

MAKING ACCESS REAL

Access to SRHR at local clinics

Young Urban Women Project





Title: Access to SRHR at local Clinics

Organisation: Young Urban Women

Country: South Africa

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Who are we?

Afrika Tikkun is an organisation that was founded in 1994 with the goal of making a difference in the South African economy by developing and uplifting young people living in underprivileged communities. The Young Urban Women (YUW) Project is run by Afrika Tikkun under its empowerment programme, and is implemented in four of its centres in Johannesburg (Diepsloot, Orange Farm, Alexandra and Braamfontein). We work with young women 13 – 18 years old on issues of access to decent work, sexual and reproductive health and rights (SRHR) and services. We also support their participation in leadership in three key ways – empowerment, campaigning and solidarity. The Project understands that the challenges to young women exercising bodily integrity and autonomy are multiple and interconnected. We have selected three focus areas that we understand to be critical to living a life of dignity. These are: bodily autonomy, which means being free to do as one wishes with her body; decent work, which speaks to finding work that supports a reasonable standard of living and casts a spotlight on the issue of unpaid care work that burdens young women and places unfair expectations on them in the home; and the empowerment of young women to advocate for their rights.

What was the issue?

Access to SRHR information and services: Young women reported receiving treatment that was unprofessional, unkind and, in some cases, insulting, from healthcare workers who at times refused to attend to them. Questions like: “why are you having sex so young?” or “does your mother know that you’re sleeping around?” or “why not just focus on books and not boys?” were common. These were not only unhelpful but discouraged other young women from seeking services.

With little information being received from school, their parents or health centres, the gap was being filled by peers and online sources. Myths around sex and sexuality, such as not falling pregnant if one has sex in certain positions, or not getting HIV if you are a virgin, abounded among the groups. This resulted in a high rate of early and unwanted pregnancies. This problem seemed overwhelming to the young women because it had so many elements that they felt they did not know how to face. How would they all come together to agree on a way forward? How would their families view them if they advocated for their SRH rights? How would their peers outside of the program view them? Who would take them seriously? Did they have something to say that was important? These were some of the questions that arose for them.

What was the change that we wanted to see?

- Young women being able to use feminist analysis to put themselves in a position to change their lives.
- An end to young women falling pregnant early, and not finishing school, because they were not able to access contraceptives.

What did we do?

We held weekly group meetings at which young women shared stories and de-bunked the myths mentioned earlier. We conducted advocacy workshops through which they gained clarity about their issues and how to address them.

This process resulted in a campaign with the following components:

- Direct advocacy to those in positions of power to demand our right to sexual reproductive health information and services. The young women realised that, among them, they had relationships with some of the clinic staff, they had access to a ward councillor and, through relationships with their local Department of Social Development, they could access people who would support their cause. They began speaking with those people informally at first, discussing their challenges and finding out the best way to get help. These people heard them out, and gave advice and direction on how to approach health clinics and local AIDS Councils, that influence community health.
- Empowering young women to do SRHR advocacy within their communities. The programme taught them that they had the right to be who they were and to express themselves; and the right to decide what they wanted to do with their own bodies. They wanted to share this knowledge with their peers outside of the programme and began hosting discussions and dialogues for this purpose. The reception was not all good because the issue of sex and sexuality is taboo in their communities. It also created divisions within the groups, with some feeling that they should not disclose the contents of their meetings to outsiders who may not understand, and others feeling that the information that they had gained was so important that they had no choice but to share it.

- Building the capacity of young women to exercise control over their own lives and bodies. The young women felt that by sharing the information from their meetings, they could be saving the lives of their peers. They spoke with others at their schools and held dialogues in larger spaces, where they brought in the health professionals that they had befriended.

What did we achieve?

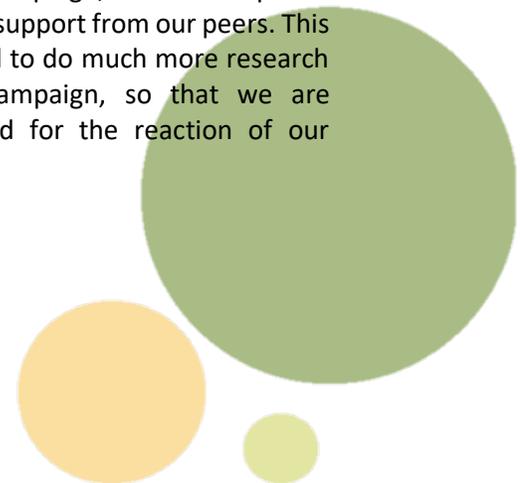
The campaign was a success. Tangible outcomes include the establishment of a Youth Desk at Hillbrow Clinic in Johannesburg. It will be assigned a young woman from the programme to act as a peer information guide. She will be available to welcome clients and direct them to the appropriate professional.

At the Orange Farm Clinic, the nurses have set aside Fridays for young women to come and access services. These successes were as a direct result of the young women taking action themselves and petitioning the facilities.

What were the key lessons learnt?

Communicating clear intentions: The larger group of young women were initially uncertain of the intentions of the campaign and feared being used by those that were leading it. Prioritising the building of relationships with each other as young women strengthened the campaign.

Research: Although we did some research before starting the campaign, we were surprised by this initial lack of support from our peers. This means that we need to do much more research before our next campaign, so that we are adequately prepared for the reaction of our target group.



Working with allies from “the other side”: The response from the clinics was mixed, and gaining entrance into the facilities proved to be challenging. But the young women took stock of the relationships around them, and decided to approach the health professionals they knew personally. They were able to use those relationships to cultivate allies who became key in getting them into the facilities.

Clear and well-grounded messaging: The process of getting to what we really want to say was long and, with multiple voices, often unsure. But we decided to focus on one key goal at a time, which gave us clarity and kept us focused.

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