

Young women:

life choices and livelihoods in poor urban South Africa

Summary of key findings from Johannesburg and Cape Town*

Johannesburg
SOUTH
AFRICA
CAPE TOWN

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ActionAid South Africa undertook a scoping study to better understand the experiences of young women living in poor areas of Johannesburg and Cape Town. The findings from the study then inform a new programme that addresses young women's economic empowerment and sexual and reproductive health and rights in these two cities. The age between 15 and 25 is a critical time in any woman's life, yet surprisingly little research exists on the kind of livelihood opportunities and challenges young women living in urban poverty face. The key question of the scoping study is "What are the opportunities and challenges that young women in poor urban areas face in navigating the multiple pressures of securing their livelihoods, engaging in sexual relationships, and taking care of their households?" To answer this question, ActionAid South Africa conducted a desk review, focus groups discussions (FGD), and a workshop where the research was shared with the young women and men involved.†

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. The FGD that were undertaken cover a variety of geographic locations in each city, some in areas close to the city centre and some in townships located on the outskirts of the city. Understanding these two cities requires an analysis of the history of apartheid in South Africa, the various policies that the African National Congress (ANC) government has followed since coming to power in 1994, and the current political settlement. Johannesburg and Cape Town are governed by two different political parties, with Johannesburg run by the majority ANC and Cape Town by the opposition, Democratic Alliance.

In the next sections, various findings from the scoping study will be discussed. In the first section, figures on South Africa'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. Each of these sections also includes youth perspectives emerging from the FGD which involved 150 young women and men across both cities.

South Africa's urban youth population

The results for the 2011 national census are not yet available; however, South Africa's 2011 mid-year projections put the total population of South Africa at 50,586,757.¹ The gender split in the country as a whole is roughly 50/50 with women marginally accounting for a larger share of the population. The population share by age is of more interest as indicated in Table 1 (see page 3) drawn from data in the 2011 mid-year report.²

* Summary of a report written for ActionAid South Africa by Emily Craven

† The FGD and validation workshops were organised and led by *Drama for Life* in Johannesburg and *Mothertongue* in Cape Town.

Table 1: The population share by age range

Age range	Gauteng	Percentage of total Gauteng population	Western Cape	Percentage of total Western Cape population	National	Percentage of total national population
0 – 4	1,024,779	9.05	508,010	9.61	5,189,528	10.26
5 – 9	1,056,901	9.33	533,029	10.08	5,304,049	10.49
10 – 14	991,989	8.76	497,067	9.40	5,318,691	10.51
15 – 19	891,706	7.87	454,704	8.60	5,175,448	10.23
20 – 24	939,639	8.29	459,230	8.68	4,900,375	9.69

As can be seen, the population is very youth heavy. The 15-24 age group constitute nationally 20% of the entire population and comprise very similar percentages in both the Western Cape and Gauteng. Of additional interest in terms of long term planning is the high percentage of the population aged 0 – 14. That the first five age groups represented in the table above constitute nationally a larger number of people than the next 12 age groups combined go some way in explaining both the current strain on many facets of society, particularly the education system, and the concern about future social and economic needs.

Labour trends for urban youth

Unemployment levels in South Africa are extremely high at 25.2%.³ This statistic, however, is based on a very narrow definition of unemployment that includes only those people between the ages of 16 and 65 who are not working but who are actively looking for work. Of the total working age population of 32,786,000 people, some 14,838,000 are classified as not economically active while 2,106,000 are employed within the informal sector.⁴ Some 41.5% of those classified as not economically active are students at various levels, but discouraged work-seekers also constitute a sizable 15.7% of the

economically inactive population.⁵ Ironically, South Africa also suffers from an extreme skills shortage in certain fields, mostly related to science, engineering, medicine and academia. This reflects the poor quality levels of education and career guidance provided to young people.

There is a huge racial imbalance in unemployment figures. The rate of unemployment for black South Africans is 29.1% which is considerably higher than that for white South Africans which is 6.1%.⁶ There are also higher unemployment rates for women than for men; UNDP in 2005 indicated that women across all race groups were more likely than men of the same race to be unemployed, by as much as 10%.⁷ It has been suggested that two out of every three of the people classified as discouraged work-seekers are women.⁸ Unemployment disproportionately affects young people. In 2008 the unemployment rate for people aged 15 to 24 was 46.6%.⁹ There is evidence that suggests 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.¹⁰

Since a large segment of the South African youth population cannot rely on the formal sector for employment, young people are forced to look elsewhere – be it the informal sector, illegal activities or family or partner support. The most common answers across the FGD with regard to livelihood were social grants (particularly child support grants),

crime and sex work. Although more specifically related to middle-aged women, a small number of respondents indicated that small businesses were common, these included hairdressing, running shebeens (bars) and petty trading. These activities often exist in a grey area between legality and illegality. The response of the state to such activities has also varied considerably over the last 18 years, at times attempting to support and regulate the informal sector, but often cracking down heavily on informal activities, particularly trading.¹¹

FGD: youth perspectives on employment

The FGD participants in Johannesburg live in areas close to the commercial heart of the city for employment options. The issue of high rents is one of great concern as one young woman describes:

"I live in a one-roomed house in Berea...I have [many] responsibilities and my money is not enough...Right now I am worried I can be kicked out of my place because my rent is overdue and the owner of the flat is very strict."

Many young people supported themselves through social grants. In some of the FGD young people mentioned that a pension in the family was often a source of support for them. Many respondents also pointed to child support grants as the primary means of support for young women. One woman in Johannesburg said:

"I have one child, so every month the government pays me a grant of five-hundred Rands [just under \$60]. This is the money that I use to pay for rent, to buy food and take care of my child. You can see this money is not enough. But usually I first cover the rent and buy a few food items for the house."

Young people also said that criminal activity was one way that, mainly young men, supported themselves. Responses stated that:

"Sometimes people went to town and stole clothes and sold them to support the family."

(young woman, Cape Town FGD)

"Some men support themselves by pick pocketing and other crimes."

(young man, Johannesburg FGD)

For young women, a few mentioned that they engaged in sex work as a livelihood option. While it should be noted that the popularity of this response was skewed by the fact that one FGD in each city was made up primarily of sex workers, the response was elicited from as many as half the attendees at the other sessions as well.

"There is a lot of prostitution going on here, because life here is too expensive. We sometimes get part-time jobs as cleaners or domestic workers but the money is so little we cannot survive. Most women have to survive through prostitution. I know of women that can get several clients. They give them code names: 'minister of transport' is your client who will always be providing for you or taking you everywhere you want to be driven, the 'minister of housing' is the guy who you always ask to pay for your rent, and so on, that is how they do it."

(young woman, Johannesburg FGD)

It is important to distinguish here between people who self-identify as engaging in sex work and those who are engaged in other forms of transactional sex. The understanding of transactional sex is therefore quite broad and encompasses more than what might be traditionally understood to be sex work:

“Women are dating sugar daddies, they ask me why I don’t date older men so I can [have money to] go and do my hair.”

(young woman, Cape Town FGD)

This was not limited to women; there were other responses which indicated that men would choose to engage in relationships with women who had jobs, although the power dynamics were clearly different. As one respondent put it:

“Sometimes women give a lot of their money to the men they are with as these men said they wouldn’t date someone who didn’t have a job. So a woman gives them all of her money and does not spend money on her children.”

(young woman, Cape Town FGD)

Education trends for urban youth

The provision of high quality primary and secondary education across South Africa has been a priority policy area for the South African government since 1994. While the state has now consolidated the national public education system into a single system run with a fair degree of autonomy by provincial governments, there remain large-scale inequalities within the system.

South Africa experiences very high levels of school dropout. School attendance is compulsory by law until the age of 16, though it is questionable how well policed this policy is. In urban settings it is more likely that children will stay in school until this age but thereafter enrolment rates decline rapidly. Nationally, 18.4% of young men between 19–24 years are attending higher education compared to 23.1% of young women of the same age, while a larger percentage of females also attend full time equivalent

courses and colleges.¹² These figures are low considering that they cover all forms of tertiary education and not just university attendance. The figures are even lower for the young women and men involved in this research who come from poor urban areas, given the disproportionately low number of black students who pass matric (completion of secondary education) and access tertiary education.

FGD: youth perspectives on education

Across the FGD there was a general belief in the importance of education and a sense that this should be the key to access employment and a better standard of living. Yet this connection often appeared quite tenuous. Education was only said to help if one completed secondary and tertiary education. Not only do many young people drop out of the system before matric, but even a matric certificate is not sufficient qualification for a good job. The second concern was that even qualified people struggled to find scarce jobs; employers often wanted experience that young people could not possibly attain. They said that employment opportunities are determined more by who you know than how well qualified you are.

By far the biggest reason given for school dropout was the need to earn a living. The cost of education in most state schools is reasonably priced and accommodates students who are unable to pay; but the need to work to support themselves or extended families pushed a lot of the FGD respondents out of either secondary or tertiary education. Many mentioned being the eldest child and having to give up their own education to help with the education of younger siblings. The question of homophobia in schools, while not discussed in all of the groups, was a key point raised in the FGD in Cape Town where respondents indicated that a very high proportion of lesbian learners are forced out of school due to bullying from both classmates and teachers.

Relationships and pregnancy also play a major role in determining how successful a young woman (and in some cases a young man) will be in attaining secondary and tertiary education. The majority of respondents said that having a child had a negative impact on their ability to complete education, though some indicated that under certain contexts it is possible with support from other women in the family. Young women also noted that their partners prevent them from continuing their education:

“If I become more educated than my partner, he will feel threatened by me because now I will be able to take care of myself and I will now be depending on myself to survive, so that is why these men usually just want us to stay at home so that they can control us.” (Johannesburg FGD)

Sexual and reproductive health trends for urban youth

Sexuality among young people in South Africa has been the subject of much discussion over the last decade or so, this is spurred both by the very high rates of pregnancy among young women and the rapid spread of the HIV and AIDS pandemic across the country, but particularly among young people. The 2008 Youth Risk Behaviour Survey conducted by the national Medical Research Council (MRC), released in May 2010, interviewed more than 10,000 pupils of Grades 8-11 in over 200 public secondary schools countrywide. Almost 40% of 13-19-year-olds said they have had sex, with 13% reporting they first had sexual intercourse while under the age of 14.

Table 2: MRC data segregated by sex (percentage)¹³

Activity	National total	Male	Female
Ever had sex	37.5	45.2	30.2
Ever had sex under 13	18.8	25.1	14.8
Had two or more sexual partners in life time	41.1	51.6	26.3
Had one or more sexual partners in the past three months	52.3	54.4	53.6

Table 3: MRC data segregated by sex (percentage)¹⁴

Activity	National total	Male	Female
Learners who use contraception under age 13	17.3	10.2	24.9
Learners who use contraception	17.9	19.9	15.0

There appears to be no shortage of information available on the subject of safe sex, and condoms are distributed in many places, including the school toilets, clinics and civic buildings - where they can be taken without public exposure. The fact that less than one-fifth of learners who are engaging in sexual activity are using contraception of any kind is therefore a matter of great concern.

HIV and AIDS

It is estimated that 10.6% of the South African population is HIV positive.¹⁵ Among women, the rates are higher with 19.4% of women aged 15-49 estimated to be positive.¹⁶ The South African National AIDS Council indicates that young women aged between 15 and 24 are four times more likely to be HIV-positive than men of the same age.¹⁷

Pregnancy

Accurate statistics related to total numbers of pregnancies are hard to obtain, and where statistics are available they relate to specific groups of pregnant women such as HIV-positive women or learners. The very high numbers of pregnant learners as shown in the table below do not tell the whole story of youth pregnancy as large numbers of young people, including those participating in the FGD, clearly would not fall into this category as high school dropout rates are high and pregnancy is one of the main reasons for dropout. They do, however, highlight that pregnancy rates among young women are extremely high.

Table 4: MRC data segregated by sex (percentage)¹⁸

Activity	National total	Male	Female
Percentage of learners who have been pregnant or made someone pregnant	19.0	15.2	24.4
Percentage of learners under 13 who have been pregnant or made someone pregnant	14.6	18.6	10.4

Contraception

The availability of contraception has been a core element of South Africa’s HIV and AIDS strategy for many years. This contraception is largely in the form of condoms. Female condoms are available in certain facilities but in small numbers compared to the mass distribution of male condoms. Male condoms are made available in almost all government offices, health care facilities, police stations and educational institutions. While condom use has been on the increase for many years now, there is still a great deal of resistance, particularly from men, to use condoms. Nationally, less than a third of adolescents practised consistent condom use, while 10% said they had been forced to have sex without a condom.¹⁹

Violence against women

Rape statistics are complicated for a number of reasons; one is that the definition of rape has been greatly expanded with the adoption of the new Sexual Offences Bill;²⁰ another is that there is a general acceptance that reporting levels for rape are extremely low. It should be noted that one of the reasons for this is a distrust of the police who are perceived as being corrupt and misogynist. The One in Nine Campaign, a national sexual violence advocacy campaign, takes its name from a 2002 report from the Medical Research Council indicating that only one in every nine women who are raped reports the rape.²¹ If these figures are accurate then the official statistic for rape and sexual assault which was 56,272 in 2010/2011 would be woefully low.

Abortion

South Africa has progressive legislation informed by the Choice on Termination of Pregnancy Amendment Act. Within South Africa a woman may terminate her pregnancy at any age. However, abortion was an uncomfortable subject for many respondents; which is still a large cultural and religious taboo. Despite the availability of abortion in the public health care system, there is also a flourishing trade in illegal or back-street abortions. Advertisements for service providers are often plastered to walls and poles. They offer a cheap and discreet service and appear a popular option for many pregnant women who possibly cannot afford or fear the official nature of the state healthcare sector.

Sexual pleasure

The question of sexual pleasure has been largely absent from most policy and practice in relation to SRHR, which has focused mainly on the issues of pregnancy and HIV and AIDS. The idea of sexual pleasure as a right is one only explored by a small number of organisations working in the field and largely ignored by government and much of civil society.

FGD: youth perspectives on sexual and reproductive health rights

The issue of gangs and crimes, and its adverse gendered effect on women often came up during the FGD. While male participants did comment on high crime rates, female participants exhibited a real fear of crime and grappled more with decisions of when to leave home and where to go. Several participants commented on rape as part of their experiences of where they live:

“Rape happens: on the streets, people are always looking at you.”

(young woman, Johannesburg FGD)

“I walk across town to visit my brother at another shelter. Everywhere I go boys and men, young and old, call me and grab me. People don’t intervene and protect me, there is no respect.”

(young woman, Johannesburg FGD)

Lesbian women in Cape Town expressed a particular vulnerability to this form of violence. This could be either because their sexual orientation may be known within the community or because their appearance and behaviour subverts gender norms and creates assumptions about their sexual orientation; this was particularly true if they presented as overtly masculine in their dress and demeanour. Another form of homophobic violence is the rape of lesbian women by individual men or groups of men who claim to be attempting to ‘fix’ them.

On the issue of contraception use, many young women in the FDGs revealed how men often refused to use condoms.

“Men do not like condoms; they say they are eating a sweet with a wrapper on.”

(young woman, Johannesburg FGD)

Many of the lesbian women stated that the information available related to safe sex and contraception was entirely tailored for heterosexual women and when they did look for information they were met by resistance from people (clinic staff, for example) who were either unwilling or unable to engage with their particular needs; therefore, they were more likely to turn to sources like the internet for information.

When the issue of abortion was raised, one point that came out clearly was that there were differing levels of service available in clinics when information about abortion was requested.

One young woman from Cape Town said that when you went to the clinic and asked about an abortion:

“[The staff] still referred you to a place where you could get one but they insulted you before they helped you.”

In the FGD, there was also a great deal of distaste about the idea of abortion although there were dissenting voices who spoke up in defence of women who have abortions. Many of the male participants were very vocal in their opposition to abortion, particularly in Johannesburg. During the Cape Town validation workshop a concern was raised by men in attendance about the lack of legal influence that men had on abortion of foetuses that they had fathered.

Another issue which came up was the importance of HIV and AIDS in the day-to-day lives of many of the participants. Many of the FGD members stated that they were HIV-positive and others pointed to how HIV and AIDS has influenced the ways in which young people engage with topics such as contraception, abortion and sexual pleasure. There is clearly also still a high level of stigma associated with being HIV-positive and this limited the interaction that HIV-positive people had in spaces such as churches, schools or even their families, where they felt that they would be rejected or abused.

Many of the FGD participants giggled when asked about sexual pleasure and some expressed discomfort, but further questioning revealed that it was a subject that many participants were interested in and there was a level of frustration at the lack of available information on the subject. The majority of participants felt that they could not discuss their sexuality, sexual pleasure or their reproductive health with a parent due to cultural barriers.

Conclusion

Through the FGD and validation workshops young women and men surfaced common themes that cut across both cities. For instance, all FGD mentioned the prevalence of substance abuse and alcoholism and linked this to the high crime and violence rates. This is further corroborated by national statistics that show that while in 1996 only 2% of attendees at rehabilitation clinics were under 20; by 2008 this had risen to 20%.²² Peer pressure was also a common theme, in particular the pressure that many young women felt to conform to certain societal norms. This was expressed in relation to substance abuse, the relationship choices young women make and their education and employment decisions. Peer pressure and young women's subordination may go some way in understanding the disconnect between their knowledge of safe sex and sexual and reproductive health and the limited control they exert in their reproductive choices.

Young women and men also spoke about the desire for a safe, nurturing and supportive community in both cities. This was emphasised especially by groups such as lesbian women, who felt particularly excluded, but also by other participants. The urban context in South Africa is harsh for many young women and men – creating safe spaces for youth, particularly for young women, to gather and organise could have a significant impact on their wellbeing and the fulfilment of their basic human rights.

Notes

- 1 Statistics South Africa, Mid-Year Population Estimates 2011. p 3.
- 2 *Ibid.*, p 14.
- 3 Statistics South Africa, Quarterly Labour Force Survey, First Quarter 2012. p 6.
- 4 *Ibid.*, p 6.
- 5 *Ibid.*, p 18.
- 6 Statistics South Africa. 2012. p 17.
- 7 Department of Economics and Political Economy Research Institute (PERI), University of Massachusetts. An Employment-Targeted Economic Program for South Africa. http://www.peri.umass.edu/fileadmin/pdf/UNDP_S.Africa.pdf (accessed July 2012).
- 8 Powell, Anel., "New laws to target informal traders." IOL News 13 April 2007. <http://www.iol.co.za/news/south-africa/new-laws-to-target-informal-traders-1.322915> (accessed June 2012).
- 9 Government of the Republic of South Africa., *National Development Plan, Vision for 2030*, National Planning Commission, 2011. p 85.
- 10 Government of the Republic of South Africa., *Human Conditions Diagnostic*. National Planning Commission, 2010.
- 11 Powell, Anel., "New laws to target informal traders." IOL News 13 April 2007. <http://www.iol.co.za/news/south-africa/new-laws-to-target-informal-traders-1.322915> (accessed June 2012).
- 12 Development Bank of South Africa., "Basic Education – the quest for quality improvement." *Development Report 2011: Prospects for South Africa's Future*. <http://www.dbsa.org/EJournal/Documents/DBSA%20Development%20Report%202011web.pdf>. (accessed May 2012).
- 13 Ready, S.P. *et al.*, *Umthente Uhlaba Usamila – The South Africa Youth Risk Behaviour Survey. 2008*. South African Medical Research Council, Cape Town, 2010.
- 14 *Ibid.*
- 15 Statistics South Africa, Mid-Year Population Estimates 2011. p 5.
- 16 Statistics South Africa, Mid-Year Population Estimates 2011. p 5.
- 17 *Ibid.*, p 25.
- 18 Ready, S.P. *et al.*, *Umthente Uhlaba Usamila – The South Africa Youth Risk Behaviour Survey. 2008*. South African Medical Research Council, Cape Town, 2010.
- 19 Macleod, C.I. *et al.*, *Strategy framework. Sexual and reproductive health amongst adolescents: comprehensive preventive and promotion strategies*. Rhodes University Department of Health, Pretoria, 2010.
- 20 Sexual Offences and Related Matters Amendment Act, 2007.
- 21 One In Nine Campaign. *About Us*. <http://www.oneinnine.org.za/22.page> (accessed July 2012)
- 22 South African Medical Research Council. Index of Crime. Cape Town, 2012 www.mrc.ac.za/crime/Chapter14.pdf (accessed July 2012)



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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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