexuality, gender and reproductive health; adequate understanding and appreciation of practices and norms that undermine control of their bodies; and the availability and accessibility of non-discriminatory and friendly services. These have to be supported by giving

young women space and the capacity to express their needs, identify inimical factors and challenge them while public services increase the availability and accessibility of SRHR services for young women.

### India

In India, studies[101] have found that adolescents are sexually active before marriage and have little information about reproductive anatomy, physiology, sex and contraception. Although young women have a high prevalence of Reproductive Tract Infections and gynaecological morbidity, few of them seek treatment for these problems, mainly because of familial and social constraints that limit their knowledge of and access to reproductive health services. It was also found that young women's use of contraceptives also was low. Instead of contraceptives, unmarried girls often used induced abortion – usually with unapproved practitioners – to end a pregnancy; married adolescent girls also used induced abortions to space pregnancies. As a result early marriage and childbearing, girls enter marriage and become mothers without adequate information about reproductive and sexual health issues, including sexual intercourse, contraception, sexually transmitted infections (STIs), pregnancy and childbirth.[102] This is affirmed by feedback from young respondents in India where 82% of the respondents were not even aware about the usage of contraception methods. Of the 18% that were aware, 41% were

using condoms as a precautionary method while 29% were inserting copper-Ts; 24% of the women were taking oral contraceptive pills while 10% women admitted using the natural methods of contraception. Unmarried girls are denied access to information about reproductive and sexual health, and are expected not to ask questions about such issues, because they are unmarried and female.

### South Africa

In the case of South Africa, much of the data around young women's knowledge and attitudes about sex and their sexual and reproductive health is centred on HIV. This could be attributed to a high prevalence of HIV infection rates among young women; young women have had access to information about their bodies, sexuality and sexual and reproductive health primarily through interventions targeting behaviour change or mitigation of the impact of HIV. However, while there is some success attributed to mass media communication campaigns, a recent survey[103] revealed some startling information about young women's attitudes and knowledge about sex. One tenth (10.7%) of respondents aged 14 to 24 reported having sex for the first time before their 15th birthday There is a high number (more than 20%) of young women who had more than one sexual partner. The majority of respondents aged 15 – 24 reportedly have never used condoms (52.9%). There is high incidence (33%) of intergenerational sex. Finally,

knowledge of how HIV is transmitted and prevented declined from 30.3% in 2008 to 26.8% in 2012. Most respondents aged 15 and older (76.5%) believed they were at a low risk of getting infected with HIV. However, approximately 10% who believed they were at low risk for acquiring HIV infection was already infected with HIV but didn't know it. This reality makes it unlikely for South Africa to achieve its targets of reducing new HIV infections by 50% by 2016.

### Ghana

In Ghana, existing data on sexual health experiences of never-married youths in three Ghanaian towns including Tamale found that 98% of the sample of urban youth knew about the existence and spread mechanisms of sexually transmitted infections (STIs), especially HIV and AIDS and gonorrhoea. Most young people knew that unprotected intercourse and sharing needles were means of transmitting HIV and that women with HIV could give birth to babies with the virus. This study revealed that there continue to be substantial gaps in young people's functional knowledge of sexual and reproductive health. Young women did not have a comprehensive understanding of the long-term fertility implications of contraception use, though sexually experienced youth were better informed than those who had not had sex. Only 22% of the young women and 13% of young men sampled correctly indicated

when during the menstrual cycle pregnancy was most likely to occur. 33% of young women and men did not know that it was possible for a woman to get pregnant the first time she had sex. Ghanaian youth appear to have substantial knowledge on HIV and AIDS and sexually transmitted infections (STI) overall.[104]

### Summary

Young women do have some knowledge as it relates to sex, sexuality, gender and reproductive health. As mentioned in a previous indicator, very often this information is second-hand information shared among peers. Young women may be aware of the existence of services but may forgo getting the right information and services to ensure their health due to stigma or norms related to the perception of sexual activity. Given issues such as early marriage, sexual coercion, intergenerational sex, multiple partners and young women's vulnerability to STIs, it is critical that they have accurate and relevant information to make the right choices for their bodies and their lives.

## RESULT 3: YOUNG WOMEN IN THE AREAS WE PROGRAMME IN ARE EMPOWERED AND SUPPORTED BY ALLIES AND RESPONSIBLE STAKEHOLDERS TO EFFECT CHANGE IN THEIR OWN LIVES, THEIR FAMILIES, THEIR COMMUNITIES AND DIFFERENT LEVELS OF GOVERNMENT

Building on ActionAid's theory of change, this project recognises that people often need some support to discover their own power, get organised and connect into movements, publicly demanding their rights from local institutions, national governments and powerful corporate bodies. It ultimately requires a social mobilisation approach aimed at engaging people's participation in achieving a specific development goal through self- reliant efforts.[105] This approach acknowledges that change does not follow a straight path, and can happen every day because of the passion, vision and commitment of people working together across borders, social groups, and experiences, who are more powerful when they work together. Unlike narrow project-based approaches, social mobilisation provides a viable comprehensive alternative that is responsive, participatory, and based on a holistic analysis of the root cause of gender inequality.[106]

Finally, this approach supports people to face the fact that inequalities and injustices are not something 'out there' that 'happen to other people': it is something that the whole community grapples with in relationships and it inspires and creates multi-faceted activism amongst a cross section of community members. It supports young women to work in solidarity alongside other key actors committed to a common cause. This is a critical component of ActionAid's strategy of connecting people and movements to build the critical mass to change policies and practices.[107]

### Result 3.1 Young women are organised in groups, networks, alliances and movements

Young women are located in a social place where both discourse and practice devalue or discriminate against them, and where their gender, youth and other identities* intersect. Whilst there are certainly many groups who advocate for women's rights, it is important to have a grip on the conditions and realities faced by young women and how these translate into possibilities for (and restrictions on) their self-determination, control over their bodies, the exercise of their sexuality, their capacity to enjoy their rights, their access to power, as well as their capacity to participate and get organised.[108]

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\*       These identities include but are not limited to class, race, caste, disability, sexual identity etc.

In particular, promoting young women's engagement in activism is important as they have the lived experience of both their youth and gender conditions and would therefore be able to influence the type of actions that are promoted for their empowerment. As a starting point, it is important to acknowledge the diversity of young women in that all young women come with different experiences, visions, expectations and ways of engaging.

This particular result is important to build on the work of young women's empowerment and consciousness-raising. It does so by developing young women's leadership to:

· Act as catalysers and mediators of common interests

· Develop abilities and capacities (and knowledge of power in decision-making) to guide change with a vision of justice and balance

· Visualise women's interests and specific situations within a grounded strategy for change

· Channel concrete demands towards specific possible solutions

Developing young women's activist leadership is critical and requires a strategy that includes: *(i)* The creation of spaces for cross-generational, collective and personal and reflection and expression; *(ii)* Political analysis and strategy development that responds to the interaction between multiple forms of discrimination and the dynamics of inequality *(iii)* Exploration and practice of

transformative leadership skills and attitudes, including emphasis on negotiation skills, alliance and team-building, facilitation and support for participatory processes, collective decision-making; *(iv)* Collective visioning and gradual agenda-setting, linking local struggles and opportunities to regional and global human rights instruments and relevant policy opportunities; and *(v)* Supporting young women to take collective action.

> **Indicator 10:**
>
> **Number of young women led networks and quality of young women's participation in them.**

This particular indicator explored the quality of young women's participation in groups they are affiliated to through an inquiry into their leadership roles in these groups.

## *Baseline Findings*

As noted in result 1.1, the participation of young women in leadership positions is critical for the advancement of an agenda that takes seriously issues that impact on them.

An overview of young women's leadership at the time of baseline shows that less than a third of participants were occupying leadership in groups they were affiliated to. Although some young women do occupy leadership roles in some of their groups as indicated in *Figure 27*, it is worth noting that their participation in the Young Urban Women's Programme is the first group that most participants have belonged

to. In addition, in groups where they were leaders, it was mostly leadership related to arts, culture or religious groupings.

*Figure 24: Women's Leadership in Groups Affiliated to*



For respondents from India, the most common leadership position held was of secretary (11%). Somehow, the low percentage of women having held a position of leadership in an organization is also a consequence of the low age-group that the respondent belongs to. A majority of them being 20-25 years of age, the young women have not been in a position where they can have a leadership role. For the South African respondents, the most common leadership position held was chairperson (5%) and secretary (3%). For Ghana, up to 74% of respondents had not held a leadership position before.

## *Summary*

Less than a third of participants were occupying leadership in groups they were affiliated to which is not surprising given that the Young Urban Women's Programme is the first group that most participants have belonged to. In addition, in groups where they were leaders, it was mostly leadership related to arts, culture or religious groupings.

Whilst there is great recognition for the impact young women's participation could have on political and decision-making processes, this is hampered by issues such as socio- economic and cultural contexts or norms about young women's presence and participation in public spaces.[109] Globally, young people have highlighted that the main challenges for youth were limited opportunities for effective participation in decision-making processes as well as the need for participatory structures and greater trust between youth and institutions and for greater capacity development were also stressed. Efforts should also be made to focus on the most vulnerable of young people, including via specific actions targeting young women.[110] Thus making sure that there is support for young women's active engagement and critical leadership in organised groups that take action on issues related to sexual and economic exploitation is key. The YUW Programme can gain from programmes to empower young women to become strong leaders at all levels of society through their leadership development programmes.[111] There are several organizations across the globe that have focused on building young women's activism to ultimately enable them to engage in policy making and advocacy. These are potential allies in regional and global advocacy as well as a means to share resources and tools that work in a range of contexts.

**Result 3.2 Young women are participating in and representing their interests to and in decision-making fora at all levels**

Indicator 11:

Evidence of 200 young women leaders in each country representing the interests of young women are taking the lead in campaigning for progressive policies and mobilising 80% of the overall target group along with like-minded youth and others in communities.

This indicator explored whether young women had engaged in local government and community discussions.

## Baseline Findings

Women's ability to exercise their leadership in a public forum is another important indicator of their empowerment and transformation. As noted by one discussant in Ghana, "activism means being able to identify and take action on an issue that is nagging you."
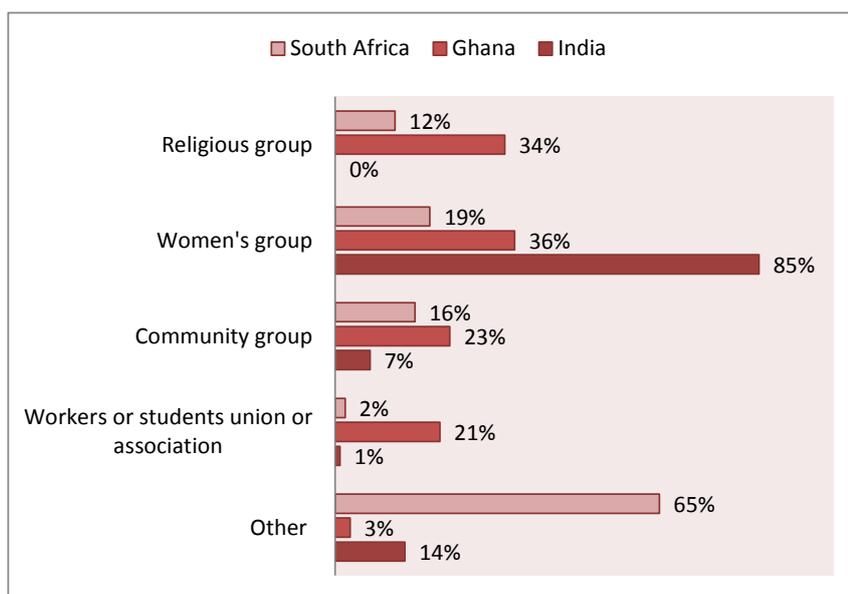
If power is defined as decision-making and control over and access to resources (material, physical, financial, human) [112]

then it is important for women to be aware of and be able to participate in decisions, discussions and spaces where decisions are made that impact their lives.

By empowerment, ActionAid means the 'active, informed and voluntary' involvement of young urban women in their communities and in all decision-making that impacts them locally, nationally and internationally. Empowerment also means that young urban women will lead and engage in processes that impact them as opposed to others working on their behalf. *Figure 28* below illustrates the current level of engagement of respondents across the three countries.

In this regard, for participants from Ghana, 5% indicated that they participated in local government discussions and 15% said they participated in community discussions. These community meetings are usually conducted by the chiefs (traditional

### Figure 25: Respondent engagement in public forums



Legend: South Africa, Ghana, India

Religious group
- South Africa: 12%
- Ghana: 34%
- India: 0%

Women's group
- South Africa: 19%
- Ghana: 36%
- India: 85%

Community group
- South Africa: 16%
- Ghana: 23%
- India: 7%

Workers or students union or association
- South Africa: 2%
- Ghana: 21%
- India: 1%

Other
- South Africa: 65%
- Ghana: 3%
- India: 14%

leadership) or government leaders. In the focus group discussions, it emerged that young women thought that mostly educated women participate in these processes. These tended to be women from NGOs who tended to be active and vocal. Other reasons cited for non-participation were social customs and tradition.

The findings from South Africa show that only 16% have taken part in local government discussions/ forums and 31% have participated in community forums/ discussions. Where there is participation in groups or organizations, it is based on interest and what is available in the communities in which they live. It is disconcerting however that such few are involved in student organizations (only 1.1% has ever been involved in a student organization). However, the reasons for non-participation have not been explored and further investigation is necessary before any conclusions can be made.

In terms of the baseline findings for India, only 6% of respondents had participated in local government discussions and 14% in community meetings.

## Summary

The fact that there is a low percentage of young women that had participated in both local government discussions and community meetings in all three countries is reflective of a broader trend whereby young women's participation in public and civic spaces are inhibited by socio-cultural customs or traditions that censor their speech and behaviour, or exclude themselves from particular activities, in

the belief that these are not intended for them. In some societies, cultural norms discourage interaction between women and men outside the family, and women may be uncomfortable in situations where men are present. An awareness of these socio- cultural and institutional barriers is essential if decision-makers are to shape remedial programmes that encourage women's participation. Some of the other issues that may impact young women's participation in spaces include access to spaces and processes, lack of time related to family and domestic responsibilities, high levels of distrust among young people in governmental and political institutions.[113] These are all factors that would need to be taken into consideration in striving to increase young women's participation in relevant spaces.

### *Result 3.3 Allies and stakeholders recognise young women's experiences related to work, livelihoods and SRHR and support their demands for change*

The approach of building support and alliances within the broader societal environment that the young women live in departs from the traditional human rights approach, which focuses primarily on holding states accountable. In addition to holding states accountable, this approach seeks to engage a range of actors in a positive dialogue about the benefits of young women enjoying basic human rights[114].

of the data for Ghana, the baseline survey revealed that young men are least supportive of the cause of young women, followed by husbands of young women. Parents were considered to be the most supportive of young women, followed by community leaders and thirdly by local government officials. Other supportive
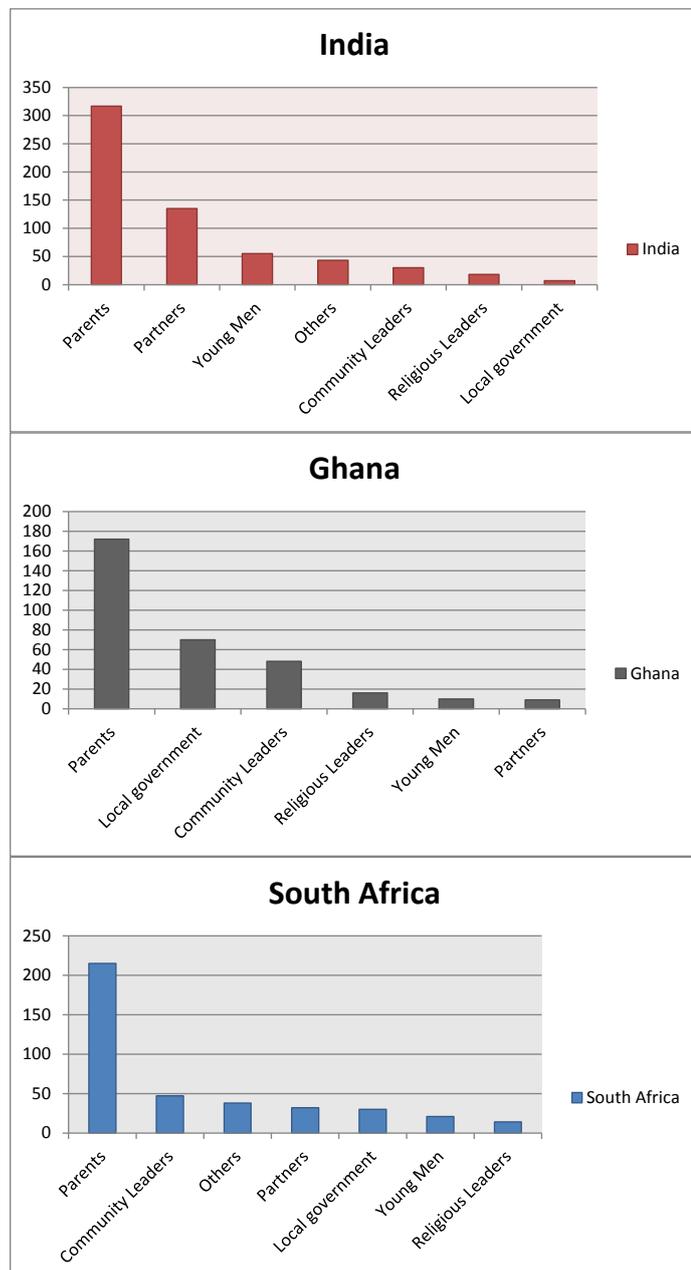
***Figure 26: Perceptions of community support for young women***

This indicator looked at young women's perceptions of support among different members of their families and communities.

## *Baseline Findings*

In the case of this project, respondents were asked to indicate who they felt were the most supportive and least supportive of them.

Across the three countries, respondents felt that their parents were the most supportive of them, while young men and religious leaders are the least supportive of them. In the 'other' category, most young women felt that older women were most supportive and older men the least supportive. In India, about 25% of respondents felt that young men were most supportive of young urban women. Other supporters of young women included partner and others such as teachers, family members, friends, community leaders, religious leaders and local government. In terms



Figure 26: Perceptions of community support for young women — bar charts for India, Ghana, and South Africa.

and influential entities identified as allies in the communities include NGOs whose projects and program promote capacity building and community development.

## Summary

The data across the three countries does show that young women perceive support largely from their parents as well as from local government or community groups. Alliance-building and strategic partnerships are critical cogs in impactful social mobilisation.

Whilst it is important to work with young women as a target group, their empowerment and shifts in realities will not happen if there is no dialogue or engagement with other key groups they may already relate to. These groups include their parents, their partners, young men, religious, and community and government leaders.

This engagement is necessary for creating the environment that is conducive for young women's activism and empowerment, as well as for empowering whole communities to collectively shape their destinies. This is a key principle of women's empowerment whose ultimate aim is to improve the quality of life for women, men, families and communities.[115]

The strategic principle of facilitating processes for allies to firstly recognise young women's experiences related to work, livelihoods and SRHR and to ultimately support their demands for change is motivated by the need to challenge negative norms around young women's empowerment, leadership and civic participation.[116] This is an important aspect of ActionAid's strategic approach to empowerment that builds strategic leadership with targeted groups and organises and connects people at different levels to a common cause.

Overall, the project has identified the following gaps:

### RESULT 1: YOUNG WOMEN HAVE SAFE AND DECENT WORK AND LIVELIHOODS AND CAN EXERCISE GREATER CONTROL OVER THEIR INCOME

#### Result 1.1: Young women recognise and challenge sexual and economic exploitation in their work

The baseline affirmed the reality of how the combination of gender discrimination, cultural traditions and the lack of opportunities entrenched their sexual and economic exploitation. The realities include a lack of employment opportunities, inferior working conditions and also a lack of social security protection such as maternity leave, pension and sick leave benefits. Despite this, young women are unlikely to take formal routes to address exploitation, premised on the belief that they would not be addressed. According to this baseline study, young women have little to no experience in engaging in activism linked to workers' rights.

*Recommendations:*

- Create awareness among young women about their legal rights and entitlements as it relates to work as well as potential avenues for recourse.

- Organise young urban women to engage with local authorities and government officials to ensure they have the necessary facilities in public places but also what they need in terms of decent work.

#### Result 1.2: Young women's responsibility for unpaid care work is recognised and starting to be alleviated by families, communities and the state.

In all three countries, respondents are engaged in multiple forms of care in their families and homes. Although there is some infrastructure available, it is not adequate in some cases, while in others, issues of cost and access prohibit the use of these facilities .

*Recommendations:*

- Explore a combination of interventions that can assist in lowering costs such as storage facilities for water, bulk purchases of fuels, or access to alternative fuels.

- Advocate with municipal government for public affordable childcare for poor young women who do not have viable care options of sharing this role with extended family or support networks as a result of migration.

#### Result 1.3: State policies for the creation of decent work by the private and public sector, including through state employment schemes,

*which specifically target young women for employment and produce goods and services that are of benefit to them are initiated*

There is a critical need for measures specifically focusing on increasing decent work opportunities for young women. This should include the full enforcement of social and labour protection and resources for young women employed in both the formal and informal economy. Policies and protections should also address reproductive health and conditions of work in which young women face occupational health and safety considerations.

*Recommendations:*

Advocacy efforts for the programme should cover the following issues:

- Policies that would promote young urban women's paid work, and also to address issues of family or cultural restrictions, lack of skills and support.

- The cost factors (time and financial) as it relates to young women's unpaid care work and its impact on young women's employment and development should be taken up in advocacy.

- Education and empowerment of young women to increase their employability

- Improve working conditions and security for young women in employment. For example: basic facilities in workplace to include safety, minimum wage, work security and other protection. Sexual harassment and exploitation, in particular, are areas that need more attention

and effort.

- Policy and institutional interventions to young women working in informal sector.

- Measures to support reporting of exploitation to be put in place where possible and education to young women on what to expect from the process.

- Collaborate with trade unions especially those in the informal sector.

### Result 1.4: Young women have a greater sense of entitlement to their income and increased capacity to negotiate how it is spent

The issue of who controls resources were mixed across the three countries. However, this is to be expected as decision-making is not uniform across context or household.

*Recommendations:*

- Empower young women with skills to increase their negotiating and bargaining power to exercise control over resources.

- Conscientise young women around issues of gender norms, power, decision-making and use of financial resources. In unpacking power, it will be good for young women to contrast their own experiences to that of men. Women's individual control over resources is considered important not only because of the fairness of equal access to resources, but also because of the resulting economic autonomy of women and their increased bargaining power within the household and

how these may translate into more egalitarian intra-household relations.

- Young women's rights and entitlements to make decisions regarding their income and to participate in household decisions should be protected. However, it needs to be done in a context that takes into account local customs and by supporting young women to navigate those. The resultant outcomes for young women are many, including time to work, develop and make decisions that impact on their lives.

## RESULT 2: YOUNG WOMEN'S INFORMED CHOICES ABOUT THEIR SEXUAL AND REPRODUCTIVE HEALTH ARE INCREASINGLY REALISED

### Result 2.1 More young women understand and recognise oppressive norms, values and practices that impact their control over their bodies and ability to earn income and begin to challenge them

Oppressive norms and practices are important barriers to young women's access to and use of health services.

*Recommendations:*

- Create space for young women to reflect on, increase their awareness and consciousness of the nature, root and manifestation of oppressive gender norms. Through this, facilitate processes for young women to define their own strategies individually or collectively to address these.

### Result 2.2: More young women are accessing appropriate, non-discriminatory, young women friendly, SRHR information and services

Despite national level commitments to addressing the sexual and reproductive health service needs of youth, there remains ambiguity in service delivery. Furthermore, the complaint of unfriendly services (to young women) resonate across the board.

*Recommendations:*

- Initiate advocacy to ensure that healthcare facilities are able to respond to the specific needs of young women (and take account cultural norms related to sexual relationships and rites of passage into adulthood and attitudes related to sex). Find out what specific services young women need that impact negatively on their livelihood and their health.

- Integrate strategies for sexual violence into reproductive health information and services;

- Empower young women with skills to communicate with their sexual partners on contraception or other intimate matters. Allowances should be made to bring in young men to support young women to overcome interpersonal communication on sexual and reproductive matters.

- Providing access to contraception is an important step toward gender equality and the fulfilment of women's rights. This means accessibility and availability and the lower cost of family planning. Initiatives to build knowledge

of contraceptive methods with focus on empowering women with decision- making power in the early ages of marriage and sexual relationships.

- Address staff attitudes, perceptions and treatment of young women to ensure that young women are able to access the information and services that they need.

-  Explore interventions of addressing other inhibitors to women accessing their SRH such as distance to services, cost, hours that services are available, lack of privacy, family restrictions etcetera.

### Result 2.3 More young women have accurate and scientific information about sex, sexuality, gender and reproductive health which they have obtained in safe young women-friendly environments

Young women often have second-hand knowledge as it relates to sex, sexuality, gender and reproductive health due to stigma or norms related to the perception of sexual activity they may forgo getting the right information and services to ensure their health.

*Recommendation:*

- Provide young women with accurate and relevant information to make the right choices for their bodies and their lives. This is in the context of early marriage, sexual coercion, intergenerational sex, multiple partners and young women's vulnerability to STIs.

## RESULT 3: YOUNG WOMEN IN THE AREAS WE PROGRAMME IN ARE EMPOWERED AND SUPPORTED BY ALLIES AND RESPONSIBLE STAKEHOLDERS TO EFFECT CHANGE IN THEIR OWN LIVES, THEIR FAMILIES, THEIR COMMUNITIES AND DIFFERENT LEVELS OF GOVERNMENT

### Result 3.1 Young women are organised in groups, networks, alliances and movements

Less than a third of participants were occupying leadership in groups they were affiliated to which is not surprising given that the Young Urban Women's Programme is the first group that most participants have belonged to. In addition, in groups where they were leaders, it was mostly leadership related to arts, culture or religious groupings

*Recommendations:*

- Create space for young women to engage in and discuss critical issues impacting upon their livelihood and sexual reproductive health and rights. Through this, facilitate processes for young women to take action on strategies developed.

- Provide mentorship and support to ensure young women stay engaged in spaces of organisation and support and are ultimately able to develop and lead their own strategies for change.

- Conduct leadership training to ensure that young women are able to analyse issues, develop strategies and implement them.

### Result 3.2 Young women are participating in and representing their interests to and in decision-making fora at all levels

There was a low percentage of young women that had participated in both local government discussions and community meetings in all three countries due to socio-cultural customs or traditions that censor their speech and behaviour, or exclude themselves from particular activities, in the belief that these are not intended for them.

*Recommendations:*

- **Provide support to young women in taking action to challenge exploitation**
- **Provide opportunities for young women to participate meaningfully in local government and community meetings**

### Result 3.3 Allies and stakeholders recognise young women's experiences related to work, livelihoods and SRHR and support their demands for change

The data across the three countries does show that young women perceive support from mostly their parents as well as from local government or community groups. Alliance- building and strategic partnerships are critical cogs in impactful social mobilisation.

*Recommendations:*

- **Mobilise the community around the issue of young women's sexual exploitation in the work place and in public spaces. This should include education of young women around bodily integrity.**
- **There is a need to promote media advocacy and campaign for young women's rights. It is not sufficient to work with young women alone but with their family members, community leaders for a healthy environment for growth, safety and security of YUW. It is also mandatory to work with young men's association to support and promote rights of young women.**
- **Educate families on the benefits of sharing care work. Facilitate dialogue around norms and practices that oppress all members of the community in particular young women.**
- **Networking and alliance building is important to create a platform for community members, development workers and organizations to step in and show solidarity and continuity by working together yet with specific objectives. Given that there are few NGOs working with YUW, a starting point is to develop a stakeholders' analysis for networking purposes.**
- **Sensitising young men is important in realising community participation of the young women**
- **There is a further opportunity to engage with NGOs and CBOs working on issues of basic service delivery in respect of young women's unpaid care work, as well as to engage local government on these issues. Further investigation would need to be completed first.**

1 Michau L (2007). Approaching old problems in new ways: community mobilisation as a primary prevention strategy to combat violence against women, Gender & Development Vol. 15, No. 1

2 Association for Women's Rights in Development (2006). Women's Economic Status – Facts and Analysis

3 Ibid

4 UN-Habitat (2010), State of the World Cities 2010/2011. Bridging the Urban Divide. UN-HABITAT, Earthscan, UK, p 45.

5 Ibid

6 Ibid

7 Esplen E and Brody A (2007). Putting Gender Back in the Picture: Rethinking Women's Economic Empowerment. Bridge Report prepared for SIDA

8 Ravallion M, Chen S and Sangraula (2007). The Urbanisation of Global Poverty. World Bank Research Digest, Vol 1, No 4.

9 Bell S and Newitt K (2010). Decent Work and poverty reduction: literature review and two-country study. A study for the Decent Work and Labour Standards Forum.

10 Kabeer N (2004). Globalisation, Labor Standards and Women's Rights: Dilemmas of Collective (In)action in an Interdependent World. Feminist Economics, 10.1:3-35

11 ActionAid (2013). Putting women on the post 2015 transformation agenda

12 Sourced from the website of 'Women Deliver' through the following weblink': http://www.womendeliver.org/knowledge-center/facts-figures/gender-equity/

13 Sourced from Forbes website through the following link http://www.forbes.com/billionaires/list/ [accessed 10 January 2013]

14 http://www.womendeliver.org/knowledge-center/facts-figures/gender-equity/ 15Carrillo R et al (2003), Not a minute more: Ending violence against women. UNIFEM

16 Esplen E and Brody A (2007)

17 UN Millennium Project (2005).Taking Action: Achieving Gender Equality and Empowering Women, Task Force on Education and Gender Equality

18 Grown C, Rao Gupta G and Kes A (2005).Taking action: achieving gender equality and empowering women. UN Millennium Project, Task Force to End Gender Equality.

19 Rao Gupta G and Weiss E (1994). Bridging the Gap: Addressing Gender and Sexuality in HIV Prevention. Washington D.C. International Center for Research on Women.

20 Berer M (2011). Repoliticising sexual and reproductive health and rights. Reproductive Health Matters , Volume 19, Issue 38 , 4 - 10. Retrieved from http://www.rhm-elsevier.com/article/S0968-8080(11)38596-5/fulltext

21 http://www.progressio.org.uk/sites/progressio.org.uk/files/Progressio-gender-dev-goals-briefing-2014.pdf

22 GADNET(2013). Achieving gender equality and women's empowerment in the post 2015 Framework.

23 VeneKlasen and Miller. A New Weave of Power, People and Politics: the Action Guide to Advocacy and Citizen Participation. World Neighbors 2002/ Practical Action Publishing, 2006.

24 Qualtrics is a web-based software that enables you to do surveys, feedback and polls, allows you to view results in reports and can be downloaded

25 United Nations Centre for Human Settlements (1996) An Urbanising World. Global Report on Human Settlements. Oxford University Press

26 Shellac is a resin obtained from female lac bugs

27 Source: http://www.indiaonlinepages.com/population/mumbai-population.html 28ActionAid (2012).India HDF Young Women Urban Scoping Study

29 Varma S (2013). Infant mortality down by 30% in past decade. The Times of India. Retrieved from http://timesofindia.indiatimes.com/india/Infant-mortality-down-by-30-in-past-decade/articleshow/24503069.cms. Accessed on 12-08- 2014.

31 See http:/ / ww w.a rc h.c ol um bia . edu/ Stu dio/ Sp ri ng2003/ U P / A c c ra / PDF 's %20to%20p ri nte r/ 10%20 -%20housing.pdf#search=%22overcrowding%20 accra%22

32 Sourced from http://beta2.statssa.gov.za/?p=1034

33 South African Presidency (2010) Human Conditions Diagnostic

34 Age groups: 15–18 = 197 (62%0; 19-25 = 121 (38%)

35 ActionAid (2014) Country Baseline Study, Young Urban Women's Programme: India

36 Sourced from http://www.ilo.org/global/about-the-ilo/newsroom/features/WCMS_071242/lang--en/index.htm_ Accessed 03-9-2014

37 Ibid

38 ILO (2013).Global Employment Trends for Youth 2013: A generation at risk, released by International Labour Organization (ILO)

39 Ibid

40 We are using the Expanded Unemployment Rate (EUR). This rate includes 'discouraged work- seekers', but excludes all other non-economically active categories such as students and 'home- makers'.

41 Statistics South Africa, July 2014. Quarterly Labour Force Survey (QLFS) 1st Quarter 2014. For further information, see Appendices 2 & 3.

42 Mitra A and Verick S (2013) ILO, Youth employment and

unemployment: an Indian perspective. ILO Asia- Pa ci fi c Wor ki n g Pa per Ser i es

43 ILO: Generating decent work for young people: An Issues Paper prepared for the Secretary- General's Youth Employment Network- I couldn't locate the year too. So let's leave it at that.

44 ActionAid (2012).Young women: life choices and livelihoods in poor urban Ghana, Summary of key findings from Greater Accra and Tamale

45 ILO.Youth employment: Breaking gender barriers for young women and men. Part of the ILO public awareness raising campaign on "Gender equality at the heart of decent work".

46 ILO (2007): Equality at work: Tackling the challenges, Global Report under the follow-up to the ILO Declaration on Fundamental Principles and Rights at Work

47 The main occupations in this sector are community care workers, community development workers and auxiliary social workers. For further information, see Appendix 4.

48 We are using the Expanded Unemployment Rate (EUR). This rate includes 'discouraged work- seekers', but excludes all other non-economically active categories such as students and 'home- makers'.

49 Statistics South Africa, July 2014. Quarterly Labour Force Survey (QLFS) 1st Quarter 2014. For further information, see Appendices 2 & 3.

50 ActionAid (2014) Country Baseline Study, Young Urban Women's Programme: South Africa

51 ActionAid (2014) Country Baseline Study, Young Urban Women's Programme: India

52 Official poverty line as at March 2014

53 The Congress of South African Trade Unions (COSATU), and most notably the National Union of Metalworkers of South Africa (NUMSA) has called for a minimum wage of R1600 per month for a number of years.

54 It is vital that the YUW Project ensure that it inputs on this.

55 UN Millennium Project (2005).Taking Action: Achieving Gender Equality and Empowering Women. Task Force on Education and Gender Equality

56 ESCR-Net (2011).A Bottom-Up Approach to Righting Financial Regulation: Why is a human rights approach needed in financial regulation? Issue No 4, December 2011

57 Alter Chen M.Women in the Informal Sector: A Global Picture, The Global Movement.

58 UN Millennium Project 2005.

59 Beall J and Kanji N (1999).Households, Livelihoods and Urban Poverty Background Paper for the ESCOR Commissioned Research on Urban Development: Urban Governance, Partnership and Poverty, Department of Social Policy and Administration London School of Economics and Political Science

60 Solidarity Center (2013).Women's Economic Empower, Gender Equality and Labour Rights, Sao Paolo 2013. Retrieved from http://www.solidaritycenter.org/Files/Gender%20conf%202013.Summary%20doc.pdf

61 Esplen E and Brody A (2007). Putting Gender Back in the Picture: Rethinking Women's Economic Empowerment. Bridge Report prepared for SIDA

62 UN Millennium Project 2005.

63 United Nations (2010).The Worlds' Women, 2010. Trends and Statistics. Department of Economic Affairs.

64 Ibid

65 In the run-up to the 2000 local government elections in South Africa, the national government announced there would be a policy of "free basic services" (water, sanitation, electricity and refuse removal) in South Africa, beginning in 2001, to be delivered by municipal authorities and  funded in part by the national government. In the case of free basic water this amounted to 6,000 litres(6kl) per household per month, based on a calculation of 25 litres per person per day for a household of eight. As most municipalities were unprepared for this policy (and not consulted) it took several years for it to be widely implemented, with some municipalities today still offering only partial free water. See http://www.blacksash.org.za/index.php/your-rights/local- government/item/you-and-your-rights-water. As by law no household may be without water for 7 days or more, some municipalities have introduced the 'drip/ trickle system' where households are in arrears with their water accounts, i.e. the supply is placed on the lowest possible pressure until the outstanding amount has been settled.

66 UN Millennium Project (2005)

67 Ibid

68 As only 18% of respondents indicated that they have children of their own, this figure reflects that young women play a significant role supporting the care of children in their homes rather than being primary carers

69 Paid work refers to time or piece rate contracted out that receives remuneration.

70 Unpaid work includes all non-remunerated work activities and it is safe to say that it lacks recognition (Rania Antonopoulos, 2008) Unpaid care work refers to the work done in the home and in communities such as preparing food, collecting firewood and water to taking care of children, the ill and the elderly (Debbie Budlender, 2002).

71 The concept of no work is commonly understood as consisting of free time spent on personal care and leisure activities. There is distinction between 'no work as voluntarily chosen' and 'no work as enforced inactivity due to lack of employment opportunities' (Raina Antonopoulos.2008.p.9.).

72 ActionAid (2013).Making Care Visible: Women's unpaid care work in Nepal, Nigeria, Uganda and Kenya,  February. Retrieved from http://www.actionaid.org/sites/files/actionaid/making_care_visible.pdf- Accessed on 03-9-2014.

73 ActionAid (2012) Report on Young Women: Life choices and Livelihoods in poor urban India

74 www.wateraid.org

75 United Nations (2006).Full and Productive Employment and Decent Work – Dialogues at the Economic and Social Council

76 ILO. Youth employment: Breaking gender barriers for

young women and men

77 Accelerated and Shared Growth Initiative for South Africa

78 Statistics South Africa, QLFS 1st Quarter, 2014

79 The NDP 2030 defines desired development outcomes and identifies the role different sectors of society need to play in reaching South Africa's development goals. The NDP also identifies the task of improving the quality of public services through the strengthening of the ability of local government to fulfil its developmental role. The Plan will shape budget allocation over the next 16 years.

80 Previously called the Youth Wage Subsidy Bill. The Act came into effect as of 1 January 2014.

81 The Gender Statistics in SA 2011 report show that 35.4% of employed women are in unskilled occupations (compared to 22.7% of men), with 20.8% working in elementary jobs and 14.6% working as domestic workers. The next largest occupational categories for women are clerical (17.0%), sales and services (14.8%) and technician (14.1%).

82 Goswami P (2010). A Critique of the Unorganised Workers' Social Security Act- Economic and Political Weekly, - Sameeksha Trust

83 International Food Policy Research Institute (2003). Household decisions, gender, and development : a synthesis of recent research.Edited by Agnes R. Quisumbing.

84 South Africa Young Urban Women project Baseline Study

85 ActionAid (2014). Young Urban Women Baseline Study Ghana.

86 United Nations (2010)

87 International Food Policy Research Institute (2003).

88 http://www.oxfamnovib.nl/Womens-bodily-integrity.html

89 ActionAid (2012) Scoping Study, Young Urban Women's Programme, India

90 ActionAid (2012) Scoping Study, Young Urban Women's Programme, South Africa

91 Lobola: a bride price, typically of cattle, paid to a bride's family among tribes of southern Africa.

92 ActionAid (2012).Young women: life choices and livelihoods in poor urban Ghana Summary of key findings from Greater Accra and Tamale*

93 Sen G, and Östlin P (2007). Unequal, Unfair, Ineffective and Inefficient Gender Inequity in Health: Why it exists and how we can change it. Final Report to the WHO Commission on Social Determinants of Health. Women and Gender Equity Knowledge Network

94 Chapter 5, Prevention for Young People. What Works for Women and Girls: Evidence for HIV/AIDS Interventions. July 2012 Retrieved from http://www.whatworksforwomen.org/system/attachments/35/original/Prevention_for_Young_People.pdf

95 United Nations Population Fund (2008). Making Reproductive Rights and Sexual and Reproductive Health a reality for all, Reproductive Rights and Sexual and Reproductive Health Framework. Retrieved from http://www.unfpa.org/sites/default/files/pub-pdf/SRH_

Framework.pdf

96 UN Millennium Project (2005).Taking Action: Achieving Gender Equality and Empowering Women. Task Force on Education and Gender Equality

97 Ibid

98 Statistics South Africa(2013).General Household Survey 2012

99 Ramkissooni A, Searlei C, Burnsi B and Beksinskai M (2101). Sexual and Reproductive Health and Rights. Retrieved from http://www.healthlink.org.za/uploads/files/sahr10_3.pdf

100 ICPD Taskforce.Policy Recommendations for the ICPD Beyond 2014:Sexual and Reproductive Health & Rights for All

101 ICRW (2006). Improving the Reproductive Health of Married and Unmarried Youth in India. Evidence of Community Based Interventions. Final Report of the Adolescent Reproductive Health Program in India

102 Ibid

103 HSRC: South African National HIV Survey 2012

104 ActionAid (2012).Young women: life choices and livelihoods in poor urban Ghana Summary of key findings from Greater Accra and Tamale*

105 Batliwala S (2009). Changing their worlds, Concepts and Practices of Women's Movements. Association for Women's Rights in Development.

106 Michau L (2007). Approaching old problems in new ways: community mobilisation as a primary prevention strategy to combat violence against women. Gender & Development Vol. 15, No. 1

107 ActionAid (2012) People's Action to End Poverty. ActionAid's Strategy 2012-2017

108 Alpizar L and Wilson S (2006).Young Women's Inclusion and Full Participation in Women and Feminist Movements and Organizations

109 World Youth Report (2007). Young People's Transition to Adulthood: Progress and Challenges, UN DESA

110 United Nations Youth (2013). Youth and Political Participation

111 World Association of Girl Guides and Girl Scouts. Available at: http://wagggsworld.org/

112 Veneklasen et al

113 Page 10, State of the World's Volunteerism Report 2011, UNV

114 Michau, L (2007). Approaching old problems in new ways: community mobilisation as a primary prevention strategy to combat violence against women, Gender & Development Vol. 15, No. 1

115 http://www.unwomen.org/en/partnerships/businesses-and-foundations/womens- empowerment-principles

116 Page 42, The United Nations Development Strategy Beyond 2015, Policy Note, Committee for Development Policy, UNDESA, 2012

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