

ACTION AID INTERNATIONAL KENYA

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**BASELINE SURVEY REPORT
FOR YOUNG URBAN WOMEN:
LIFE CHOICES AND
LIVELIHOODS PROJECT**

REPORT
JANUARY 2018

ACKNOWLEDGEMENTS

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GLOSSARY

Bodily integrity

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. In the context of sexual and reproductive health, bodily integrity encompasses freedom from violence, and access to affordable, youth-friendly and quality sexual and reproductive health programmes and services. It also encompasses control over decisions relating to one's body (including fully informed consent to medical procedures), health care and services, contraceptive and family planning choice, knowledge about sexuality, and the ability to make decisions over when, where, and with whom to engage in sexual activities. Securing bodily integrity requires being treated with dignity and with the capacity for autonomous decision-making.

Sexual and reproductive health and rights

According to UNFPA, "Good sexual and reproductive health is a state of complete physical, mental, and social well-being in all matters relating to the reproductive system."

The ICPD Cairo Declaration (2004) further elaborates that "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.

Unpaid care work

In her report on Unpaid Care Work, the UN Special Rapporteur on Extreme Poverty and Human Rights defined unpaid care work as "domestic work (meal preparation, cleaning, washing clothes, water and fuel collection) and direct care of persons (including children, older persons, and persons with disabilities, as well as able-bodied adults) carried out in homes and communities."

Decent work

According to the ILO, "Decent work sums up the aspirations of people in their working lives. It involves opportunities for work that is productive and delivers a fair income, security in the workplace and social protection for families, better prospects for personal development and social integration, freedom for people to express their concerns, organize and participate in the decisions that affect their lives, and equality of opportunity and treatment for all women and men."

Economic security

Economic security encompasses sufficient and reliable income, control over use of resources or assets and income, freedom from violence, decent working conditions (including the ability to take breaks and access to sanitary facilities or toilets). It also encompasses freedom to participate in collective action (including unions), ability to lodge complaints, rights at work, social protection (such as basic income and child support grants, pension, and health care), etc.

ACRONYMS AND ABBREVIATIONS

AAIK	ActionAid International Kenya
AGPO	Access to Government Procurement Opportunities
AIDS	Acquired Immunodeficiency Syndrome
AYT	Africa Youth Trust
CBD	Central Business District
CBK	Central Bank of Kenya
CBO	Community based organisation
CEC	County Executive Committee
CGPH	Coast General Provincial Hospital
CHEC	Coast Hostess Empowering Community
CRB	Credit Reference Bureau
DOCS	Deputy Officer In-charge of Station
FGD	Focus Group Discussion
GBV	Gender Based Violence
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
HRBA	Human Rights Based Approach
ICPD	International Conference on Population and Development
ICRH	International Centre for Reproductive Health
ILO	International Labour Organisation
IOM	International Organisation for Migration
MSF	Médecins Sans Frontières
NGO	Non-governmental organisation
NHIF	National Hospital Insurance Fund
PLWD	People living with disability
PLWHIVA	People living with HIV and AIDS
SPSS	Statistical Package for Social Scientist
SRHS	Sexual and reproductive health services
STIs	Sexually transmitted infections
TB	Tuberculosis
UN	United Nations
UNFPA	United Nations Population Fund
USD	US Dollar
VCT	Voluntary counselling and testing
VIP	Ventilated improved pit latrine
WEF	Women Enterprise Fund
WOFAK	Women Fighting Aids Kenya

EXECUTIVE SUMMARY

According to Kenya Integrated Household Budget Survey (KIHBS) report 015/16, 34% of the Kenyan population is aged between 15 and 34 years and over three quarters of the population is youthful (between 0 and 34 years). The young people make up a considerable proportion of urban populations due to the high volume of young adults who migrate from rural to urban areas to look for employment. Many of these young people live in the numerous informal settlements characterised by high levels of unemployment, crime, poor sanitation, substance abuse, poor schooling facilities, and lack of recreational facilities.

Young women living in informal settlements are at greater risk of HIV infection, risky sexual behaviour, early childbearing, and other adverse sexual and reproductive health outcomes than those in formal settlements. These challenges are further compounded by the inadequate access to information about contraceptives, therefore reducing their ability to have control over their sexual and reproductive lives.

The major debate in Kenya today is the rate of unemployment among the youth. While this problem cuts across both genders, young women are affected more by this phenomenon as it increases their vulnerability. Unemployment rates for male youths have been fairly constant at 16.8% while that for female youths has been rising slightly from 17.1% in 2010 to 17.3% in 2013. Furthermore, unemployment rates among the girls is higher than among the boys and the gap has increased marginally from 0.3 percentage points (17.1% - 16.8%) in 2010 to 0.5% percentage points (17.3% - 16.8%) in 2013 (Institute of Economic Affairs, 2016). Unemployment causes economic insecurity which mostly affects young women. There is a great correlation between economic security and bodily integrity because poverty heightens young women's risk-taking behaviour such as engaging in unprotected sex. In the absence of economic security and bodily integrity, young women will be vulnerable to abuse and exploitation.

Sustainable Development Goal #5, target 5.4, aims at recognising and valuing unpaid care and domestic work through the provision of public services, infrastructure, and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate. The indicator 5.4.1 focuses on the proportion of time spent on unpaid domestic and care work, by gender, age, and location. Unpaid care work includes cooking, cleaning, collecting water and firewood, and caring for the ill, the elderly, and children when these activities are done by family members for no pay. Unpaid care work also includes voluntary

community work. The study established that, due to gender defined roles in the society, almost all of these unpaid tasks are done by women.

ActionAid will be implementing The Young Urban Women programme, a two-year programme aimed at contributing towards improved policies that advance and protect young women's rights to economic security and bodily integrity in Kenya. The programme will also contribute to an already growing movement at the global level to strengthen young women-led advocacy for policies that advance and protect young women's rights to economic security and bodily integrity.

ActionAid Kenya commissioned a baseline survey to understand the needs of the participating young women as they relate to economic security, sexual and reproductive health services, unpaid care work, and bodily integrity.

This study defined young women as those within the age bracket of 15 - 29 years.

The study adopted a methodology that is participatory. A total of 323 respondents were interviewed during the study, 188 of them through a street survey, 125 through focus group discussions (FGD), and 10 key informants. Two techniques were applied to sample the respondents of the street survey - random sampling where the respondents were selected randomly following an nth factor, and purposive sampling targeting young women specifically. For the participants of the FGD, purposive sampling was used targeting young women living in urban areas.

FINDINGS:

Economic security

While the community in the study area defines decent work as occupation that commands respect, free from harm, and that pays well, this study adopts the ILO definition: "Decent work sums up the aspirations of people in their working lives. It involves opportunities for work that is productive and delivers a fair income, security in the workplace and social protection for families, better prospects for personal development and social integration, freedom for people to express their concerns, organize and participate in the decisions that affect their lives and equality of opportunity and treatment for all women and men." Low education, poverty, ignorance of the law, and unemployment were considered as the major obstacles that hinder women from accessing decent work.

The majority of young women in the 6 project areas do not have secure income. Only 25.4% indicated to

EXECUTIVE SUMMARY

be doing paid work, 52.5% were actively looking for employment, 14.4% were not working and were not looking for employment, and 7.7% were studying. The study established that there was a great correlation between the level of education and employment opportunities as 63% of the young women who only had secondary education were unemployed while 41% of those who had completed or were still in college/university were employed. This was also supported by the FGD discussants who stated that low education levels among young women was an obstacle for them getting decent work.

The findings of the baseline survey established that there was a correlation between sexual harassment and unemployment and therefore level of education. The FGD discussants pointed out how they are disadvantaged because of their gender compared to their male counterparts who easily get jobs and economic opportunities. The discussants stated that some employers take advantage of young women with low levels of education, and force them to give in to sexual demands to “buy” employment. This makes them more vulnerable as they are required to continue giving sexual favours to keep the job.

The majority of young women are members of women, community, and religious groups. 9% of women in Mombasa and 2% in Nairobi were members of workers’ unions. 42% of the respondents held some form of leadership positions in their specific groups.

The majority of the young women in the project areas are living below the poverty line of USD 2 per day. 44% of the young women interviewed had a monthly income of between Kshs 5,001-10,000 (USD 50 -100) while 21% were in the bracket of Kshs 10,001 to 20,000 (USD 100 - 200). 79% of the respondents stated that they decide on how to use their income without consulting anyone while another 13% consulted their partner.

Sixty per cent (60%) of young urban women interviewed had either no bank account with formal banks or they had but it was dormant. They gave varying reasons for this such as not earning enough to live on and to save. Most of the young women who were saving part of their income were mainly using informal organisations such as women groups and table banking.

The respondents were asked to rate the various obstacles that hinder women from realising economic security and having access to finances and loans. Government rules, processes, and attitudes towards business were rated by the respondents as the highest among all the obstacles hindering women’s economic security. The cost of obtaining a business permit and corruption among government

employees were the key issues mentioned under this category. Limited access to land/space was rated as the second major obstacle, followed by lack of education. Low access to finance was rated as fourth while lack of good transportation services and water supply were rated fifth and sixth respectively. Lack of or problems with electricity was rated low, standing in position seven.

Unpaid care work

This baseline study analysed the major household chores that most women do and the amount of time allocated to each activity. Cooking and washing was done by 94% and 93% of women respectively. Analysis from the FGD discussion showed that the majority of the young women did not have cooking appliances such as gas cookers and mainly use paraffin and charcoal for cooking. This was corroborated by 71% of the respondents who stated they spend time buying paraffin. While cooking with paraffin and charcoal are both harmful to health, charcoal requires more time to lit (approximately 30 minutes) therefore consuming more of the young women’s disposable time.

The young women indicated that apart from doing the household unpaid work, they must supplement the little income available in the household by doing casual jobs such as laundry and washing dishes. With their acute time poverty, women have little time for these other economic activities, therefore *perpetuating their paucity state*.

Sexual and reproductive health services

Various factors affect the utilisation of sexual and reproductive health services (SRHS) among the young urban women. One is the location and accessibility of health care facilities. This survey indicated that 75% of young women in Nairobi and 54% in Mombasa were living less than 3 km from the facilities that offer SRHS. Significant percentages (44% and 12% in Mombasa and Nairobi respectively) lived 4 to 6 km away from the public health centres that offered SRHS. The long distance acted as an obstacle for women to accessing the SRHS.

Women narrated how they had to pay as much as USD 1 one-way for motorbike transport to the health centres. With the majority living below the poverty line (less than USD 2 a day), this makes the services inaccessible to many young urban women.

Only 20% and 15% of the respondents in Nairobi and Mombasa respectively had easy access to information on sexually transmitted diseases. Access to treatment was even lower, standing at only 6% in Nairobi and 4% in Mombasa.

Some of the challenges in accessing SRHS were:

- lack of medication in government facilities,
- poor attitude, and
- lack of confidentiality from medical practitioners.

Lack of youth-friendly services was also mentioned as a key hindrance to young urban women accessing SRHS.

The respondents indicated that 67% of young urban women in Nairobi and 54% in Mombasa made decisions on SRHS themselves without consulting anyone. 25% of the respondents in Mombasa and 6% in Nairobi made decisions in consultation with their partners. 17% of the respondents in Nairobi and 12% in Mombasa consulted their parents.

During the FGD with young women, the discussants stated expressly that women do have power to make decisions on sexuality. Heterosexual orientation was the common practice in the study areas. However, there are lesbians and gays in these areas though they remained secretive for fear of retribution from the community as this is considered a taboo. This study established that some organisations such as the International Centre for Reproductive Health (ICRH) in Mombasa and the health department of the Nairobi County Government are working with gays and lesbians.

Notably, all the participants knew they had rights over their bodies to decide when to have sex and when not to. However, they unanimously stated that they did not have control over their bodies. This was mainly because of lack of economic freedom as most young women depended on their male partners for basic needs. The young women stated that most of them depend on men for economic wellbeing and in return, they must show appreciation by giving sexual favours even when they are not interested in sex. Also, cultural and social norms expected women to perform sex in order to maintain social cohesion within the household.

Gender responsive public services

57% of the respondents in Nairobi and 12% in Mombasa had piped water in their dwellings. 20% of the women respondents in Mombasa had piped water within their plots. 40% of young women in Nairobi and 26% in Mombasa used public taps for drinking water. From the gender differentiated roles in Figure 1 (Unpaid care work), fetching water was mainly a role performed by women. Therefore, the location of the water source is essential in determining the

disposable time available for women to do other work including reproductive and production duties. This study established that young women spend on average 30 minutes a day fetching water.

23% of respondents in Mukuru and Ouru Owino indicated they have toilet facilities within their households, which was above the national average of 20% in the informal settlements. The coverage in Majengo, Mworoto, Bangladesh, and Ziwa la Ng'ombe was 12%, 15%, 12% and 16% respectively.

When the respondents were asked whether the toilet facilities were safe, 35% of the respondents in Nairobi were positive while 65% felt that they were not safe using the facilities. In Mombasa, 55% felt safe using the toilets while 45% were of the contrary opinion.

The study clearly indicates that the majority of young urban women lack access to gender responsive public services in the study areas.

Gender responsive workplace environment

22% of the people working in regular employment had access to clean and secure toilet facilities while 18% stated they have access to regular lunch and tea breaks at their places of work. Only 10% of the respondents had access to at least one and a half days off per week while 4% enjoyed annual leave. 7% of the respondents in regular jobs had access to paid sick leave of one day for every 26 days worked. Notably, the percentage of young urban women in the study area working in regular employment was significantly low (15% in Nairobi and 13% in Mombasa).

The discussants indicated that there were day care centres within the project areas although they were mainly situated in people's homes. Average daily rate for taking care of a child was recorded as Kshs 50 (USD 0.5). This did not include the cost of food and mothers were expected to bring food for their children to be fed during the day.

62% of the respondents who were working felt that their physical working conditions are satisfactory while the same percentage felt that the workload was reasonable. 61% of the respondents were satisfied with the time allocated for breaks, while 55% felt the time was satisfactory. Only 6% of the respondents working felt they were being paid below the minimum wage while another 13% had issues with delayed payment of their wages. A significant 16% felt that they were paid less than the agreed amount.

1

INTRODUCTION

1.1 Background

The Young Urban Women programme is multi-country; the first phase was implemented in seven poor urban and peri-urban areas across India, South Africa, and Ghana. The next phase will now be implemented in poor urban and peri-urban areas across Kenya specifically in Nairobi and Mombasa. These countries were carefully selected - among the 45 that are part of the ActionAid Federation - because of their large young urban populations, their influence within regional and international forums, and the geographic spread across two continents which continue to witness high levels of poverty and inequality. ActionAid also considered the significant political space available within these emerging democracies to raise the visibility of young women's rights to decent work and sexual and reproductive health services.

Project Objective:

To contribute towards achieving improved policies that advance and protect young women's rights to economic security and bodily integrity in Kenya. The project also aims to contribute to an already growing movement at the global level to strengthen young women-led advocacy for policies that advance and protect young women's rights to economic security and bodily integrity.

Expected outcomes:

- | | |
|--------------|--|
| Outcome 1.1: | Strengthened coalition of 4,000 young urban women in Nairobi and Mombasa to advocate for improved policies to promote young women's economic security and bodily integrity. |
| Outcome 1.2: | Coalition of Young Urban Women successfully influences policymakers to create policies that support the needs and rights of young women. |
| Outcome 1.3: | Improved capacity among policymakers results in Gender Responsive Public Services (GRPS) in at least one public service in each city. |
| Outcome 2.1: | Strengthened capacity of the Young Urban Women coalition to advocate for implementation of the New Urban Agenda by improving policies on GRPS at national and global levels. |

1.2 THE PURPOSE OF THE BASELINE

The overall purpose of the exercise was to conduct an in-depth baseline survey at the onset of the project to identify the needs of participating young women as they relate to economic security (including unpaid care) and bodily integrity.

Specifically, the aim was to understand issues related to:

- Young women's economic situation: young women's access to financing, markets, value chains;
- Social entrepreneurship; employment/income situation, awareness regarding rights at the workplace;
- Bodily integrity such as reduction of gender-based violence;
- How the implementation and/or lack of relevant government policies affects the economic security and bodily integrity of young urban women; and
- Decent work.

2

BASELINE METHODOLOGY

BASELINE METHODOLOGY

The team adopted a methodology that is participatory and consultative throughout the exercise, drawing upon views and perspectives of a number of key players in response. In principle, openness, transparency, and analysis were part of the overall process. The evaluation tools included a street survey, key informant interviews (KIIs), focus group discussions (FGDs), institutional survey, and review of the key project and relevant policy documents.

In all the interviews, the team upheld the following values;

- Gender consideration
- Proportional representation based on project spread in target area
- Logistical feasibility

A total of 323 respondents were interviewed during the study, 188 of them through street surveys, 125 through focus group discussions and 10 key informants. Two techniques were applied to sample the respondents of the street survey - random sampling where the respondents were selected randomly following the nth factor and purposive sampling targeting young women specifically. For the participants of the FGD, purposive sampling was used targeting young women living in the urban areas. To enable generalisation of findings and ensure reliability of survey results, a scientific approach was employed both to determine the sample size and in the sampling technique. Since the target population is less than 10,000, we used Modified Fisher Model (2005) formula for sampling.

The sample size was determined by the use of the following equation:

Equation 1:
$$n = \frac{z^2 \times p \times q}{e^2}$$

Where:

- n** = refers to the desired sample size when the entire survey population is greater than 10,000.
- z** = the standard normal deviate, usually set at 1.96, which corresponds to the 95% confidence level.
- p** = Proportion of target population estimated to have a particular characteristic.
- q** = 1- p
- e** = degree of accuracy desired in this context set at 0.05.

$$n = \frac{z^2 \times p \times q}{e^2} = \frac{(1.96)^2 (0.5) (0.5)}{(0.05)^2} = 384$$

For populations of less than 10,000, Modified Fisher's Model (2005), where the above sample size is adjusted using equation 2 below:

Equation 2:
$$nf = \frac{n}{1 + \frac{n-1}{N}}$$

Where:

- nf** = the sample size,
- n** = the sample size in equation 1 above; and
- N** = is the population size

Given that the survey targeted 4,000 young women (population size N=4,000), the corrected sample size was obtained as illustrated mathematically below:

Equation 3:
$$nf = \frac{n}{1 + \frac{n-1}{N}} = \frac{383}{1 + \frac{384-1}{4000}} = 350$$

BASELINE METHODOLOGY

2.1 THE BASELINE HAD FOUR STEPS

1.1.1 Step 1: Inception

At this phase, preliminary consultations were conducted with AAIK staff and other stakeholders. The purpose of the inception phase was to discuss the proposed protocol, proposed methodology for undertaking the study, including data collection tools, work schedules as well as proposed support (to the research team). Following these initial consultation meetings, the consultants submitted the proposed methodology as informed by the inception meeting, data collection tools, processes and analytical tools as well as a comprehensive list of key stakeholders and informants to be met during the course of the baseline survey.

1.1.2 Step 2: Desk study

Key project documents reviewed as part of the evaluation were: Young Urban Women project document, Young Urban Women position paper, ActionAid's Human Rights Based Approach (HRBA), and Strategy documents for AAIK, the Kenyan Constitution, and the Kenya National Bureau of Statistics (2017). Other documents reviewed were the Economic Survey Report, Kenya Environmental Sanitation and Hygiene Policy 2016-2030, Sustainable Development Goals, County Integrated Development Plans of Nairobi and Mombasa, and other documents that are used in connection with the strategic focus areas of ActionAid.

1.1.3 Step 3: Field work

The sampling unit was the individual respondent on the street. Given the heterogeneous nature of the project areas, it was necessary to ensure that all the elements were given an equal chance to be selected and represented in the baseline.

The consultants used two methods of sampling, that is, systematic random sampling and purposive sampling. Probability Proportionate to Size (PPS) method was also used to select respondents from the 6 project areas. In each project area (informal settlement), a scientifically representative sample of street surveys was drawn using systematic random sampling. This sampling methodology was used in order to have a statistically acceptable and defensible distribution of respondents as a representation of the entire focus population within the project areas.

1.1.3.1 Street survey data

Quantitative data was used to answer some of the evaluation questions. Primary data collection was conducted through a *street survey*. Broadly, the quantitative survey objective was to understand the status of young urban women in regards to bodily integrity, safe and decent work and livelihoods, economic security, sexual and reproductive health, and unpaid care work. The individual respondent on the street was the basic unit of analysis. The sampling criterion used three approaches: random selection of person on street; targeting person in safe premises; and person belonging to a group targeted by project (in this case young urban women) to allow the results to be generalised at programme level.

A closed-ended, pre-coded questionnaire was used. Within each project area, a sample size was allocated using a probability sampling technique. The main advantage of this method however, is that every element had an equal and known chance of being included in the final sample. The street survey helped in analysing the project objectives and drawing the baseline status. In total, 188 respondents were interviewed.

1.1.3.2 Focus group discussions

Focus group discussions (FGDs) were used to obtain views of groups of stakeholders. In all the target areas visited, 6 FGDs were conducted with a *minimum* of 12 participants. The participants were purposively selected to get the views of young urban women in the target

areas. A total of 95 discussants participated in the FGDs from the 6 project areas

1.1.3.3 Trust mapping

The trust mapping exercise was used to identify the institutions, groups, and individuals working in the community. This tool was used to list the stakeholders and analyse the status of their engagement with a study group. The tool was applied with an aim of identifying the stakeholders with a role in bodily integrity, safe and decent work and livelihoods, economic security, sexual and reproductive health, and unpaid care work. The tool was used to gauge how much women currently trust these institutions, groups, and individuals and how far they have linkages to these institutions and people; and monitor how relationships change over time.

1.1.3.4 Key informant interviews

Detailed interviews using semi-structured checklists were conducted with key informants. The key informants included the following:

- Director of Gender and Sport, Mombasa County
- CEC member in-charge of gender and sports, Mombasa County
- Coordinator, Programmes, Nyali Constituency
- Africa Youth Trust Project Officer
- Youth Fund Officer
- Deputy Officer In-charge of Station (DOCS) Mukuru
- Nairobi County Government Health Services Officer

1.1.3.5 Step 4: Data analysis

Quantitative data was analysed using the Statistical Package for Social Sciences (SPSS). Data was presented using graphs, pie charts, tables, case summaries, and cross tabulations.

Qualitative data was analysed using the Atlas-ti programme that involved coding into various categories in line with the focus areas of the Young Urban Women project.



Figure 1: FGD with YUW in Majengo, Nairobi

3

THE FINDINGS

3.1 RELEVANT DEMOGRAPHIC DATA OF THE SAMPLE

3.2.1 Sample distribution

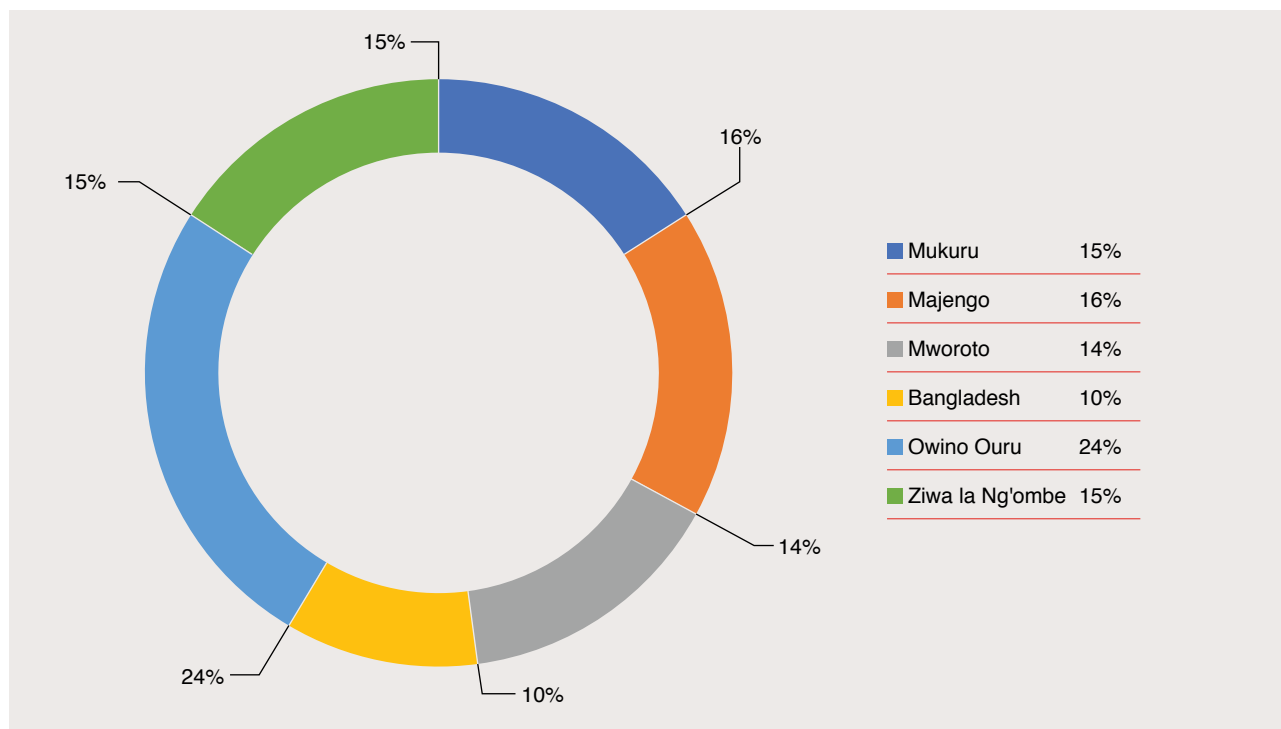


Figure 2: Sample distribution

The sample of 188 respondents was drawn from the six settlements that are the project focus areas, namely, Bangladesh, Mworoto, Owino Ouru, and Ziwa la Ng'ombe in Mombasa; and Mukuru, and Majengo in Nairobi as indicated in the figure above.

3.2.2 Age distribution

Table 1: Age distribution among the sample

Area	Age		
	15-18 years	19-25 years	Over 25 years
Mukuru	40%	18%	20%
Majengo	32%	17%	9%
Mworoto	8%	14%	14%
Bangladesh	0%	8%	18%
Owino Ouru	12%	24%	30%
Ziwa la Ng'ombe	8%	19%	9%

Table 1 presents the profile of the respondents in terms of their age distribution. In Nairobi, the majority of young women are between ages 15 - 25 while in Mombasa the majority are 19 to over 25 years.

THE FINDINGS

3.2.3 Number of people living under one roof

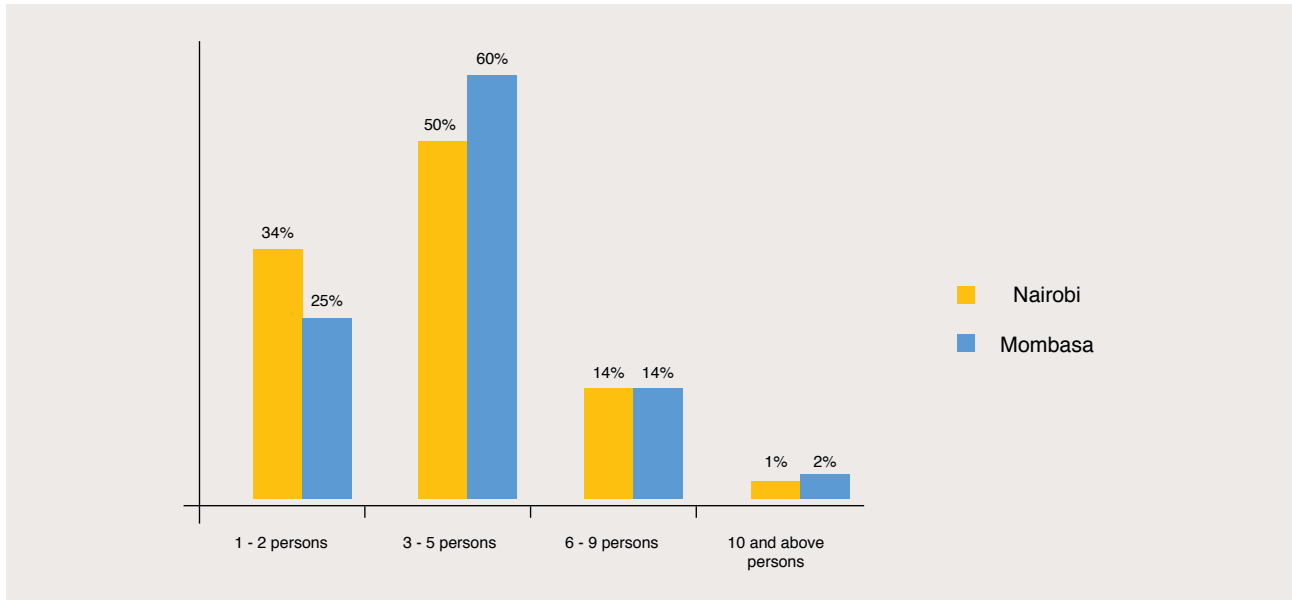


Figure 3: Number of people living in one house

The quantitative data was collected through a street survey and an individual respondent on the street was the basic unit of analysis. This survey analysed the number of persons living under one roof or sharing a living room. This was an interesting parameter to analyse as it is related to bodily integrity. The study established that 60% and 50% of the respondents in Mombasa and Nairobi respectively had 3 to 5 people sharing a living room. The survey established that 34% and 25% of the respondents in Nairobi and Mombasa shared a living room between 1 to 2 persons. Notably, 14% of respondents in both Nairobi and Mombasa were sharing a house among 6 to 9 persons. From the observation checklist, all the 6 study areas, (Mukuru, Majengo, Owino Ouru, Bangladesh, Ziwa la Ng’ombe, and Mworoto) were characterised by small houses, mostly single rooms, with a toilet and bathroom located outside the rooms.

3.2.4 Education level

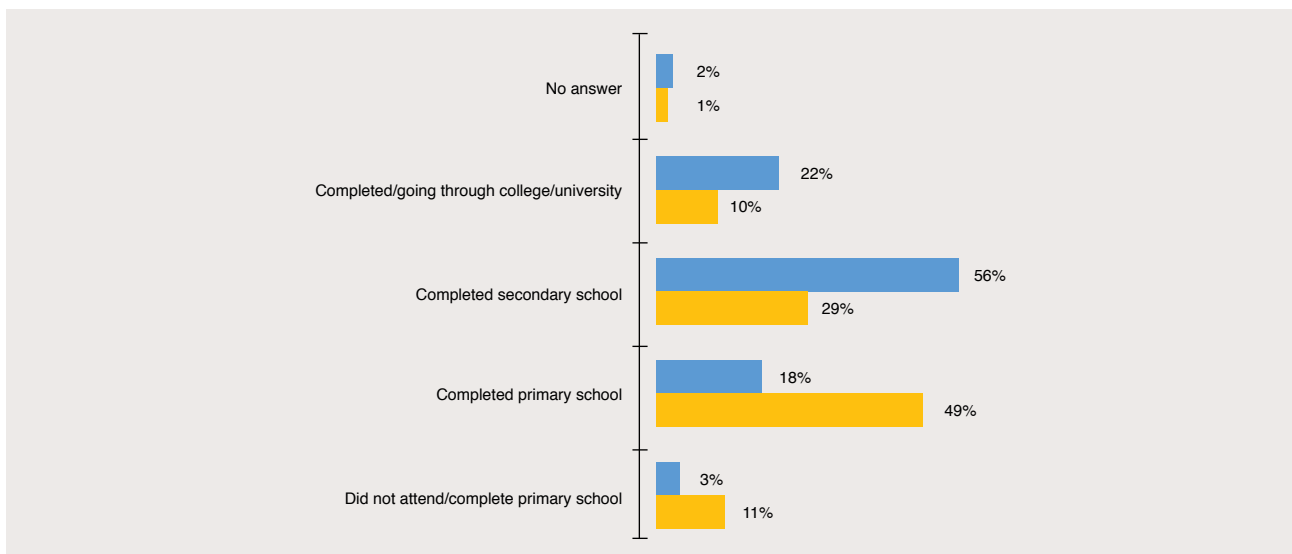


Figure 4: Education level

Figure 4 presents the level of education among the young women in the study area. The majority of the respondents in Nairobi had only basic education as compared to Mombasa where 56% had completed secondary school. In January 2003, the Kenya Government implemented the free primary education programme with the aim of providing more opportunities to disadvantaged school age children. The programme resulted in a significant increase in enrolment and retention in the majority of schools. Before this initiative, school dropout was high and enrolment was low mainly because of lack of school fees exacerbated by high poverty levels, especially in the informal settlements. This baseline survey targeted women in the 15 - 35 age bracket, meaning the majority did not benefit from the free primary school initiative. Significantly, a small percentage (22%) has completed or is going through higher institution of learning in Mombasa as compared to 10% in Nairobi.

3.2.5 Marital status

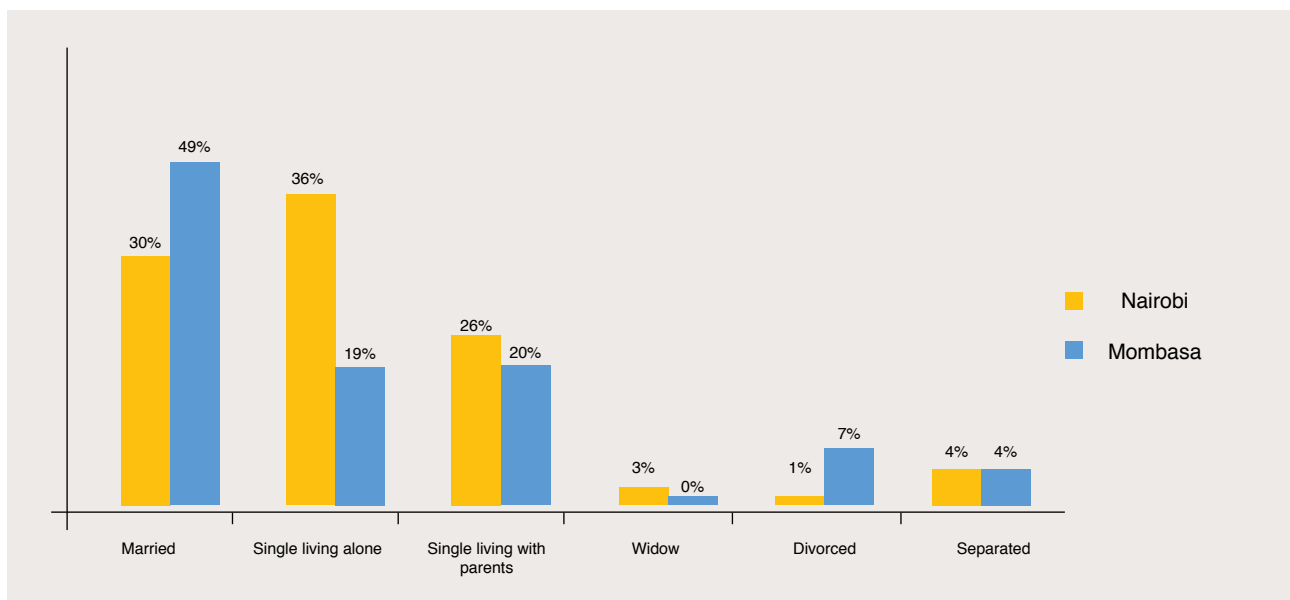


Figure 5: Marital status

Analysis of the marital status of young women in the study area indicated that 49% of the respondents in Mombasa and 30% in Nairobi were married. 36% and another 19% of young women in Nairobi and Mombasa respectively were single and living alone. During the FGD with young women, the discussants stated that they desired to get married as this is expected of them by the society.

“Tungetaka kuolewa lakini wanaume wa kutuo wa wako wapi na wengi wamepotelea kwa pombe na hawapendi majukumu.”

“We would love to get married but where are the men to marry us as most of them are lost in illicit brew and they don’t like responsibilities,” stated Mariam, a young woman from Mworoto.

The statement from Mariam above gives alcoholism among young men as one of the factors leading to separation and divorce. In the survey, 7% of respondents in Mombasa stated they were divorced and 4% separated. Notably, this rate is higher in Mombasa as compared to Nairobi.

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3.2.6 Religion

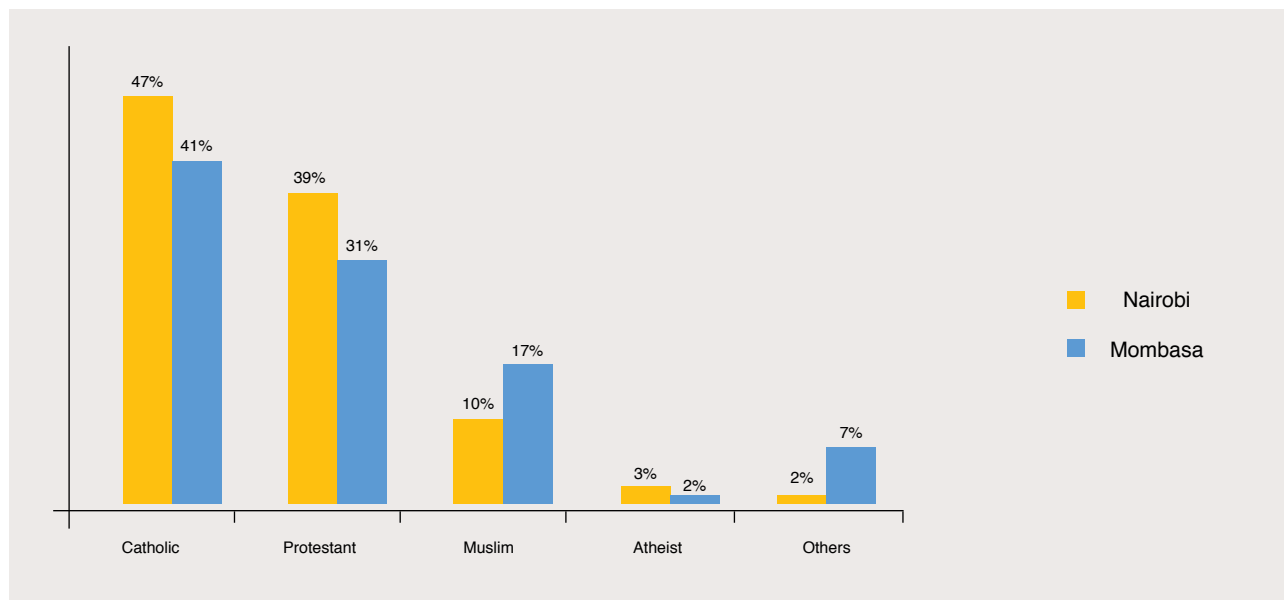


Figure 6: Religion

Christianity is the predominant religion in the study area with 47% and 41% of the respondents in Mombasa and Nairobi respectively being Catholics. 39% of the respondents in Mombasa and 31% in Nairobi were Protestants. 17% of the young women interviewed in Nairobi and 10% in Mombasa were Muslim.

3.2 ECONOMIC SECURITY AND LIVELIHOOD

Economic security encompasses sufficient and reliable income, control over the use of resources/assets and income, freedom from violence, decent working conditions (including the ability to take breaks and access to sanitary facilities/toilets). It also encompasses freedom to participate in collective action (including unions), ability to lodge complaints, rights at work, social protection (such as basic income and child support grants, pension, and health care), etc.

3.2.1 Main livelihood activity

The participants were made to understand the definitions of casual and regular employment. Under this study, a “casual” is an employee engaged on a daily basis i.e. he is engaged for one day at a time and he is paid at the end of the day. A regular employee is one who has been engaged to serve by a contract of employment - whether oral or written, and whether expressed or implied - for a certain period of time.

Table 2: Main livelihood activity during the last 12 months

Main livelihood activity during the last 12 months	Location of Interview	
	Nairobi	Mombasa
Working for pay as a “regular” employee	15%	12.9%
Working for pay as “casual” employee	13%	11.1%
Own account worker/self-employed	6.7%	10.5%
Helping without pay in household business	3.3%	1.2%
Apprentice/Internship	0%	0.6%
Not employed, looking for work	33.3%	45.6%
Not employed but not looking for work at this time	6.7%	4.1%
Student	21.7%	11.7%
Earning income from investments	0%	2.3%

Fifteen (15%) of respondents in Nairobi and 13% in Mombasa respectively were working for pay as regular employees. 13% of young women in Nairobi and 11% in Mombasa respectively worked as casual labourers. Unemployment was high in Mombasa with 52% of young women indicating they were not in employment and were actively looking for employment. 2.3% of the respondents in Mombasa were earning from investments, mainly rental income from small temporary structures. 11% of the respondents in Mombasa and 7% in Nairobi respectively were self-employed. For the young women who indicated to be self-employed, they were mainly running businesses such as grocery shops, hair dressing salons, and small food courts. Noor, a young woman from Ziwa la Ng’ombe, narrated how she started her small hotel business.

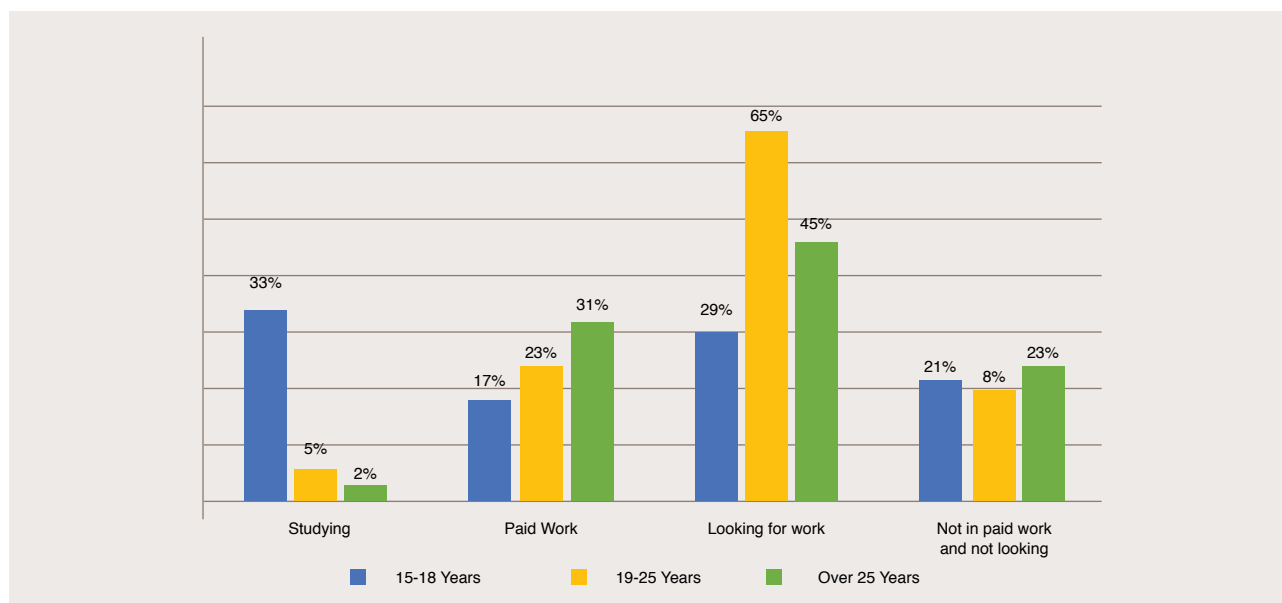
“Nilikuwa nimeajiriwa kufua nguo na tajiri mmoja huko Nyali, na alikuwa ananifanya nimuoshee hata nguo za ndani. Siku moja aliniletea nguo zake za ndani zikiwa na hethi ndio niliamua kuacha hiyo kazi na nikatamia zile pesa nilikuwa nimehifadhi kufungua biashara ya kupika chapati. Sasa niko na hoteli ndogo.

I was employed by a rich woman in Nyali to wash her clothes. She used to make me wash her inner wear. One day she gave me her inner clothes which had menstrual bloodstains to wash and that is when I decided to stop working for her. I used my small savings to start a chapatti cooking business and now I have a small restaurant,” narrated Nuru.

Disaggregating the livelihood activities by age indicated that 65% of young women of the age 19 to 25 years were unemployed, surpassing the national rate of unemployment, which is 39.1%. The 2017 Human Development Index (HDI) report shows that 39.1 per cent of the Kenyan population of working age is unemployed (The East African, 2017).

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Figure 7: Livelihood activities by age



This study analysed a correlation between the level of education and economic security as indicated in the Table below.

Occupation	Did not attend/ complete primary school	Completed primary school	Completed secondary school	Completed/ going through college/ university
Studying	9.1%	7.5%	7.4%	9.4%
Paid work	18.2%	22.6%	22.2%	40.6%
Looking for work	72.7%	43.4%	63.0%	34.4%
Not in paid work and not looking	.0%	26.4%	7.4%	15.6%

Notably, 63% of the young women who only had secondary education were unemployed while 41% of those who had completed or were still in college/university were employed. 73% of the respondents who did not complete basic education were looking for work while 18% were doing paid work. Further interrogation during the FGD indicated that, the majority of young women who had not completed secondary education who indicated they were in paid work were employed as house helps. In this report, house helps narrated the dehumanising experiences they undergo in their line of work.

3.2.2 Correlation between unemployment and sexual harassment

This study posed a question during the FGD whether there was a time in the past when the young women opted out of employment or turned down a job offer for any reason. Most narrated how they either lost their jobs or turned down offers because of sexual harassment. Lulu, a young woman in Bangladesh, narrated how she was working in a popular supermarket as a sales girl. One day her supervisor indicated to her that he wanted to promote her to a more senior and lucrative position. "One day he told me we meet in a hotel to discuss the opportunity. I had a lot of hope in him and therefore I obliged," narrated Lulu. When they met, the supervisor asked Lulu to have sex with him to get the promotion. "Nikune nikukune - Scratch my back I scratch yours," stated the supervisor. When Lulu declined his advances, she was fired from her job, and she is currently actively looking for employment.

The FGD discussants pointed out that they are disadvantaged because of their gender, compared to

their male counterparts who get jobs and economic opportunities easily. Employers take advantage of the desperate situation of young women and force them to give in to sexual demands. This makes young women vulnerable to sexual exploitation as they are forced to continue giving sexual favours to keep the job.

These experiences cause fear of sexual violence among young urban women thereby restricting their freedom and work opportunities. This in turn affects their economic well-being, resulting in the denial of their fundamental rights of association and movement. This leads to more unemployment among young women, thus denying them equal opportunities to live dignified lives.

3.2.3 Decent work

While the community in the study area defined decent work as occupation that commands respect, free from harm and that pays well, this study adopts the ILO definition. According to the ILO, “Decent work sums up the aspirations of people in their working lives. It involves opportunities for work that is productive and delivers a fair income, security in the workplace and social protection for families, better prospects for personal development and social integration, freedom for people to express their concerns, organize and participate in the decisions that affect their lives and equality of opportunity and treatment for all women and men.”¹

The Decent Work Agenda of the ILO consists of four strategic pillars across which gender is a crosscutting theme:

- i. Promoting full and productive employment
- ii. Guaranteeing rights at work
- iii. Extending social protection
- iv. Promoting social dialogue

FGD with young urban women in Nairobi and Mombasa indicated various economic activities they engage in as shown in the Table below:

Table 3: Economic activities of young women

Mworoto - Mombasa		Majengo - Nairobi	
Source	Percentage	Source	Percentage
Sex work	28%	Sex work	21%
Office employment	5%	Casual labour	13%
Selling of fresh water	1%	Selling illicit brew	5%
Selling of illicit brew	15%	Selling coffee	2%
Video and movie shops	2%	Bar maid	25%
Selling of groceries	2%	Baby care	1%
Baby sitting	2%	Hawking	11%
Selling charcoal	5%	Hair dressing	8%
Casual labour	21%	House maid	1%
Laundry work, <i>mama fua</i>	2%	Office employment (white-collar job)	10%
Vibanda, selling food	5%	Gambling	2%

1 <http://www.ilo.org/global/topics/decent-work/lang--en/index.htm>
<http://www.ilo.org/global/topics/decentwork/lang--en/index.htm>

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Mworoto - Mombasa		Majengo - Nairobi
Selling khat	5%	
Making detergents	3%	
Shoe making	1%	
Tailoring	2%	

From the list, the participants indicated the jobs the society considered “not decent” and the reasons.

1. Sex work

It has a lot of stigma and sometimes when you buy something new, people say, “*Na siku hizi analipwa poa*. These days she is paid well.” When someone comes in the morning, people start saying, “*Leo amefanyishwa kazi mob, inaonekana ameenda na watu kadhaa* - Today she seems to have overworked and served many customers.”

2. Barmaids

During the FGD, the discussants were categorical on the types of barmaids they were referring to as not decent. They indicated that young women who work in bars located in rich neighbourhoods are rated highly by the community because there they are well paid and get good tips from the rich customers. However, work in bars located in the informal settlements is not regarded as “decent.” There is an unwritten code that barmaids in informal settlements are required to dress in a manner that attracts male customers. The barmaids experience frequent sexual harassment from male patrons and when they report this to their employers, they are told it is part of their job description. Their employers, who are mostly men, use the barmaids as a bait to get customers. They are also forced to close the businesses very late, sometimes past midnight, which poses security risks as they commute back to their residences.

The barmaids are protected by the Employment Act 2007, which prohibits sexual harassment at the workplace and binds an employer to create a policy prohibiting sexual harassment at the workplace.

3. Gambling

This is a male dominated activity and when a woman goes to gamble they ask her, “*Yaani we mwanamke umeacha watoto na nani unakuja ku gamble?* - Whom have you left your children with to come here to gamble?”

4. Selling of illicit brew (chang’aa)

The job is associated with sex work. Women in this occupation experiences sexual harassment from male patrons who touch them without their consent.

5. Washing people’s clothes

Washing people’s clothes was considered a lowly job because the rich ask the poor to perform the work. The rich have no respect for the young women who do the work and often molest them. One young woman narrated how she used to wash clothes in the rich neighbourhood of Nyal Estate in Mombasa. One day her employer gave her inner wear that was stained with menstrual blood to wash. The young woman felt so bad that she decided to quit the job and open her own business. Another woman narrated how the rich harass them sexually, believing that because they are poor, they will sleep with anyone for money.

This baseline survey established that most young urban women work in the informal sector as domestic workers and barmaids, where there is lack of clear rules and policies of workplace behaviour and norms. As such, the urban young women are constantly harassed sexually by their employers. The young women do not report the harassment for fear of victimisation – and they need the jobs desperately.

In addition, the young urban women remain silent because society blames them for sexual harassment, saying they were too forward with their bosses or dressed indecently.

3.2.3.1 Reasons hindering women from accessing decent occupations supported by a deep dive case study

Low education level:

Young women indicated a correlation between low education levels and sexual harassment. They said they cannot get decent jobs because of lack of adequate education therefore ending up doing jobs considered indecent by society. Further analysis of the difference between decent and indecent work indicated that any job that increased the women's vulnerability to sexual harassment was considered indecent. The young women concluded that if they had adequate education, they would be doing more decent jobs that would not subject them to sexual harassment. This statement was corroborated by the findings of the street survey where 79% of the respondents identified lack of adequate education as a large obstacle to their economic security while 12% underrated the hurdle.

Poverty:

Young women in urban areas indicated that due to high levels of poverty, they end up engaging in income-generating activities that expose them to sexual harassment.

Economic freedom:

The lack of economic security for women in the study area made them take jobs considered indecent by the community as they are expected to achieve that security all by themselves. During the FGD, the young women were asked whether they would prefer being housewives but doing unpaid care work while the man provided for them or having a decent income-generating activity for themselves. All the women preferred having a decent income-generating activity. They gave such reasons as freedom to use their income and the ability to buy appliances that would make their lives better such as gas cookers, fridges, and washing machines.

Ignorance:

Low awareness of their rights was cited as one of the root causes of sexual harassment. Most young urban women did not know their rights and the available channels for reporting cases of sexual harassment. The discussants of the FGD indicated that most women keep quiet after experiencing sexual violence for fear of being blamed by society and accused of having caused the violation.

The perpetrators of sexual violence have taken advantage of this ignorance in the community to commit the violation with impunity.

*Mimi nimeajiriwa kuuza kwa bar.
Wanaume hunigusa bila idhini yangu. Ni
lazima nilishe watoto na nilipe kodi ya
nyumba, kwa hivyo itabidi tu nivumilie.*

I work as a barmaid and male patrons touch me indecently without my consent. However, I have to endure because I have to feed my children and pay rent.

*Unapata msichana anadhulumwa
kimapenzi na mwanaume inabidi
anyamaze kwa sababu ukisema watu
wanasema ni wewe mwenye makosa,
kwamba ulivaa nguo mbaya ama
ulijipeleka kwa mwanaume.*

When a young woman is sexually violated, sometimes she opts to remain silent because the society blames you for either wearing inappropriate clothes therefore tempting the man or going to a man's place.

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Unemployment:

The high rate of unemployment among young women in urban areas has increased their vulnerability as this exacerbates the poverty situation. In the quest to meet basic needs such as food, shelter and clothing, young women end up engaging in jobs considered indecent such as prostitution.

Case Study:

Mary* (not her real name), aged 31 years is a young mother living in Mombasa. She narrates how she got into sex work and the hazards she has to endure in her job. "My biological mother died while I was young and my father married another woman who used to abuse me," Mary* narrates.

At the age of 17 years, while still in school, Mary* got pregnant and as a result, her parents chased her out of their home and she had to go and live with the young man who had impregnated her. The young man was also a secondary school student in form 3. "His mother was very understanding and accommodated me in their home," says Mary*.

After the delivery of her child, she continued with her studies and completed secondary school education. After high school, the young man started abusing drugs and Mary* decided to leave him and find herself a job, in the quest of becoming economically independent. "I got my first job as a sales person in a mobile phone accessories shop where I worked hard and made enough money to rent a good house and I took my son to a private school; the future was looking bright for me," narrated Mary*.

However, the shop owner, a man, started making sexual advances to her and Mary* had to quit her job. "*Nilisema afadhali kazi ikae kuliko nilale na yeye nisikosee bibi yake ambaye ni rafiki yangu sana*," "I said I'd rather lose the job than have sex with him and hurt his wife who is a close friend of mine," Mary* explained. She got another job with an accounting firm where the owner of the company was very generous and even volunteered to take her for training as an accounts clerk. "After finishing the training and acquiring the certificate, my employer started demanding sex with me as payment for what he had done for me. I tried avoiding him as much as I could and even shared this with one of my friends," says Mary*.

"One day, my boss gave me a lot of work and by evening, when all other members of staff were leaving the office, I had not finished. He insisted that I had to finish the work before going home, then he came and locked the door behind him and we were just the two of us," explains Mary*. The man wanted to rape her and as he tried to grab her, Mary* screamed, attracting people around and that's when the employer opened the door. She immediately resigned from that job and started looking for another.

With a child in a private school and house rent to pay, Mary* started getting frustrated as it became difficult to make an income. "I started having men who would pay me after having sex with me. At first I did it in secret but later everyone knew that Mary* is a prostitute," says Mary*. She sees prostitution as her main source of income and a means of becoming economically secure.

Mary* says that she has lost friends as some feel she might sleep with their husbands and others think she might influence them negatively. This stigmatisation has destroyed her social fabric as she has few people in her neighbourhood to converse with and even relate. Mary says, "Neighbours discriminate against me to an extent where I greet someone and they do not answer and some have labelled my son, '*Mtoto wa malaya*', the son of a prostitute." Other hazards she suffers include physical harm as some clients turn violent and misuse her. She narrated how one day a client locked her in a house and forced her to have sex with his dog.

The Kenyan Penal Code does not criminalise sex work. However, it criminalises third parties who live on the earnings of prostitution. Section 154 of The Penal Code outlaws a woman living on the earnings of prostitution or aiding, abetting or compelling an individual to engage in sex work (KELIN, 2016). These gaps expose the sex workers to exploitation for fear of retribution from the justice system. Therefore, they suffer in silence.



3.2.4 Laws and regulations protecting vulnerable women and the challenges they face

The ILO Domestic Workers Convention, 2011 (No. 189) was passed with the aim of promoting the elimination of discrimination in respect of employment and occupation and the effective protection of domestic workers against all forms of abuse, harassment, and violence. Kenya is yet to ratify the Convention.

This study established that women suffer sexual harassment in silence for fear of victimisation and most of the time they opt to resign from their work to avoid further violations. This therefore exacerbates their poverty. In some cases, women are threatened with termination of employment if they do not give in to the sexual demands of their superiors. The law is very clear on the termination procedure prescribed in the Employment Act which must be followed. The reasons for the possible termination should be clearly explained and a disciplinary hearing should be accorded where the employee can make representations on the allegations.

Low levels of awareness among young urban women on their rights at the workplace leave them vulnerable to manipulation and victimisation by their employers. A case was narrated of a barmaid, who was continually touched against her will by the male patrons. Whenever she reported this to her employer, he told her that being touched was part of her unwritten job description. The employer threatened the young woman with losing her job if she did not comply to the needs of her customers.

The Employment & Labour Relations Court may award up to 12 months' salary as compensation for unlawful dismissal. An unlawful termination is one that is done in breach of the provisions of the Employment Act. To circumvent this provision of the law, employers in these lowly jobs offer short-term renewable contracts, making women even more vulnerable.

The Sexual offences Act 2006 states that:

- (1) any person, who being in a position of authority, or holding a public office, who persistently makes any sexual advances or requests which he or she knows, or has reasonable grounds to know, are unwelcome, is guilty of the offence of sexual harassment and shall be liable to imprisonment for a term of not less than three years or to a fine of not less than one hundred thousand shillings (USD 1,000) or to both.
- (2) It shall be necessary to prove in a charge of sexual harassment that: (a) the submission or rejection by the person to whom advances or requests are made is intended to be used as basis of employment or of a decision relevant to the career of the alleged victim or of a service due to a member of the public in the case of a public officer; (b) such advances or requests have the effect of interfering with the alleged victim's work or educational performance or creating an offensive working or learning environment.

According to the Employment Act 2007, sexual harassment at the workplace is prohibited by law and an employer is supposed to create a policy prohibiting sexual harassment at the workplace. However, the law does not propose any punishment. In accordance with the Employment Act, a worker is harassed sexually if the employer or its representative or a co-worker requests (directly or indirectly) for any form of sexual favour in order to get preferential treatment at the workplace; or threatens the worker of detrimental treatment in the present or future employment status of the worker. Any kind of sexual behaviour that makes the victim feel uncomfortable, including using language (written or spoken) or visual material of a sexual nature; and showing physical behaviour of a sexual nature, is considered sexual harassment.

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3.2.5 Social Mobilization Approach

3.2.5.1 Membership of a group

38% of respondents in Mombasa and 29% in Nairobi were members of women's groups. 33% of respondents in Nairobi and 23% in Mombasa were members of community groups. Workers' unions had the lowest representation with only 9% in Mombasa and 2% in Nairobi indicating to be members.

These community and women's groups were mainly registered as community based organisations (CBOs) or self-help groups under the Ministry of Gender, Children and Social Development.

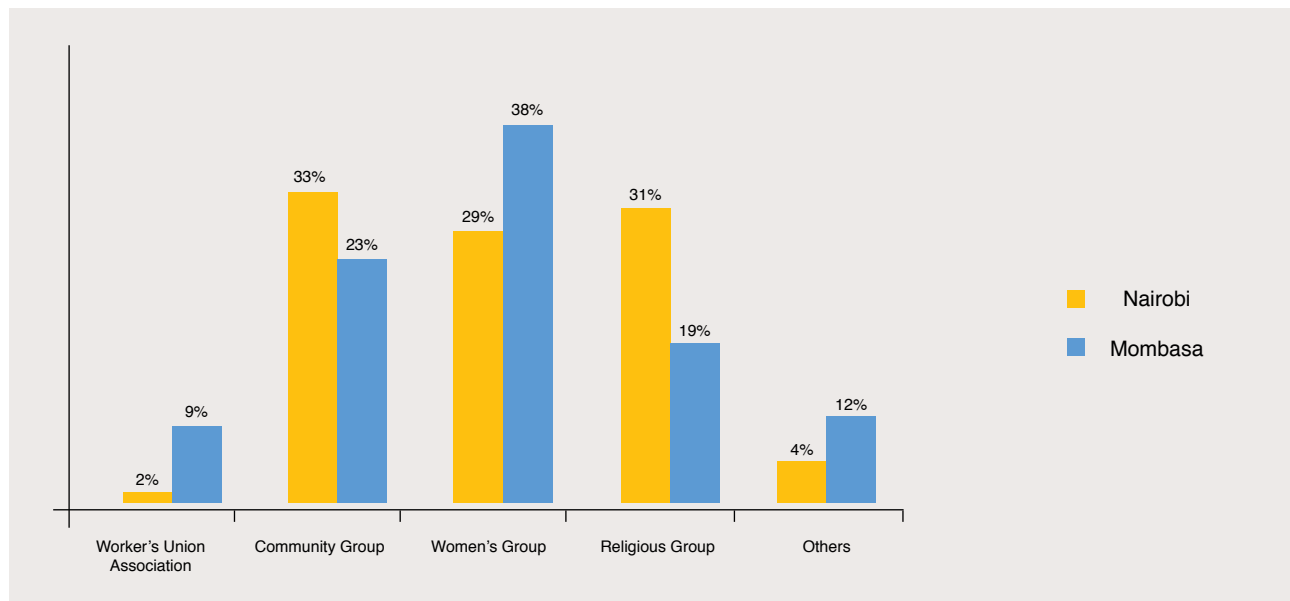


Figure 8: Membership of a group

When asked whether they ever held any leadership positions in groups in which they were members, 42% answered in the affirmative.

3.2.5.2 Period in the organisation

The majority of the respondents have been members of these groups for a period of between 1 and 3 years, as shown in Figure 9.

1.2.6 Income levels

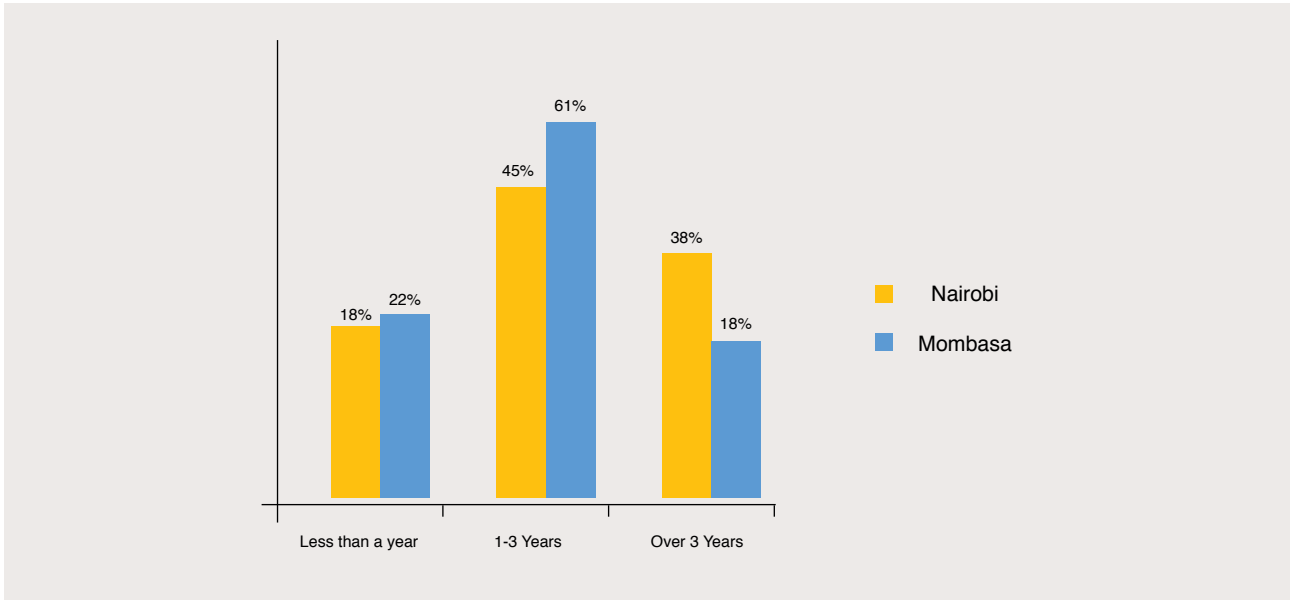


Figure 9: Period being a member of a group

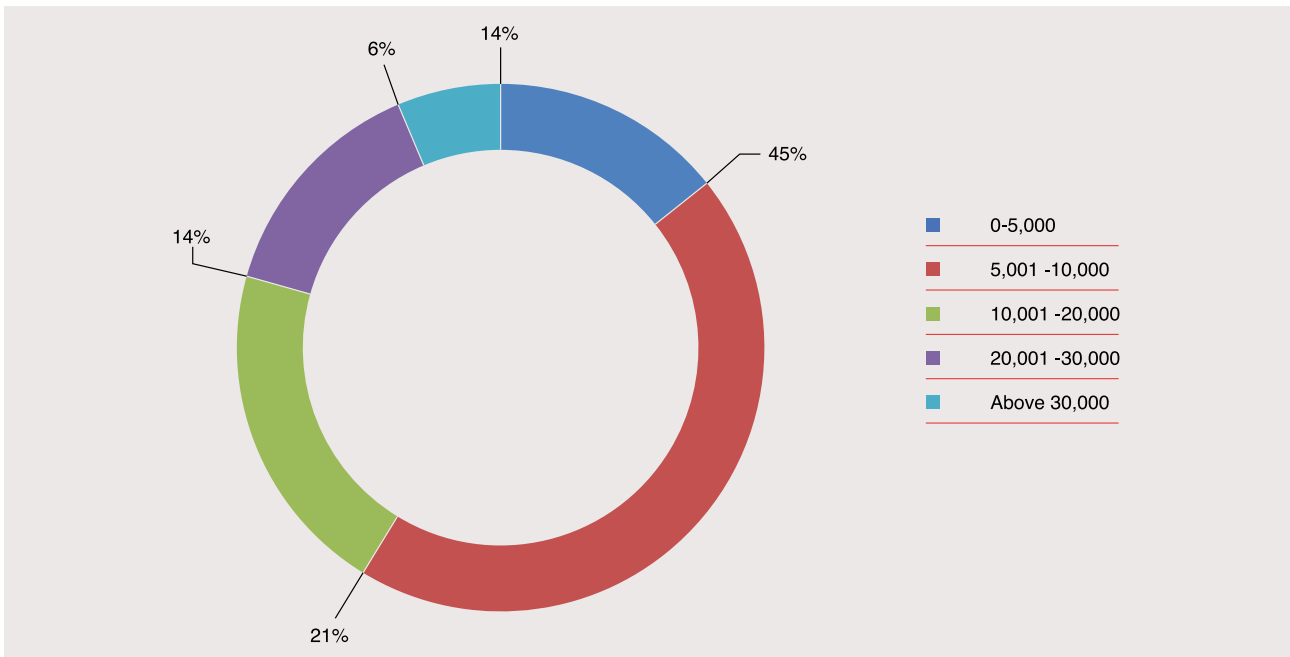


Figure 10: Income levels

The majority (44%) of the young women interviewed had a monthly income of between Kshs 5,001 to 10,000 (USD 50 - 100) while 21% were in the bracket of Kshs 10,001 to 20,000 (USD 100 - 200). The monthly income of 14% of the respondents ranged from Kshs 20,001 to 30,000 (USD 200 - 300) and another similar percentage were making less than Kshs 5,000 (USD 50) in a month. Only 6% had a monthly income exceeding Kshs 30,000 (USD 300). An analysis on income disaggregated by age indicated a similar trend with the majority of young women across different age groups having a monthly income of between Kshs 5,001 and 10,000 (USD 50 - 100).

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Table 4: Income per month by age

Age	0 - 5,000 (USD 0-50)	5,001 - 10,000 (USD 50-100)	10,001 - 20,000 (USD 100-200)	20,001 - 30,000 (USD 200-300)	Above 30,000 (USD 300)
15 - 18 years	0%	75.0%	25.0%	0%	0%
19 - 25 years	19.2%	38.5%	23.1%	11.5%	7.7%
Over 25 years	12.9%	45.2%	16.1%	19.4%	6.5%

3.2.6.1 Decision on how to spend income

When asked who decides how to utilise their income, 79% of the respondents stated that they decide without consulting anyone while 13% consulted their partner. Notably, for the married women who had some form of income, 61% decide on how to use the income without consulting anyone while 29% consulted their partner. Only 3% of the women stated that it was their partners who made the decision on how to use income they earn.

Table 5: Marital status and decision to spend income

	Marital Status				
	Married	Single living alone	Single living with parents	Divorced	Separated
I decide how to spend that money	61%	95%	50%	100%	100%
My partner and I decide how to spend the money	29%	0	0	0	0
I decide how to spend some, and my partner decides on the rest	4%	5%	0	0	0
My partner decides	3%	0	0	0	0
My parents decide	0	0	50%	0	0
It is a shared family decision	3%	0	0	0	0

3.2.7 Inclusion of young women in financial systems

The global scale of women's financial exclusion makes it clear that to achieve universal financial access, we need to focus on women. Nearly one of every three women in the world — or 1.1 billion — is excluded from the formal financial system. Globally, women are 7 per cent less likely than men to have basic transactional accounts, and this disparity rises among the poor. Women living below USD 2 a day are 28 per cent less likely than men to have a bank account (Bin-Humam, February 2017).

Sixty per cent (60%) of young urban women interviewed had either no bank account or they had but it was dormant. They gave varying reasons such as not having enough money to live on and save. They save the little that remains with informal organisations such as women's groups.

An expenditure matrix developed by women in Majengo, Nairobi, demonstrated how their paltry income of Kshs 5,001-10,000 is utilised in a normal month (Table 6)

Table 6: Expenditure matrix for young urban women in Majengo

EXPENSES	PERCENTAGE
Salon	3%
Clothes and shoes	2%
Make-up	1%
Rent	20%
School fees	10%
Foodstuffs	20%
Entertainment (leisure)	25%
Helping our parents	2%
Airtime	5%
Inner clothes and sanitary towels	3%
Transport	1%
Hospital bill	1%
Bills (electricity & water)	4%
Savings	3%
Total	100%

Analysis of this scenario where entertainment takes 25% and savings only carries 3% can be explained through a comparative analysis of the sources of income. When the discussants were asked the major occupation for young women in the project areas, prostitution was mentioned as a major source of income with records as high as 43% in Majengo Nairobi. When asked the type of leisure they were spending their money on, the women said they bought khat and alcohol. Prostitutes mainly operate in social places such as bars and therefore need to allocate resources to buying liquor.

Young urban women experience time poverty (having limited time against many responsibilities) caused by the socially defined gender roles (done through daily activity diary). As such, the young women who had time to engage in income-generating activities could only do little remunerable work to make just enough to cater for basic needs (as shown in Table 7: Gender Daily Activity Clock). This can explain why the savings was only 3% of the total income.

The Banking (Amendment) Act, 2016 commenced on 14th September 2016. It introduced the maximum interest rate chargeable for a credit facility in Kenya at no more than four per cent, the base rate set and published by the Central Bank of Kenya (CBK) (Kenya National Bureau of Statistics, 2017). However, the Act has not broadened access to financial services particularly for the majority of young urban women because they either do not have bank accounts or the accounts are dormant. The majority of young urban women financed their economic activities through informal channels such as table banking² and merry-go-round³ and through other micro finance institutions as shown in the Figure 11.

2 Table banking is a group funding strategy where members meet once a month, place their savings, loan repayments and other contributions on the table then borrow immediately, either as long-term or short-term loans. Members borrow at a small interest rate and the members may decide to invest as a group.

3 Merry-go-round is an investment party or group whose main objective is for members to meet, socialise, and contribute a specific amount of money monthly. Every month a different member receives everyone's contributions. This goes on until all members receive the money and the process starts all over again. It is a good saving vehicle and also a good borrowing and investment platform.

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Sources of financing for women in Bangladesh



Figure 11: Sources of financing for young urban women in Mombasa and Nairobi

Analysis into the livelihood activities of young women indicated that most of them could not be reached through the usual channels such as wage payments and remittance channels as well as savings accounts as only 13% of the young women indicated to be working in regular employment. The impact of these micro credit on women's income is minimal due to the fact that most women invest in existing activities which are low profit and insecure.

3.2.8 Access to government funds

Revolving fund is the extension of small loans (micro-loans) to impoverished borrowers who typically lack collateral, steady employment, and a verifiable credit history. It is designed not only to support entrepreneurship and alleviate poverty, but also to empower the marginalised groups of society and uplift entire communities by extension. Access to government revolving funds helps the poor to engage in income-generating activities; it motivates them to accumulate the capital needed for investment and consequently improves their standards of living.

These funds are:

The Youth Enterprise Development Fund: This is a state corporation under the Ministry of Public Service, Gender and Youth Affairs. The Fund is one of the flagship projects of Vision 2030, under the social pillar. Its strategic focus is on enterprise development as a key strategy that will increase economic opportunities for, and participation by Kenyan youth, in nation building. The Fund seeks to create employment opportunities for young people through entrepreneurship and encouraging them to be job creators and not job seekers. It does this by providing easy and affordable financial and business development support services to youth who are keen on starting or expanding businesses.

Women Enterprise Fund (WEF): This project aims to provide Kenyan women with access to

alternative financial services. It is expected that the loans women access from WEF will have a positive impact on family welfare.

Uwezo Fund: This is a flagship programme for Vision 2030 aimed at enabling women, youth, and persons with disability access finances to promote businesses and enterprises at the constituency level, thereby enhancing economic growth. The Fund seeks to expand access to finances and promote enterprises led by women, youth, and persons living with disability. It also provides mentorship opportunities to enable the beneficiaries take advantage of the 30% government procurement preference through its Capacity Building Programme.

The study established that most young women had not benefitted from these government funds because of not having a registered group with the Department of Social Services and not having bankable proposals.

The projects run by groups in the study area that had received funds had failed, mainly due to lack of proper management skills and structures within these groups. The Uwezo Fund coordinator in Nyali constituency stated that some of the youths risked being blacklisted and listed with the Credit Reference Bureau (CRB) for failure to repay the loans they had received.

A group in Mukuru consisting of young women and men borrowed money from the Youth Fund and started a hair salon business. They were sharing profits every month. The discussants stated that the group collapsed due to lack of proper record-keeping and that the leaders squandered all the profits, making it difficult for them to repay the loan.

The discussants claimed that they are many times denied access to these moneys due to high-level corruption in the disbursement of the funds. They gave an example of the Kazi Kwa Vijana, an initiative of the Youth and Human Resource Development Sector (2008–2012). The initiative aimed at employing between 200,000 and 300,000 young people annually in rural and urban areas in labour-intensive public works projects implemented by different government ministries. However, the programme was surrounded by corruption issues, (Mutiga, 2009).

Interviews with officials of the county governments indicated there were economic opportunities such as contracts set aside for women and youths, which offered good opportunities for young urban women. This was under Access to Government Procurement Opportunities (AGPO). However, further scrutiny shows that these opportunities are mainly advertised in the mainstream media such as newspapers. Newspapers are a reserve of the rich as they cost Kshs 60 (USD 0.6) a copy. Most young urban women cannot afford this. They therefore miss such opportunities.

3.2.9 Obstacles hindering women’s economic security

The respondents were asked to rate the various obstacles that hindered women from having economic security. Lack of education, access to finances and loans, limited access to land/space and government rules, processes, and attitude towards business were rated by the respondents as being the major obstacles hindering women’s economic security.

Table 7: Obstacles hindering women’s economic security

OBSTACLE LEVEL	PERCENTAGE
Lack of adequate education	
Large obstacle	79.0%
Small obstacle	12.0%
Not an obstacle at all	9.0%
Access to finance or loans	
Large obstacle	76.2%
Small obstacle	15.5%

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OBSTACLE LEVEL	PERCENTAGE
Not an obstacle at all	8.3%
Limited access to land/space	
Large obstacle	79.4%
Small obstacle	13.3%
Not an obstacle at all	7.3%
Lack of access to or problems with public electricity supply	
Large obstacle	21.0%
Small obstacle	48.5%
Not an obstacle at all	30.5%
Lack of access to or problems with public water supply	
Large obstacle	30.7%
Small obstacle	41.0%
Not an obstacle at all	28.3%
Lack of access to good transportation services	
Large obstacle	34.5%
Small obstacle	42.4%
Not an obstacle at all	23.0%
Government rules, processes and attitude towards business	
Large obstacle	87.3%
Small obstacle	6.7%
Not an obstacle at all	6.0%

3.3 UNPAID CARE WORK

In her report on Unpaid Care Work, the UN Special Rapporteur on Extreme Poverty and Human Rights defined unpaid care work as “domestic work (meal preparation, cleaning, washing clothes, water and fuel collection) and direct care of persons (including children, older persons and persons with disabilities, as well as able-bodied adults) carried out in homes and communities.”

Sustainable Goal #5, target 5.4 aims at recognising and valuing unpaid care and domestic work through the provision of public services, infrastructure, and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate. The indicator 5.4.1 focuses on the proportion of time spent on unpaid domestic and care work, by gender, age, and location.

This baseline study analysed the major household chores that most women do and the amount of time allocated to each activity.

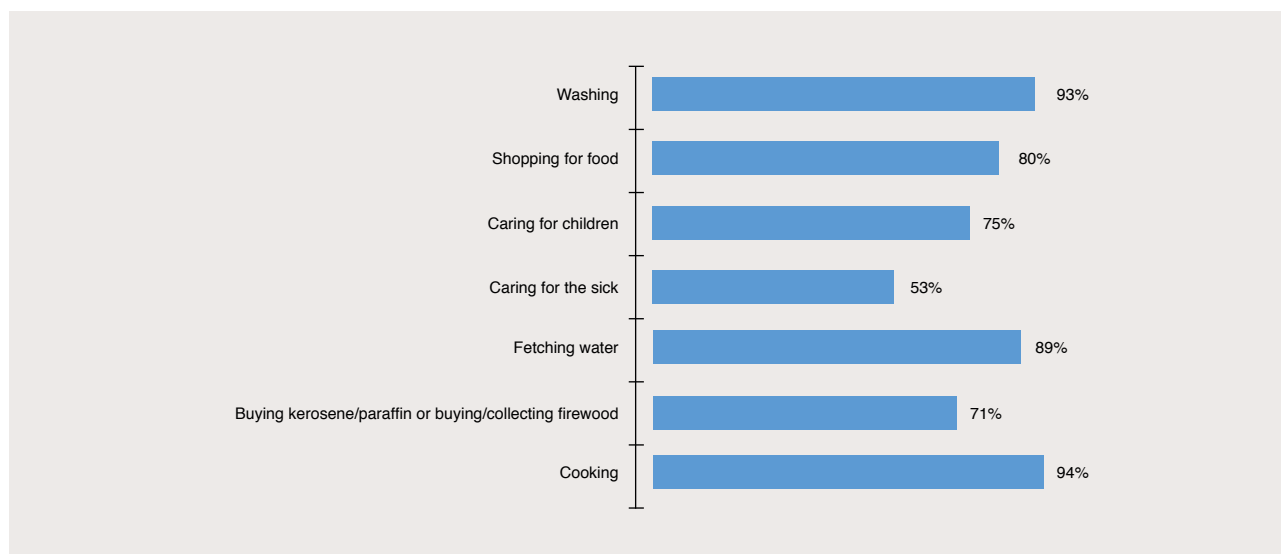


Figure 12: Main household chores

From Figure 12, cooking and washing are done by 94% and 93% of women respectively. Analysis from the FGD discussion revealed that the majority of the young women did not have cooking appliances like gas cookers and microwaves and were mainly using paraffin and charcoal for cooking. This was corroborated by the 71% of the respondents who stated they spend time buying paraffin. While cooking with both paraffin and charcoal is harmful to health, charcoal requires more time to light (approximately 30 minutes) therefore consuming more of the young women's disposable time. Fetching water and shopping was done by 89% of the respondents while 80% of the women interviewed shopped for food. Caring for children and the sick were also done by 75% and 70% of the respondents respectively.

Culture is a key definer of social roles between women and men in Africa. In most cases, it defines roles that bring inequality leaving women with time poverty and therefore limited access to economic rights. The allocation of time between women and men in the household and in the economy is a major gender issue in the evolving discourse on time poverty. The baseline analysed the allocation of roles between women and men through a gender daily activity clock exercise and presented below.

Table 8: Gender Daily Activity Clock

Nairobi (Majengo)		Mombasa (Ziwa la Ng'ombe)	
TIME	Activity	Time	Activity
4:00am	Waking up	4:00am	Waking up
5:00am	Preparing breakfast	4.30am	Preparing breakfast
6:00am	Escorting kids to school	5:00am	Preparing kids
7:00am	Start house chores	5:30am	Waking up kids
8:00am	Go look for casual labour	6:00am	Taking breakfast
9:00am	Go look for casual labour	6:30am	Taking kids to school
10:00am	Go look for casual labour	7:00am	Going to "vibarua" e.g. mama fua
11:00am	Start washing people's clothes	7:30am	Still in business
12:00pm	Washing people's dishes and houses	8:00am	Still in business
1:00pm	Back home for lunch preparation	8:30am	Still in business

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	Nairobi (Majengo)		Mombasa (Ziwa la Ng'ombe)
TIME	Activity	Time	Activity
3:00pm	Go pick up kids from school	9:00am	Women back from business
4:00pm	Wash kids uniform and shower them	9:30am - 12:00pm	Preparation of lunch
5:00pm	Go fetch food for supper	12:30pm	Taking lunch to kids
6:00pm	Help kids with homework	12:30 - 4:00pm	Doing household chores
7:00pm	Preparing supper	4:30pm	Picking kids from school
8:00pm	Having supper watching soaps	5:00 - 8:00pm	Supper preparation begins
9:00pm	Washing clothes and ironing their morning clothes	8:30 - 9:00pm	Feeding the kids
10:00pm	Polishing their shoes	9.00 -10:00pm	Taking supper
11:00pm	Take a shower	10:30pm	Sleeping
12:00am	Having sex	10:30pm - 4:00am	Breast feeding, changing diapers, having sex

The study established that in the project focus areas, the patriarchal systems prevailed where men are considered superior to women and this defines gender roles. The allocator of roles is the man who is seen as the head of the household therefore controlling women's time and labour. From the gender daily activity clock exercise undertaken with young urban women during the survey, it was clear that women and girls are allocated critically important and time-consuming responsibilities in the reproduction, economic, household, and community spheres.

Women who spend all their time performing these tasks are often considered as "not working." This is a key impediment to their economic security because they are overburdened with activities that have less economic/monetary returns while their male counterparts are working outside the home and being paid for it.

The functions of reproducing and household chores are considered low-status activities, unremunerated, and unrecognised in the national accounting system. This phenomenon affects the status of women in the society where they are seen as dependent on men. The discussants of the FGD stated that, if a young woman buys something good, the society tags her a prostitute or having a 'sponsor' - a rich boyfriend.

"The society will be very fast to condemn a woman who leaves her children in the house and goes to look for a job but if a man does the same, it will be considered normal," said Fatuma from Majengo, Nairobi.

The young women indicated that, apart from doing the household unpaid work, they must supplement the little income available by getting casual jobs such as washing other people's clothes or other manual jobs. With this acute time poverty, women have little time for these economic activities and therefore perpetuating their paucity state. The discussion with the young women indicated that, by the time they are retiring to bed at night, they are usually tired and exhausted, and at that time, men demand their conjugal rights. The discussants stated that they are expected to perform sex irrespective of their fatigued state in order to maintain social cohesion within the household.

This has restricted women from having equal economic opportunities with men. Women’s economic empowerment and the realisation of women’s rights to and at work are essential for the achievement of the Beijing Declaration and Platform for Action and the 2030 Agenda for Sustainable Development (United Nations, Economic and Social Council, 2016). This can allow them to pursue education and careers.

3.4 SEXUAL AND REPRODUCTIVE HEALTH SERVICES ACCESS

Sustainable Development Goal 5 - Achieve gender equality and empower all women and girls. Target number 5.6 focuses on ensuring universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences (United Nations). One of the focus areas of this project is sexual and reproductive health services to young urban women.

3.4.1 Factors affecting utilisation of SRHS

Various factors affect the utilization of sexual and reproductive health services (SRHS) among the young urban women and one of the factors is the location and accessibility of health care facilities. This survey analysed the distance to the nearest health care facility that offers SRHS and the results indicated that 75% of young women in Nairobi and 54% in Mombasa were living less than 3 km from the facilities.

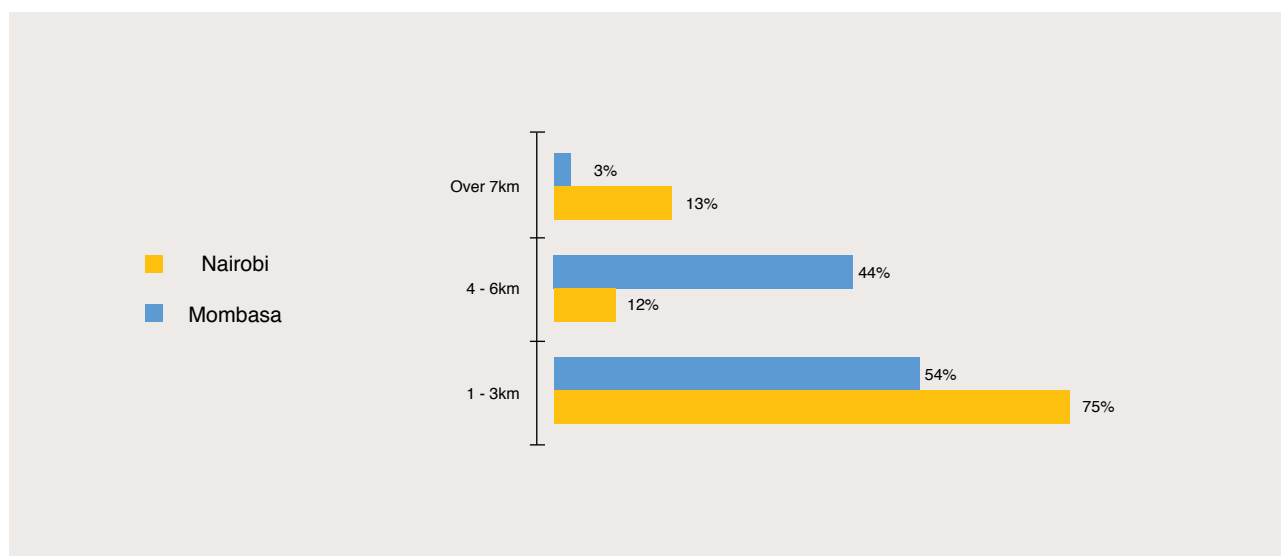


Figure 13: Distance to the nearest health facility

Notably, 44% of the respondents in Mombasa were living 4 - 6 km away from the health facilities. Analysing this scenario, the participants of the FGD indicated that sexual and reproductive health services (SRHS) were offered in specific health facilities and, specifically in Mombasa, most of the service providers were located in the Central Business District (CBD) while the 3 out of 4 project focus areas are situated in the outskirts of the city.

In Nairobi, the health facilities offering SRHS are mostly located within or in close proximity to the project focus areas. The survey investigated the awareness levels of the young urban women on the available services and the providers. Table 9 presents the list of the service providers in Nairobi and Mombasa as mentioned by the discussants. Significant percentages (44% and 12% in Mombasa and Nairobi respectively) lived 4 to 6 km away from the public health centres that offered SRHS. The long distance acted as an obstacle for women accessing the SRHS. Women narrated how they had to use motorbikes for transport to the health centres, paying as much as USD 1 one-way.

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3.4.2 SRH service providers

Table 9: SRH service providers

Nairobi	What they do in regard to SRHS	Mombasa	What they do in regard to SRHS
Private			
Jamii Health Services	Offering GBV services.	International Centre for Reproductive Health (ICRH)	Recruiting and referral of sex workers to health facilities.
		Coast Hostess Empowering Community (CHEC)	Recruiting and behaviour change of sex workers by giving skills to empower them.
Bar Hostess Empowerment & Support Programme (NGO)	Engages women in Kenya in HIV/AIDS prevention, care and support, gender/ human rights awareness, advocacy, and economic empowerment.	WOFAK (Women Fighting Aids Kenya)	Help in prevention of HIV transmission. <ul style="list-style-type: none"> • Encouragement (PLWHIVA) (PLWD) • Support group – PWP.
SWOP Health Service	Promotes the health, safety, and well-being of sex workers.	Marie Stopes	Provide contraceptives, pregnancy crisis counselling, and cervical cancer screening.
IOM Eastleigh		Bomu Hospital	<ul style="list-style-type: none"> • Family planning services • HIV/AIDS care and treatment programme.
Nairobi Women's Hospital	Specialised obstetrics and gynaecology services.	Bar Hostess Empowerment & Support Programme (NGO)	Engages women in Kenya in HIV/AIDS prevention, care and support, gender/ human rights awareness, advocacy and economic empowerment.
Coptic Health Services	Teaching women how to deliver home-based care, by training them to become HIV/AIDS community educators and by equipping them with the tools to deliver these community health services.		
MSF Health Services (Blue House - NGO)	Strengthen HIV activities at all levels of the public health system, from the community to the hospital wards.		
Centre Pumwani	<ul style="list-style-type: none"> • HIV/AIDS prevention, care, and support for those infected and affected including orphans and vulnerable children; advocacy and provision of psychosocial support • Reduction of child mortality among the poor households. 		
Biafra Lions	Screening for STIs, HIV testing, post-rape care.		

Nairobi	What they do in regard to SRHS	Mombasa	What they do in regard to SRHS
Afya Jijini	Screening for STIs, HIV testing, post-rape care (all their services are free).		
Public service providers			
Nairobi City County	<ul style="list-style-type: none"> Family planning services HIV/AIDS care and treatment programmes. 	Mvita Health Centre	<ul style="list-style-type: none"> Give family planning services GBV services Health and nutrition.
Kenyatta National Hospital	Obstetrics and gynaecology department. Many specialist clinics for TB, HIV, etc.	Makande Sub-county Hospital	<ul style="list-style-type: none"> Family planning services. HIV/AIDS care and treatment programme.
Mama Lucy Health Services	Obstetrics and gynaecology department. Many specialist clinics for TB, HIV, etc.	Coast General Provincial Hospital (CGPH)	Obstetrics and gynaecology department, combined with a renovated Millennium Labour Ward and obstetric theatres. Many specialist clinics for TB, HIV, etc.
Mukuru Health Centre	Offering services to GBV survivors.	Jomvu Health Centre	<ul style="list-style-type: none"> Give family planning services GBV services Health and nutrition.
Nairobi County Government Health Services	Providing SRHS for the key population (gays, lesbians, sex workers).		

This study listed the SRHS providers in the project area. The study established that the majority of the service providers were either private health providers or non-governmental organisations (NGOs). During the FGD with young women, they indicated that most government institutions lacked adequate medical facilities for SRHS. This could have been the reason why private institutions and NGOs are coming in to fill the gap in provision of SRHS.

3.4.3 Sexual and Reproductive Health Services available for women

Table 10: Access to SRHS

SRH services young urban women are able to access easily	Area	
	Nairobi	Mombasa
Information on sexually transmitted diseases	20%	38%
Treatment for sexually transmitted diseases	6%	4%
Information on family planning and contraception and access to services	38%	35%
Abortion	5%	4%
Mental health and trauma counselling	14%	5%
Information on nutrition	8%	6%

Information on sexually transmitted diseases was easily available to 20% and 15% of the respondents in Nairobi and Mombasa respectively. However, the easy access to treatment was minimal with only 6% of respondents in Nairobi and 4% in Mombasa indicating they have access to the services.

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Access to information on family planning and contraception and the availability of services was low among the young women with 38% in Nairobi and 35% in Mombasa. During the FGD with women, the discussants stated some of the challenges they encounter in accessing these SRHS.

Nairobi County has a programme called Key Population Programme that focuses on gays, lesbians, and sex workers. The programme has a focal person at the county and its main objective is to provide SRH services to the key population. The programme provides VCT services, condoms, and SRH information. The programme also has a component of providing technical training to the youth in Majengo and Mukuru, where they are trained as house helps, in carpentry, as hair salon workers, mechanics and other technical courses. The programme also provides attachment for trainees on successful completion of their training.

3.4.4 Challenges in accessing sexual and reproductive health services

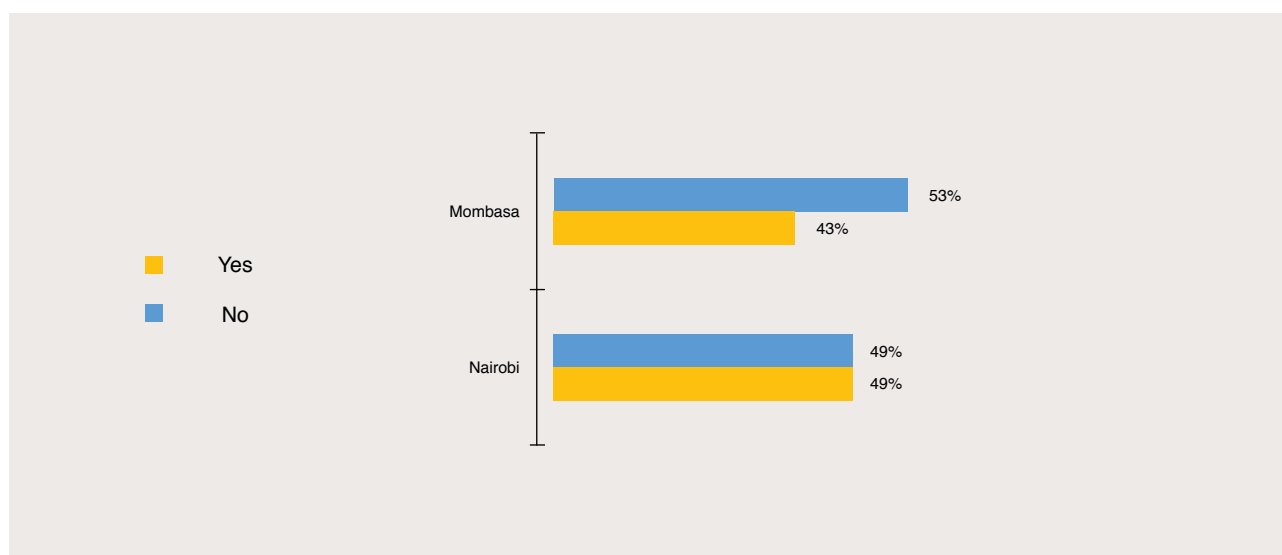


Figure 14: Time young women needed SRHS and did not seek

Forty nine per cent (49%) of the respondents in Nairobi and 47% in Mombasa stated that there was a time in the past they needed SRHS but did not seek the services. This finding corroborates the result of FGD indicating various challenges young women face in accessing SRHS.

Lack of medication in government facilities: The discussants of the FGD stated how sometimes they do not find medication at government facilities but are instructed to buy the prescriptions from specific chemists. “*Hizi kemist huwa saa zingine ni za hawa madaktari.* These chemists sometimes belong to these medical practitioners,” said one of the young women. With high poverty levels among the young women due to unemployment, they end up not accessing the services. The baseline study investigated how young women financed their medical needs as shown in the Figure 15.

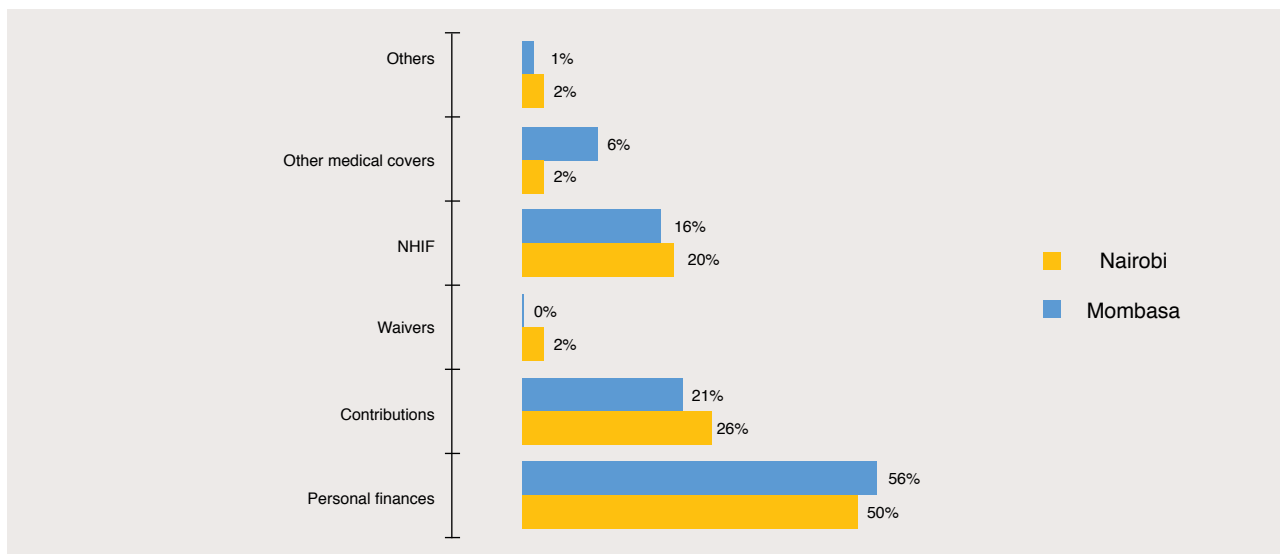


Figure 15: How young women finance their medical needs

Fifty-six (56%) in Mombasa and 50% Nairobi finance their medical needs using their personal finances. From the expenditure matrix conducted with young women in Majengo, the discussants indicated that they only allocate 1% of their income to medical services (refer- Table11 : Expenditure matrix for young urban women in Majengo). With average income levels of between Kshs 5,000 and 10,000, this leaves the majority with only Kshs 50 or 100 for medical services.

Sixteen per cent (16%) and 20% of the respondents in Mombasa and Nairobi respectively finance their medical needs through National Hospital Insurance Fund (NHIF). This low percentage can be explained by the fact that NHIF remittances are made monthly and are mostly deducted by an employer from the employees' earnings. The majority of the young women were not in regular employment and lacked a stable income. This could be hindering them from making monthly remittances for the medical cover. Other means of financing was through women social welfare groups where members make contributions for any eventuality, including medical needs.

This survey concludes that most young women lack access to sexual and reproductive health services if they are required to pay for the services.

Poor attitude and lack of confidentiality from medical practitioners: One young woman narrated how women suffered in public health centres wherever they seek SRHS such as treatment from STIs. She said that women were not treated with dignity in these health centres and were labelled as deviants. *“Ukitembelea kituo cha afya cha serikali ukiwa na ugonjwa wowote wa ngono, daktari anakuuliza umetoana wapi na hii ugonjwa ya zamani, kisha anatoka anaambia wenzake, kujeni muone huyu bado anagonjeka ile ugonjwa ya zamani.* If you visit a public health centre when suffering from an STIs, the doctor asks you where and how you contracted that old disease, he/she then asks his/her colleagues to come and see a person still infected with an old disease,” narrated one of the young urban women in Majengo. This narrative is validated by the findings of a street survey that indicated that 50% of respondents in Nairobi and 22% in Mombasa felt that they have been treated with disrespect by a medical practitioner while seeking SRHS, as shown in Table 12.

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Table 11: Quality of health service

Did doctors judge you unfairly or treat you with disrespect?		
	Nairobi	Mombasa
Yes	50%	22%
No	46%	78%
Don't know	5%	0%
Reason for the unfair judgement or disrespect		
Ability to pay for the care or the type of health insurance you have	53%	33%
How well you speak English	6%	25%
Your race or ethnic background	36%	25%
Your gender	6%	17%
What made you feel judged unfairly or treated with disrespect?		
The doctor or staff talked down to me	4%	9%
Heard staff say something negative about me	4%	9%
Kept me waiting	17%	13%
Took other patients instead of me/treated other patients better	17%	6%
Was refused care/had difficulty getting care	0%	3%
Received substandard services/provider didn't do something they should have	2%	6%
Didn't spend enough time/rushed	4%	13%
Acted negatively or disrespectfully/rude/impolite	6%	22%
Didn't listen or pay enough attention to me/ignored me	4%	9%
Didn't explain things well or at all	2%	0%
Doctor cared too much about money	2%	0%
Problems dealing with finances	6%	3%
Treated unfairly or unequal	2%	6%
Did not understand the question	4%	0%
Don't know	25%	0%

Lack of youth-friendly services: The discussants in a FGD with young urban women stated that they felt the services in the health facilities were not friendly because of the language and communication challenge. Young people often used “ghetto” and “sheng” languages which most SRHS providers do not understand. The findings of the street survey indicated that 25% of respondents in Mombasa and 6% in Nairobi felt that the doctor made an unfair judgement because the respondent was not able to communicate well in English.

3.4.5 Women’s choices on sexual and reproductive health services

Women deserve to have control over their reproductive lives. SGD 5, target 5.6 indicator 5.6.1 looks at the proportion of women aged 15 - 49 years who make their own informed decisions regarding sexual relations, contraceptive use, and reproductive health care. These choices include the type of contraceptive to use, the number and the spacing of children.

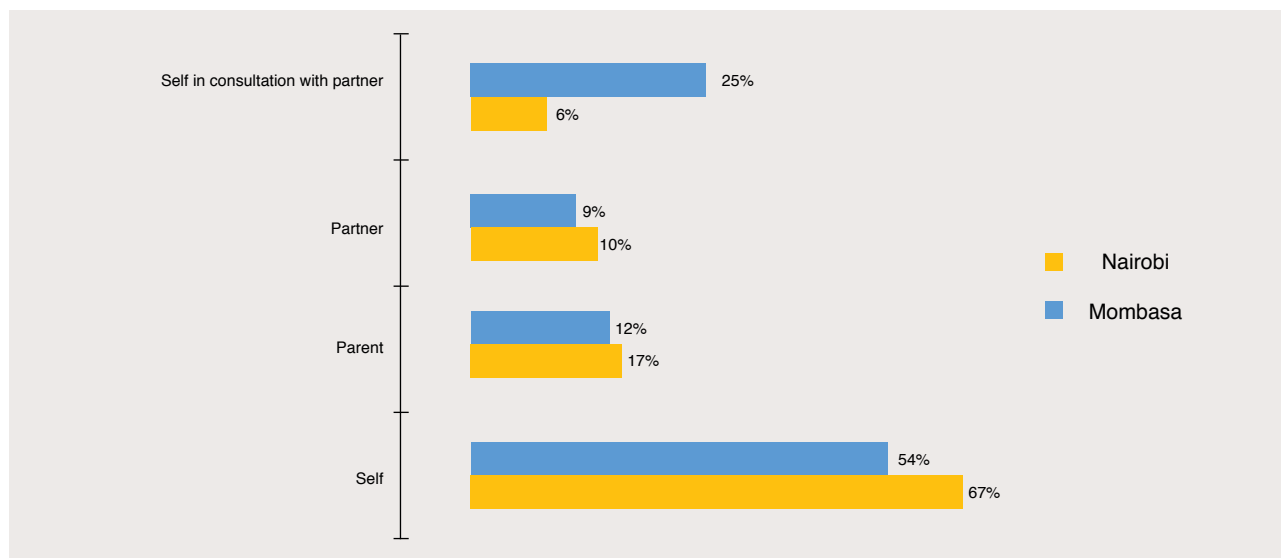


Figure 16: Who decides on SRHS

The results from the street survey indicated that 67% of young urban women in Nairobi and 54% in Mombasa made decisions on SRHS themselves without consulting anyone. 25% of the respondents in Mombasa and 6% in Nairobi made decisions in consultation with their partner. 17% of the respondents and 12% in Nairobi and Mombasa respectively had the decision on SRHS made by their parents. 10% of the respondents in Nairobi and 9% of the interviewees in Mombasa had the decision on SRHS made by their partners.

The discussants of a FGD with young women in Mworoto stated that they decide on contraceptives secretly because some men do not allow their women to use contraceptives. Some men say that, when women use contraceptives, the men lose sexual pleasure and therefore they discourage their wives from using contraceptives. “*Mwanaume wako akijua umeweka Norplant, anakupeleka hospitali unatolewa kwa lazima* - If your man realises that you are using birth control such as Norplant, he forces you to go to hospital to have it removed,” said a participant of FGD in Mworoto.

When asked whether they have choices on the type of SRHS available, 72% of the respondents in Mombasa and 56% in Nairobi indicated to either have a great deal of choice or some choice. 22% or the respondents in Nairobi and 20% in Mombasa felt to have very little choice. Notably, 16% and 7% of the young women interviewed in Nairobi and Mombasa respectively had no choice over the contraceptives to use.

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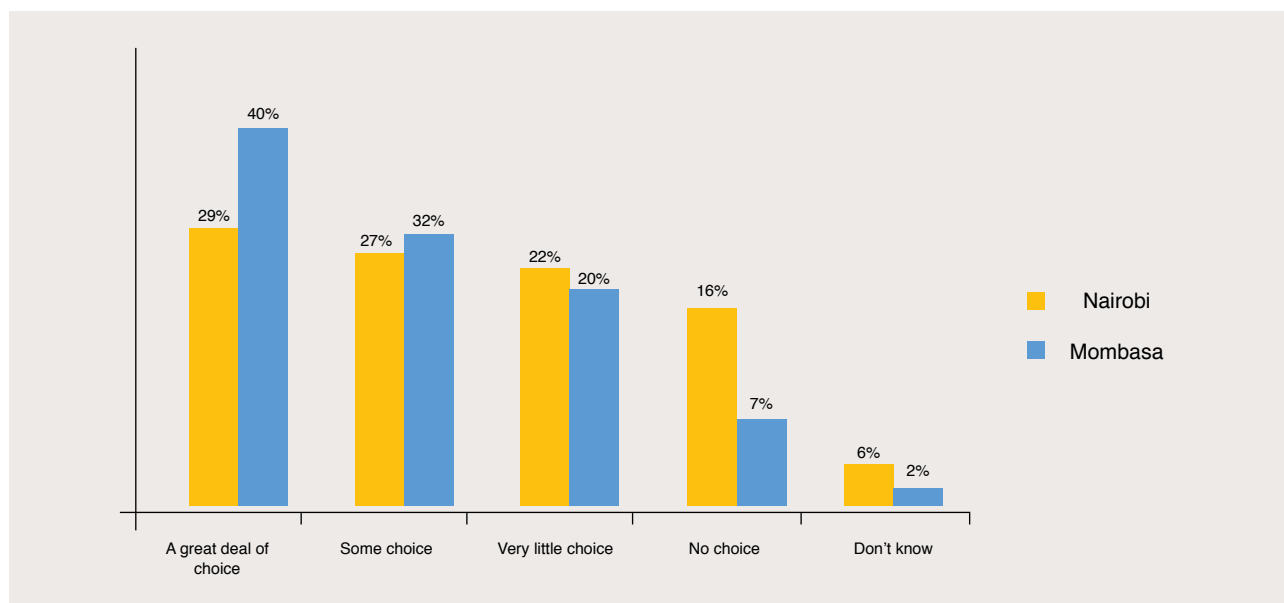


Figure 17: Women and choices of contraceptives

3.4.6 Decision on sexuality

During the FGD with young women, the discussants stated expressly that women do not have power to make decisions on sexuality. Heterosexual orientation was the common practice in the study areas. However, there were issues of lesbians and gays in these areas although they remained secretive for fear of retribution from the community as this was considered a taboo. This study established that some organisations work with gays and lesbians such as International Centre for Reproductive Health (ICRH) in Mombasa and Key Population Programme under the Nairobi County Government Health Services.

Notably, all the participants knew that they had rights over their bodies to decide when to have sex and when not to, but unanimously stated that they did not have control due to the following factors:

- **Cultural reasons:**
The FGD discussants stated that culture and social norms expected women to perform sex in order to maintain social cohesion within the household.
- **Economic reasons:**
Most women depended on men for economic support and in return, they must show appreciation by giving in to their men's sexual demands even when they are not interested in sex.

3.5 GENDER RESPONSIVE INFRASTRUCTURE SERVICES

3.5.1 Main sources of potable water for domestic use

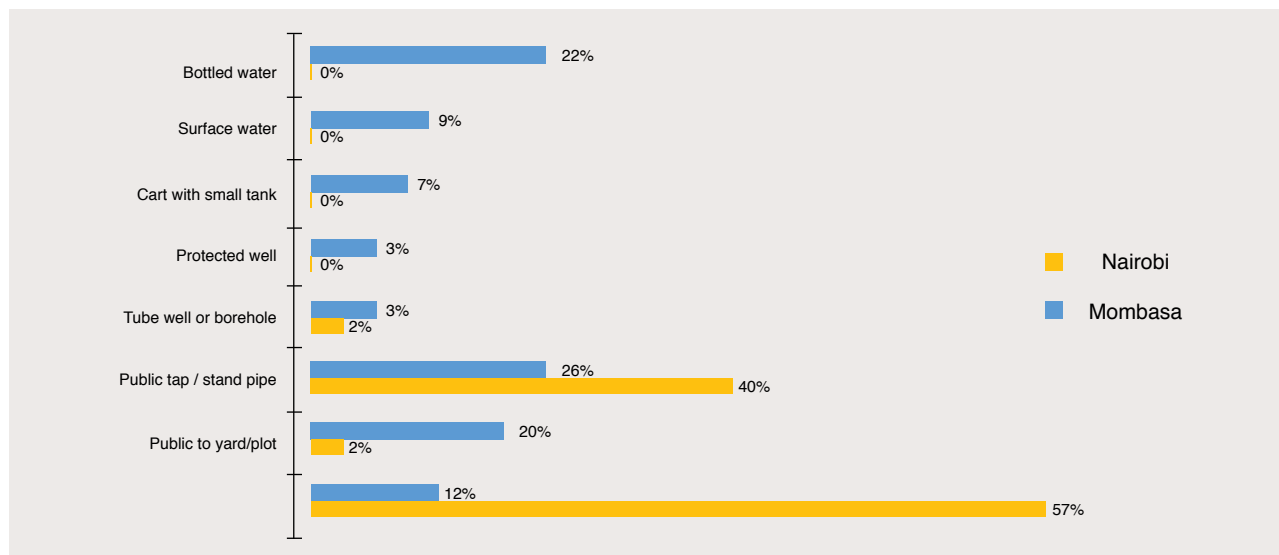


Figure 18: Main source of drinking water

When asked the main source of drinking water, 57% of the respondents in Nairobi and 12% in Mombasa had piped water into their dwellings. 20% of the women respondents in Mombasa had piped water within their plots. 40% of young women in Nairobi and 26% in Mombasa used public taps for drinking water. From the gender differentiated roles in Figure 23 (Unpaid care work), fetching water was mainly a chore done by women and therefore location of the water source is essential in determining the disposable time available for women to do other work including reproductive and production duties. (Section on gender roles - unpaid care work).

This study established that women spend on average 30 minutes a day fetching water. Analysing the issues of time poverty among young women, in a week each woman was spending an average of 210 minutes, or three and a half hours fetching water. Figure 23 analysed the main household chores done by young urban women and 89% of the respondents indicated fetching water as one of their daily duties. This study drew a sample size of 323 young women in the 6 project areas, therefore this converts to 1,130.5 hours in a week. Young Urban project targets to work with 4,000 young women in the 6 areas; therefore this survey concludes that cumulatively, the targeted young urban women spend 14,000 hours fetching water.

Seventy (70%) per cent of respondents in Nairobi and 48% in Mombasa felt that the water was not adequate. The quality of water was also not satisfactory as 87% per cent of the respondent in Mombasa and 61% in Nairobi treat water before drinking it, with boiling being the most common method in Nairobi (56%) while sedimentation was popular in Mombasa (57%).

3.5.2 Sanitation coverage

According to national statistics, less than 20 per cent of the population has access to sanitation, and 80 per cent of facilities are shallow pit latrines that contribute to pollution of the environment in poor urban settlements (Ministry of Health, 2016).

This baseline noted the peculiarity of each project area concerning sanitation and therefore the analysis was disaggregated by settlement. In Mukuru and Owino Ouru, 23% of the respondents indicated they have toilet facilities within their household. This was above the national average of 20% in the informal settlements. The coverage in Majengo, Mworoto, Bangladesh, and Ziwa la

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Ng'ombe was 12%, 15%, 12% and 16% respectively.

The most common type of toilet in all the areas was the ventilated improved pit latrine (VIP). Notably, in Majengo, 18% of the respondents indicated to be using bucket toilets.

3.5.2.1 Type of toilet facility by settlement

Table 12: Type of toilet facility

Type of toilet	Project area					
	Mukuru	Majengo	Mworoto	Bangladesh	Owino Ouru	Ziwa la Ng'ombe
Ventilated improved pit latrine	19%	39%	38%	16%	2%	73%
Pit latrine with slab	14%	25%	50%	63%	63%	15%
Pit latrine without slab/open pit	60%	7%	8%	21%	35%	8%
Composting toilet	5%	7%	4%	0%	0%	0%
Bucket toilet	0%	18%	0%	0%	0%	0%
Hanging toilet/hanging latrine	3%	0%	0%	0%	0%	0%
No facility/bush/field	0%	0%	0%	0%	0%	4%
Other	0%	4%	0%	0%	0%	0%

Probing further on the sanitation options in the 6 areas, the study established that although most households did not have their own toilet facility, most used shared facilities as shown in the Table below. This baseline survey established that 91% of the households in Nairobi and 72% in Mombasa were sharing toilet facilities with other households.

Table 13: If the toilet facility is shared

Is the toilet facility shared with other households?		
	Nairobi	Mombasa
Yes	91%	72%
No	9%	28%
Do you feel safe using the toilet facility?		
	Nairobi	Mombasa
Yes	35%	55%
No	65%	45%

Women's access to sanitation is determined by several factors such as privacy and safety. When the respondents were asked whether the toilet facilities were safe, 35% of the respondents in Nairobi were positive while 65% felt that they were not safe using the facilities. In Mombasa, the majority (55%) felt safe using the toilets while 45% were of the contrary opinion. Further analysis of the differences in the two cities indicated that in Mombasa, although most of the toilet facilities are shared, the building style (Swahili culture) has a toilet within the compound while in Nairobi the toilets were situated outside the compound.

3.6 GENDER RESPONSIVE WORKPLACE CULTURE

In the analysis of the livelihood activities in Table 2, 13% indicated to be working for pay as regular employees while another 11% were casual labourers. This study focused on those either working for pay as regular employee or casual labourers to establish the work culture and assess the extent of gender responsiveness.

3.6.1 Work culture

Table 14: Work culture

Variable	Response	Percentage
It is clear to me what I am supposed to do every day	Yes	85.7
	No	14.3
Physical working conditions are satisfactory	Yes	62.2
	No	37.8
My workload is reasonable	Yes	62.2
	No	37.8
Nothing at the workplace hinders me from doing my best every day	Yes	65.1
	No	34.9
The physical location of my workplace is reasonably convenient	Yes	68.2
	No	31.8
Reporting time for duty is satisfactory	Yes	72.3
	No	27.7
Time allocated for breaks is satisfactory	Yes	60.9
	No	39.1
I am satisfied with the time I break for the day's work	Yes	54.5
	No	45.5
My employer adheres to gender equity	Yes	54.2
	No	45.8
My employer respects my rights of expression	Yes	69.6
	No	30.4

The discussants indicated that there were day care centres within the project areas although they were mainly located in people's homes. Average daily rate for taking care of a child was recorded as Kshs 50. This did not include the cost of food as mothers were expected to leave food for their children to be fed during the day.

THE FINDINGS

Sixty-two (62%) of the respondents who were working felt that their physical working conditions are satisfactory with another equal percentage feeling that the workload was reasonable. When asked whether they were satisfied with the time allocated for breaks, 61% of the respondents were contented while 55% felt the time for breaking for the day's work is satisfactory.

3.6.2 Awareness on the channels of launching complaints at the workplaces

Table 15: Channels of launching complaints at the workplaces

Experience	Percentages	Reported these experiences	Reported to who
Wages below minimum	5.9%	3.7%	1 reported to workers' association, 2 reported to family, and 2 reported to friends
Delay in payment of wages	12.8%	9.6%	8 reported to family, 4 to workers' associations, 1 reported to Department of Labour, 1 to community leader and 2 to the police
Paid less than agreed amount	16%	12%	8 reported to the family, 1 reported to the workers' union, 3 reported to the police and 9 reported to the community leader
Unsafe working conditions that affect your health	5.9%	4.3%	3 reported to their family, 1 reported to the Labour Department and 3 reported to the community leader
Gave birth but did not receive maternity benefits/or lost job	3.2%	1.6%	1 reported to friends and 2 reported to their families
Could not work due to illness or family responsibility and was not paid/or lost the job	3.7%	2.7%	1 reported to their family and 3 reported to workers' union

3.6.3 Work environment

Twenty-two (22%) per cent of the people working in regular employment have access to clean and secure toilet facilities while 18% stated they have access to regular lunch and tea breaks at their places of work. Only 10% of the respondents had access to at least one and a half days off per week while 4% enjoyed annual leave. 7% of the respondents in regular jobs had access to paid sick leave of one day for every 26 days worked.

4

CONCLUSION



CONCLUSION

The study established that there was a great correlation between the level of education and employment opportunities as young women who had more education were more likely to get decent work as compared to the ones with only basic education. Further, the findings established a correlation between sexual harassment and unemployment as young women who were unemployed were more vulnerable to exploitation by men to secure a job or for economic security. This study therefore concludes that there is a correlation between the level of education and sexual harassment.

This baseline study analysed the major household chores that most women do and the amount of time allocated to each activity. Cooking and washing was done by 94% and 93% of women respectively. From the FGD discussion, it emerged that the majority of young women did not have gas cookers and microwaves and mainly used paraffin and charcoal for cooking. While both cooking methods are harmful to their health, charcoal requires more time to lit (approximately 30 minutes) therefore consuming more of the young women's disposable time. With this acute time poverty, young women have little time to engage in economic activities, therefore perpetuating their economic disadvantage. This survey concludes that economic security among young women will give them the ability to buy appliances that will reduce the time they spend on daily household chores and therefore increase their disposable time.

This survey has established that there are barriers that hinder young urban women from accessing sexual and reproductive health services. These barriers are harassment and mistreatment, difficulties in accessing the facilities due to physical infrastructure, lack of access to information, lack of involvement in medical decisions affecting them, unaffordability of the health services, and youth unfriendly services. These barriers manifest in discrimination and stigma, leading to denial of rights.

There is ample evidence to suggest there are various policy, legal, institutional, and other frameworks, national, regional, and international, in place to safeguard the SRHS and also guarantee bodily integrity to young urban women. However, implementation has been a challenge due to low enforcement and lack of budgetary allocation to these areas by the national and county governments. This has left gaps that are exploited by the perpetrators of the violations, therefore perpetuating the denial.

5

RECOMMENDATIONS

RECOMMENDATIONS

Economic security

- Low levels of awareness among young urban women on their rights at the workplace leave them vulnerable to manipulation and victimisation by their employers. The project should focus on creating awareness on rights among the young women and build their skills to effectively advocate for their rights. This can be achieved through:
 - Educating them on their rights as by the Constitution of Kenya.
 - Linking them with trade unions.
- Young women indicated a correlation between low education level and sexual harassment. They said that their low levels of education hinder them from finding decent jobs and they therefore end up doing jobs considered indecent by society. The project should encourage young women who have dropped out of school to go back and increase their level of education and enrol in vocational training courses to increase their employability.
- The project should initiate programmes that empower young women economically, raising their creditworthiness and saving habits. There is also a need to train the young women on financial management, business management, and marketing skills.
- The project should focus on investing in young women's economic empowerment and skills development through provision of vocational training to YUW.
- The national and county governments should disseminate information on opportunities under AGPO in more effective ways such as announcing in churches and social halls. Newspaper advertising does not reach the majority of the young urban women.

Sexual and reproductive health

- This programme should develop a popular version of SRH information materials that are reader friendly, targeting particularly young urban women.
- During the FGD with young women, the discussants stated expressly that women do not have power to make decisions on sexuality. The programme should focus on creating awareness and providing reliable information on human sexuality through training that empowers young women to make responsible decisions regarding their sexual lives. In particular, the young women need to develop negotiating skills, addressing gender double standards, developing their capacity to build equitable relations with partners and peers, and building their self-esteem.
- An advocacy group should be formed/strengthened to push for the national and county governments to ensure that they make sexual and reproductive health services an integral part of the minimum healthcare package offered to young women under primary care. This should be done through increased budgetary allocation to ensure that young women have access to contraception when they need it, family planning, and information on how to prevent sexually transmitted infections.
- The government must work towards ensuring that youth-friendly, non-discriminatory sexual and reproductive health services - including family planning services - are made widely available and accessible to all adolescents and youth.
- 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 services that create greater autonomy and choice for young women. Efforts should focus on addressing staff attitudes, perceptions, and treatment of young women to ensure that young women are able to access the information and services they need.
- The programme should train young urban women as paralegals to advocate for increased access to SRHS for young urban women.

Gender Responsive Public Services

- Despite numerous policy, legal, and institutional frameworks (national, regional, and international) being in place to guarantee GRPS, their implementation has been a challenge. This has been mainly due to low enforcement caused by lack of capacity among the policy makers, and low budgetary allocation to these areas by the national and county governments. The programme should focus on building capacities of policy and decision makers, both at national and county government levels, with the aim of improving GRPS.

Unpaid care work

- The programme should facilitate dialogue in the community around norms and practices that oppress young women, such as unpaid care work, incorporating innovative and participatory approaches. An example of this is fostering male ownership of the awareness campaign through enrolling proactive men as role models and champions for gender equality within the project areas. Men in the community should be sensitised on the need to share household chores fairly with women.
- Recognition involves gathering quantitative and qualitative information on the scope of unpaid work and the distribution of its burden among individuals and communities.
- The programme should support the establishment/strengthening of an advocacy group that will engage the national and the county governments to adopt systematic use of Gender Responsive Budgeting as a method to analyse the unpaid care burden and care needs, identify policy responses and ensure that there is a budget line for implementing such policies.
- The programme should support male role models and initiatives that enable men to take on more care work in order to influence men's opinion on sharing of roles in a household.

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ActionAid International Kenya
P.O.. Box 42814-00100 Nairobi
Tel: +254722518220 +254733333352
Email: info.kenya@actionaid.org
www.actionaid.org/kenya