actionaid

Young women:

life choices and livelihoods in poor urban Ghana

Summary of key findings from Greater Accra and Tamale*

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The proportion of Ghana's population living in urban localities has been rising sharply since Independence.[1] From a relative low 23% in 1960, it is estimated that the urban population reached 52% in 2010 and that it will hit 62-63% by 2025.[2] The capital region of Greater Accra, which occupies less than 1.4% of Ghana's land area, is home to 16% of the nation's population.[3] Provisional results from a 2010 census suggest that the population of the capital region has grown by nearly 35% in just 10 years,[4] mainly reflecting high levels of in-migration from other parts of Ghana.[5]

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, especially from a gender perspective. With 42% of Greater Accra's population living in compounds, the growth in the city's population puts immense stress on the already overstretched housing services and increases the tendency of settlements dominated by the poor to deteriorate into slums. **In the Accra area – which is the destination of choice for internal migrants – the proportion of people living below the consumption poverty line almost tripled over a seven-year period** from just 4% in 1998/99 to 11% in 2005/06.

Because of their age and gender, young women are often among those most adversely affected by these pressures and by continuing cultural prejudices and power inequalities. This scoping study supports ActionAid Ghana in identifying and developing appropriate interventions to address the challenges facing women aged 15-25 in two specific settlements – Bulpela and Kpobiman. Bulpela is on the periphery of Tamale, the *de facto* capital of the northern savannah and Kpobiman is on the periphery of Accra, the national capital. The research was required because of the lack of relevant information for programmes seeking to address young women's livelihood opportunities, movement building, and sexual and reproductive health rights that adolescent and young women experience in poor urban areas in Ghana. In particular, there is very little documented information on the situations of young women in the two specific settlements. The research was conducted over a three-month period between March and May 2012, in two stages and consisted of desk research and focus group discussions (FGD).‡ The FGD included 90 young women and 30 young men distributed equally between the two localities.

In the next sections, various findings which emerged from this scoping study will be discussed. In the first section, figures on Ghana's youth population will be analysed, followed by an exploration in the second, third and fourth sections of the trends for urban youth with regard to labour, literacy and sexual and reproductive health rights respectively. In each section the perspectives which emerged from the FGD are also discussed.

* Summary of a report written for ActionAid Ghana by David Korboe and Aba Williams

‡ The focus groups were facilitated by ActionAid partner organisations working in the localities – Northern Sector Action on Awareness Centre (NORSAAC) in Bulpela, and Women's Rights Advocacy Network (WRAN) in Kpobiman

Ghana's urban youth population

Young people constitute a higher proportion of the population of urban areas than of rural areas; young women and men constitute between 12% and 10% of the urban population respectively.[6] While there are roughly equal proportions of young men and women among Ghana's youth, within urban and rural populations, the proportion of young women aged 15-24 living in urban areas (12%) is higher than in rural areas (8%).[7]

Labour trends for urban youth

Unemployment among youth is considerably higher than the national rate. About 230,000 people join the nation's labour force each year but only 2% find employment in the formal sector.[8] The 2008 Ghana Demographic and Health Survey 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).[9] 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. Even if the flawed definition of 'economically active' of Ghana Living Standards Survey, which undervalues women's work in many ways, is considered, only 27.6% of young women in urban areas aged 15-24 years were economically active. The corresponding figure for young women in rural areas was nearly double at 48.9%.

Self-employment is higher among urban women than among urban men.[10] **While 64.3% of urban employed women are self-employed, only 40.5% of urban employed men are self-employed**. In the self-employed category, hawking, petty trading, porter work, commercial food preparation/restaurant work, sex work and domestic care work are common with poorer urban young women. In Accra especially, hawkers and petty traders in the central business district – mostly young women – routinely suffer harassment from the security agencies, with their wares destroyed during raids. **Domestic care work (both paid and unpaid) is overwhelmingly dominated by girls and young women whose employment status is often vague**. The fact that care work is neither captured in Ghana's employment statistics nor in the Gross Domestic Product (GDP) computations makes it particularly susceptible to side-lining in the policy arena. **Transactional sex is a livelihood opportunity which young urban women may employ, either by choice or out of desperation, in order to earn a living or to supplement meagre incomes**. Moore and Biddlecom report from a nationally representative survey of 12-19 year-olds that transactional sex – whereby money, gifts, housing or some other form of security are central to the initiation and continuation of sexual relationships – is commonplace across Ghana.[11] Their survey also found that 73% of adolescent girls (and 28% of adolescent boys) had last engaged in sex for some form of economic reward.

FGD: youth perspectives on employment

Young women interviewed in the FGD at Bulpela and Kpobiman tend to fall into a narrow range of job sectors. Most of the young women not in school were reported to be either training for or skilled in (whether practising or not), dressmaking or hairdressing. During the FGD, the research team came across many young women who

had set aside their skills in dressmaking or hairdressing and were now selling petty goods such as oranges and bread or – at Kpobiman – offering laundry services because they could not make a living with their skills.

Owing to constraints in accessing paid work among the Bulpela population, many young women from that community migrate south in search of short-term or cyclic work as *kaya yei* (female head porters) or dishwashers in the chop bars.[12] *Kaya yei* were reported to return from the southern cities with '*bleached skin*', more trendy clothing and savings, creating an incentive for other girls in the community to follow in search of similar '*benefits*'. As a young woman said in a focus group at Bulpela: "*if you want to wear something nice, you too must go*." However, the better educated among poor young women at Bulpela could sometimes find work as house-helps in the homes of the urban elites in Accra and Kumasi.

In the interviews with youth at Bulpela, there were reports of girls being mocked as '*backward*' if they did not engage in simultaneous transactional relationships. At both of the FGD sites, youths of both sexes observed that young women increasingly feel compelled to dress in revealing clothing as a strategy to attract the attention of prospective male employers or other males perceived to have the means to give something in exchange for sex.[13] A young woman noted at Kpobiman: "*You use what you have, to get what you want*."

Education trends for urban youth

Urban women have a higher level of literacy than rural women and there are proportionally more literate women in the adolescent group (age 15-19) than in the age group 20-24. The introduction in 2005 of the capitation grant, which abolished mandatory fees and levies, partly accounts for the higher schooling participation rates among the youngest women.[14] The 2010 Ghana Statistical Survey reports a higher literacy rate (88%) among women aged 15-24 years from richer households than among those from poorer households (72%).[15]

The majority (73.4%) of urban women as a whole have had some secondary education but very few (6.7%) have participated beyond secondary level.[16] Among young women aged 15-24 years, 89.4% have had some education and 69.3% have even had some secondary education. The 2008 Ghana MDG annual report shows a downward trend in the schooling survival rate.[17] It is pertinent to observe here that **for younger women, higher levels of education do not translate into more indicators of empowerment** and the link between schooling and employment is not linear.[18] Younger women were found to experience greater difficulty accessing decent work in the formal sector despite their education.

FGD: youth perspectives on education

In Bulpela, it emerged from the FGD that young women with a basic education have immense difficulty finding jobs. This undermines the perceived relevance of education and contributes to the widespread phenomenon of girls dropping out of school. Young women at Kpobiman similarly indicated that it was not unusual for them to voluntarily opt out of school if they felt adequately provided for by their partner. **The field work also found strong objections among male partners (especially in the Bulpela focus groups) to their female partners continuing their education**.[19]

According to the Bulpela male focus group, young men who were unable to dissuade their partners from dropping their schooling ambitions were more likely to take on an additional partner. At Kpobiman, a young woman could be abandoned or

even assaulted by her partner for refusing to give up her schooling. However, there was less opposition to young women taking up or continuing skills training, probably because it presents (potentially) more immediate financial returns to the household and it often takes place in an all-female environment.

Both young women and young men who participated in the focus groups observed that it is rare for a schoolgirl to return to school after having a child.[20] The female focus groups were also emphatic that girls who get pregnant hardly ever receive the kind of counselling support (from their parents or elsewhere) that facilitates their re-integration into school. The most significant hurdles are stigma and falling behind, with child care as a lesser but nevertheless real challenge in some situations.[21] At Kpobiman, the increased financial burden was said to lock young nursing mothers into a transactional sex trap, often resulting in further pregnancies, thereby making it even more difficult for the young woman to continue her education.[22]

Many young girls in the FGD were or had at some point been a foster child. In practice, much urban fostering is merely disguised child labour; foster children are typically migrants from poorer communities and districts or sent by less-endowed households to live with better-off urban relatives.[23] A few of the young girls in the FGD had returned after facing harassment in foster homes.

Sexual and reproductive health trends for urban youth

Adolescent birth rate and contraceptive prevalence

The 2008 Demographic and Health Survey shows fertility rates among young women. The adolescent fertility rate is 66 births per 1,000 women while that for young women aged 20-24 is expectably much higher, at 176. The survey reports that fertility rates among all age groups of women have fallen over time.

The question of contraception prevalence amongst youth in Ghana is complex. Both modern and traditional methods of contraception (including periodic abstinence, herbal potions or consulting mallams and other diviners) are widely employed in Ghana, by both rural and urban dwellers.[24] Though traditional methods make up a significant 30% of all contraceptive use in Ghana, official contraceptive prevalence rates exclude such methods, which constitute the most common mode employed.[25] It will be important – in the effort to promote safe, effective contraception – to interrogate the range of traditional methods more robustly, appraise their efficacy and better understand why the uptake of modern contraceptives remains low in spite of relatively high knowledge of family planning. **The contraceptive prevalence rate for modern methods is a low 17% among all women in Ghana.**[26] Knowledge about contraception is sometimes negated by perceptions of links between modern family planning methods and infertility, still births and congenital deformities.[27] Among young women, fear of side effects and personal opposition to family planning are among the commonest factors undermining uptake.[28] **Young women in the 20-24 age bracket are among the most likely to be using some form of contraception, especially if they are sexually active but unmarried.**[29] The fact that **family planning services are excluded from the National Health Insurance Scheme package** makes things worse.

Access to sexual and reproductive health services

Despite improvements in reproductive healthcare in Ghana, young women face a range of social, cultural and economic barriers

to accessing it. Among young women aged 15-19, 78% have faced at least one problem accessing reproductive healthcare, including getting money for services and insecurity of supply.[30] Other hindrances identified had to do with the availability of a healthcare provider, distance to the health facility and transportation, lack of a female health service provider or a companion with whom to attend the health facility.[31] In the particular case of young women, sexual stigma – conditioned by traditional Ghanaian norms of propriety – appears to be the most dominant factor constraining wider access to reproductive health services.[32] Indeed, in a study by the Alliance for Reproductive Health Rights in 2011 adolescents reported that **the health facility environment was not youth-friendly**, as they had to share the waiting area with adults seeking family planning assistance.[33]

Abortion

According to the Ministry of Health and UNDP, "*abortion [is] the second single largest cause of [maternal] death, accounting for 15 per cent*" in Ghana.[34] One half of women in Greater Accra have had an abortion and a third of sexually experienced youths sampled by Glover et al (2003) reported having a pregnancy.[35] 70% of that subset had or attempted an abortion as a remedial measure. **In general, it is the youngest women who employ the most unsafe abortion methods**. This is due to the social stigma associated with pre-marital sex and childbearing and abortion, leading young women to resort to self-induced abortions and untrained abortionists.

Sexual and reproductive health knowledge and gaps

Ghanaian youth appear to have substantial knowledge on HIV and AIDS and sexually transmitted infections (STI) overall. A study 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, especially HIV and AIDS and gonorrhoea.[36] However, only few value the need for **effective contraception**. Two in three respondents thought it unacceptable for males to carry condoms, and three in four objected to females doing so. Substantial gaps are observed in young people's functional knowledge about sexual and reproductive health, especially about their own.

Violence against women

The highest incidence of physical or sexual violence is among young women aged 20-24. A quarter of sexually experienced young urban females interviewed by Glover et al (2003) had experienced rape or force in their first sexual encounter, with an additional 9% reporting having been enticed or deceived.[37] Further, 73% of that study's adolescents believed that there are circumstances in which it is acceptable for a husband to beat his wife, and 58% believed that there are justifiable reasons for a man to beat his girlfriend. Violence during pregnancy had been experienced by 1.2% of young women aged 15-19 and 6.3% of young women aged 20-24. The most common perpetrators of sexual violence against women were current/former partners or acquaintances. **Women aged 20-24 are more prone to controlling behaviour from their partners than all other age groups**.[38] Moore and Biddlecom's research (2006) further suggests that transactional sex increases the risk to young women of gender-based violence and contracting HIV and AIDS because of the associated imbalance in power and the tendency to have more partners over a given period of time.[39] **Those whom the Glover et al (2003) study describes as '*unaffiliated youth*'[40] showed higher levels of tolerance than in-school youth, suggesting a role for education in reducing violence against women.**

FGD: youth perspectives on sexual and reproductive health rights

In both communities visited, youth of both sexes confirmed that **unprotected sex and withdrawal are very common, though young women at Kpobiman were more likely to insist on condom use than their counterparts at Bulpela**. Some youths (both male and female) said that "*skin to skin*" sex is more satisfying and that condoms detract from sexual fulfilment. Other reasons given by young women in both communities include young women's fear of losing their boyfriends if they insist too strongly on condoms, and one young woman said she "*[wishes] to trap the boy she loves*" into marrying her. Young men in both communities cited "*not having a condom to hand when the opportunity arises*." In Bulpela FGD, it was noted that a young woman may sometimes opt to get pregnant by a partner of her choice in order to thwart an arranged marriage. In some cases, young women interviewed accepted unprotected sex in transactional relationships if the immediate economic return was attractive. Yet, it was also reported as common for a young woman to have multiple sexual partners. Indeed, in Bulpela discussions, young women who stick to a single partner were derided as being '*old-fashioned*.' While some said multiple partners were important for economic reasons, others simply found it more exciting.

Owing to stigma, young men 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. The young men in the FGD did this despite their belief that the chemists' products are of a higher quality and less likely to have expired, chemist services are better regulated and that the advice available from chemists would be more professional.

Youth of both sexes tend to acquire information about sex and reproductive health from their peers and from television (or the internet, in the case of Kpobiman discussions), but *not* their parents or health experts. When asked about the accuracy of such information, young women and men interviewed in Bulpela and Kpobiman expressed immense faith in peer experience and wisdom. In a female FGD at Kpobiman, the research team was informed that youth who dared to ask their parents questions about sex were told off as being "*bad children*". In fact, the problem seems deeper; as participants observed in one female FGD at Kpobiman, "*our parents never sit with us to have casual conversations.*" At Bulpela, young men said they did not bother to access sexual and reproductive health services as they perceived family planning as being "*for women, not men*."

Unsurprisingly, unintended pregnancy came up as a major reproductive health problem among young people of both sexes interviewed at Bulpela and Kpobiman. The young women and men interviewed as part of this study all confirmed 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. In virtually all the FGD conducted under this study, the youth were emphatic that non-clinical abortions are a very common occurrence. According to a female participant in a focus group at Kpobiman "*it is common but secret*". The cost of clinical abortions was perceived to be prohibitive, at around GH¢ 30 (US$ 17) for each month of pregnancy.

In the all-male FGD at Bulpela, a young man expressed displeasure with the increasing empowerment of women by NGOs, stating: "*women no longer respect their husbands*." When asked to explain, the group noted that empowered women tend to stay away from their marital homes for longer periods and perform household chores "*at their own pace*" – not as instructed by their husbands. Young

women at Kpobiman reported that their boyfriends and husbands often 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.

Conclusion

Despite the different contexts of Bulpela and Kpobiman, similar perspectives were expressed by young women and men. Barriers to employment, particularly for young women are high and act as a disincentive for adolescent girls to continue their education. Transactional sex emerged as a livelihood opportunity for some young women to access security and resources in a context where other employment opportunities may not be available or not as profitable. At an age where many young women are sexually active, having children poses significant challenges to continue their education and earn an independent income. The expectation that they will continue to take on many of the household chores constrains their time and choices. Unwanted pregnancies can also lead young women to seek out harmful abortion methods that put their lives at risk. Without adequate access to sexual and reproductive health services young women and men lack the information required to make informed choices.

Yet despite these challenges many young people remained hopeful and said they enjoyed the energy of living in an urban area. Following the desk research and FGD, these findings were presented to the young women and men and key government officials. For many policy makers this was the first time they heard young women and men speak about these challenges. It is imperative that young women can come together and raise their voices so that government, local leaders and the community respond and act to ensure young women are able to enjoy their rights to an education, decent work, leisure and an adequate standard of living.

Notes

1 Ghana's definition of an urban settlement is based on a relatively low population threshold of 5,000. The rising trend in the urban population is, however, clear and significant. By comparison, Ghana does not have a consistent, objective definition for peri-urban, except that the expression is widely used in reference to settlements on the periphery of the larger urban centres.

2 Farvacque-Vitkovic, C, M Raghunath, C Eghoff and C Boakye. *Development of the cities of Ghana: challenges, priorities and tools*. World Bank (Africa Region Working Paper Series Number 110), Washington DC, 2008.

3 The city proper accommodates 9.5% of the country's population in less than 0.1% of the country's total land area.

4 GSS. *2010 population and housing census: provisional results*. Ghana Statistical Service, Accra, 2011.

5 Estimates from the 2010 national census cite population growth rates of 2.4% at the national level, 2.8% for Greater Accra and 2.9% for Northern Region. Anecdotally, and in light of Accra's continuing attraction to internal migrants, the growth rate for Accra city (as opposed to the Greater Accra Region) is likely to be considerably higher than the national average. Population growth has been slowest in the two poorest regions – Upper East (1.1% and Upper West (1.5%).

6 GSS. *Ghana living standards survey 5*. Ghana Statistical Service, Accra, 2006.

7 *Ibid*.

8 Institute for Democratic Governance (IDEG). *Tackling youth unemployment in the regions and districts: a report on the 2005 governance issues forum*, Accra, 2005.

9 GSS. *Ghana demographic and health survey*, 2008. Ghana Statistical Service, Accra, 2009. Unemployment in this survey was defined as not having been employed in the 12 months preceding the survey.

10 GSS. *Patterns and trends of poverty in Ghana 1991-2006*. Ghana Statistical Service, Accra, 2007.

11 Moore, A and A Biddlecom. *Transactional sex among adolescents in sub-Saharan Africa amid the HIV epidemic*. Guttmacher Institute, New York, 2006.

12 PDA. Participatory Poverty and Vulnerability Assessment, Consolidated Report. DFID, Unicef and World Bank, Accra, 2011. Most such girls lack decent accommodations, and sleep on shop fronts, in busy markets and other risky locations

13 However, some of the young women at Kpobiman observed that sensual dressing could also work against a young woman's effort to access employment, especially so where the prospective employer/agent was an active Christian.

14 Statistics, Research, Information Management and Public Relations Division (SRIMPRD). *Report on basic statistics and planning parameters for basic education in Ghana*, 2009/2010. Ministry of Education, Accra, 2010.; GoG. Reproductive health strategic plan (2007-2011). Ghana Health Service, Accra, 2007.

15 GSS. *Accra multiple indicator cluster survey, 2010-11*. Ghana Statistical Service, Accra, 2011.

16 GSS. *Ghana demographic and health survey, 2008*. Ghana Statistical Service, Accra, 2009.

17 Akyeampong, AK et al. *Access to basic education in Ghana: the evidence and the issues*. CREATE, University of Sussex, 2007.
Ghana Statistical Service (GSS). *Ghana child labour survey*. Ghana Statistical Service, Accra, 2003.
Hashim, I. *Working with working children: child labour and the barriers to education in rural north-eastern Ghana*, D. Phil. Thesis, University of Sussex, Brighton, 2004.
MoESS. *Preliminary education sector performance report, 2007*. Ministry of Education, Science and Sports, Accra, 2007.

18 Eyben, R. *Supporting pathways of women's empowerment: a brief guide for international development*. Pathways Policy Paper. Pathways of Women's Empowerment RPC, Brighton, 2011.

19 Source: all focus groups interviewed in Bulpela (female, male and mixed). The objection was most emphatic in the mixed group.

20 A young women's focus group at Kpobiman estimated that only about one in ten girls/young women return to school after having a baby.

21 Overall, the mothers of nursing schoolgirl-mothers were reported to be willing but not always available to assist with child care.

22 Source: female groups interviewed, Kpobiman

23 Participatory Development Associates (PDA). Participatory Poverty and Vulnerability Assessment Phase III: Education and Social Protection. DFID, Accra, 2010.

24 In Ghana, mallams are typically Islamic psychics, commonly consulted (by Muslims and non-Muslims alike) for guidance on a vast range of social challenges.

25 Department for International Development (DFID). *Strengthening reproductive health in Ghana: Strategic Case*. Accra, 2011.
As this is a literature review, the figures in this report therefore exclude non-formal methods, unless explicitly stated.

26 *Ibid*. The CPR is the proportion of currently married women currently using a method of contraception.

27 ARHR 2010; 2011.

28 GSS. *Ghana demographic and health survey, 2008*. Ghana Statistical Service, Accra, 2009.

29 *Ibid*.

30 *Ibid*.

31 *Ibid*.

32 Source: FGDs in Bulpela and Kpobiman. In such cases, the older relatives would typically object to the younger couple's wish to delay childbirth.

33 Alliance for Reproductive Health Rights (ARHR). *Health monitoring report 2009*. Alliance for Reproductive Health Rights, Accra, 2010.

34 MoH and UNDP. *Ghana MDG acceleration framework and country action plan: maternal health*. 2011.

35 Glover E, *et al*. *Sexual health experiences of adolescents in three Ghanaian towns*. International Family Planning Perspectives, Vol. 29, Number 1, 2003.

36 *Ibid*.

37 *Ibid*. Violence against women includes acts of a physical nature (slapping, arm twisting, pushing, punching, kicking), sexual nature (forced intercourse or other sexual acts) or emotional nature (humiliation, threats or insults). Partner control exhibited as verbal abuse, restrictions on freedom of movement and withholding funds may also be classified as violence against women. Sexual violence may limit women's ability to practice safe sex and to protect themselves from STIs and unwanted pregnancies.

38 GSS. *Ghana demographic and health survey, 2008*. Ghana Statistical Service, Accra, 2009.

39 Moore, A and A Biddlecom. *Transactional sex among adolescents in sub-Saharan Africa amid the HIV epidemic*. Guttmacher Institute, New York, 2006.

40 Glover E, *et al*. *Sexual health experiences of adolescents in three Ghanaian towns*. International Family Planning Perspectives, Vol. 29, Number 1, 2003
"*unaffiliated youth*" are those whose jobs entail 'floating' on the street – eg ice-water sellers, cart pushers, porters and hawkers of small items.

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ActionAid is a partnership between people in rich and poor countries, dedicated to ending poverty and injustice. We work with people all over the world to fight hunger and disease, seek justice and education for women, hold companies and governments accountable, and cope with emergencies in over 40 countries.

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