BRIEF 3:
WHAT DO HARARE URBAN YOUTH SAY?

Introduction:
A lens on urban health inequalities

By 2050, urban populations will increase to 62% in Africa. The World Health Organisation (WHO) and UN Habitat in their 2010 report "Hidden Cities" note that this growth constitutes one of the most important global health issues of the 21st century. Cities concentrate opportunities, jobs and services, but they also concentrate risks and hazards for health. How fairly are these risks and opportunities distributed across different population groups but also across generations? How well are African cities promoting current and future wellbeing? How far are health systems responding to and planning for these changes?

TARSC as cluster lead of the "Equity Watch" work in EQUINET explored these questions in 2016-7, for east and southern African (ESA) countries. We implemented a multi-methods approach to gather and analyse diverse forms of evidence and experience on inequalities in health and determinants within urban areas. We also explored responses to these urban conditions, from the health sector and the health promoting interventions of other sectors and of communities.

We aimed to build a holistic understanding of the social distribution of health in urban areas and the responses and actions that promote urban health equity.

This included building an understanding of the distribution of opportunities for and practices promoting health and wellbeing from different perspectives and disciplines.

We thus integrated many forms of evidence, including a review of literature, analysis of quantitative indicators, internet searches of evidence on practices, thematic content analysis and participatory validation by those more directly involved and affected.

This brief covers the participatory validation by youth from six different suburbs in Harare facilitated by TARSC and the Civic Forum on Human Development (CFHD).

The youth participants and voice is from A Shoko, L Zata, S Kapombe, N Nyamajiva, P Mareya, L Makura, T Mazawazi, L Manyengawana, F Molai, B Kajawu, S Denhere, T Goredema, I Makaya, B Nhandara, M Banda, M Chifamba, C Hanyani, K Madondo, B Shumba, Dr Madawo, C Tsoka, P Dana, Ri Chirunga, N Gweshe, At Chipangura, S Zimbeva, M Makuchete, T Solani, W Dzamunokora, M Muzawazi, W Molai, F Kwaramba, A Nyandwe, U Courage, and W Jasi (named with their consent).

May 2018

Common and diverse paths to wellbeing identified by Harare youth

The six groups of young people involved in the participatory validation were identified in a pilot discussion with youth in the CFHD, based on their perception of the diverse social groups of young people across areas, economic and social situations in Harare.

From the different groups in different social conditions, the groups identified in this pilot discussion as representing a spectrum of conditions for the participatory validation were:
• Youth living in northern higher income suburbs.
• Youth in formal jobs (although noting that they may also be in insecure jobs)
• Young people in tertiary education.
• Young people in Epworth, as a suburb with informal settlements.
• Unemployed youth.
• Youth in informal jobs.

Several stages of participatory validation were used to review the evidence from other sources and to identify thematic priorities for future document review or evidence gathering.

In August 2016 the first stage of participatory validation was held in Harare. Each group had six young people, except for the northern suburbs where there were 5 youth, so there were 35 in total. Youth from two social groups (unemployed, informal employment) largely came from southern and high density suburbs outside Epworth and the northern suburbs, while some in formal employment and tertiary education also lived in Northern suburbs. There was otherwise limited overlap in the groups. Nearly half (15) of the youth were female.

The participatory validation took a half day for each group and explored how the findings on health and wellbeing and the dimensions, determinants and priority areas of wellbeing from the document reviews compared with those raised by young people from different settings. The process involved participatory methods for
• understanding and dimensions of health and wellbeing (cards and line ups)
• priorities in health and wellbeing (ranking and scoring)
• drivers of health and wellbeing (social mapping)
• priority areas for follow up work (buzz groups)

The same participatory process was implemented with each of the six groups at different times.

In a second stage meeting in September 2016 the findings were discussed with all 6 groups of youth in one meeting to interpret the consistent and different findings across the 6 groups. The youth explored through revisiting the social maps what promoters or risks different groups of youth can influence and how. They discussed in buzz groups their priorities for information on how these issues are being tackled in other cities globally, including by young people. Brief 4 presents the findings on these innovative practices in other countries and how they were viewed by the Harare youth.

In this brief we summarise the findings of the participatory validation in the two meetings in 2016. We present how the views of the Harare youth related to the areas of health and wellbeing identified in the literature, and how far their experiences varied in the different groups.

When the Harare youth were asked in the participatory sessions whether they thought different groups of young people would have different views on their urban wellbeing and how they were responding, each group generally said no.

What do the findings show?
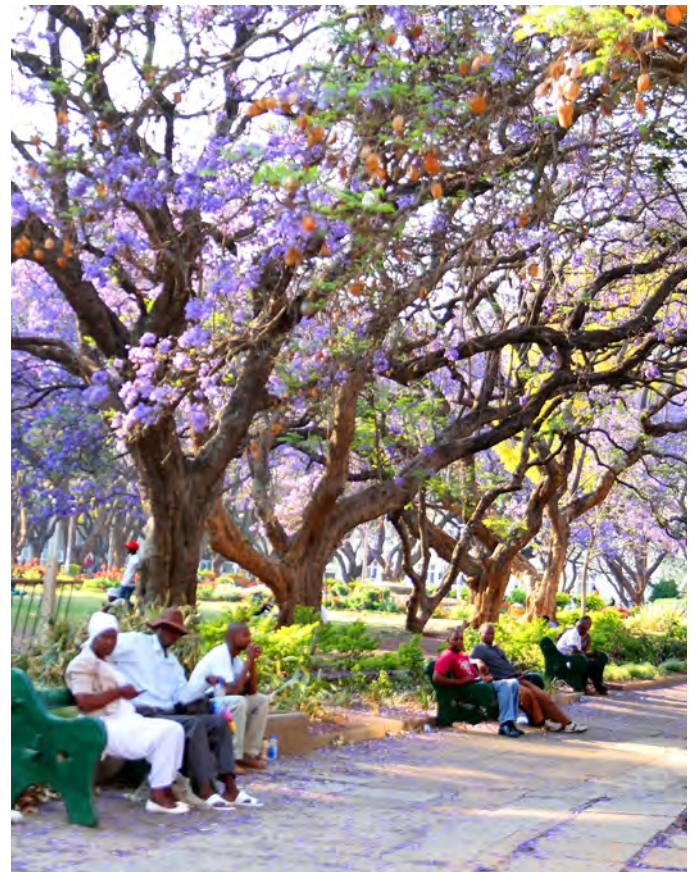
Shared perceptions of features and drivers of wellbeing

The detailed findings are reported in a separate report by TARSC and CFHD, showing the results of each group separately. This brief provides the summary of the findings across the six groups.

In general, all groups had a more narrow definition of health than of wellbeing. All groups identified that health - as physical, mental and social wellbeing and absence of disease – has been identified with the medical profession and curative services.

Wellbeing, in contrast, was seen to incorporate many dimensions of people's psycho-social, economic, environmental and daily lives that are more familiar to young people. To the physical and economic aspects of health, young people added education, cultural choice, living conditions (especially shelter, water and sanitation), diets, secure jobs and incomes, having a balance of time between work, leisure and family and participation in government decisions as dimensions of wellbeing.

Social maps were used to present features of the parts of the city familiar to each group, as residential areas for some, city centre for others or other settings they frequent. They used green colours for features promoting wellbeing and red for features seen to harm wellbeing. The maps were diverse. They were reviewed and discussed by each group to identify key features of the city affecting their wellbeing. They are shown here with their 'keys' to indicate the balance of positive and negative features.
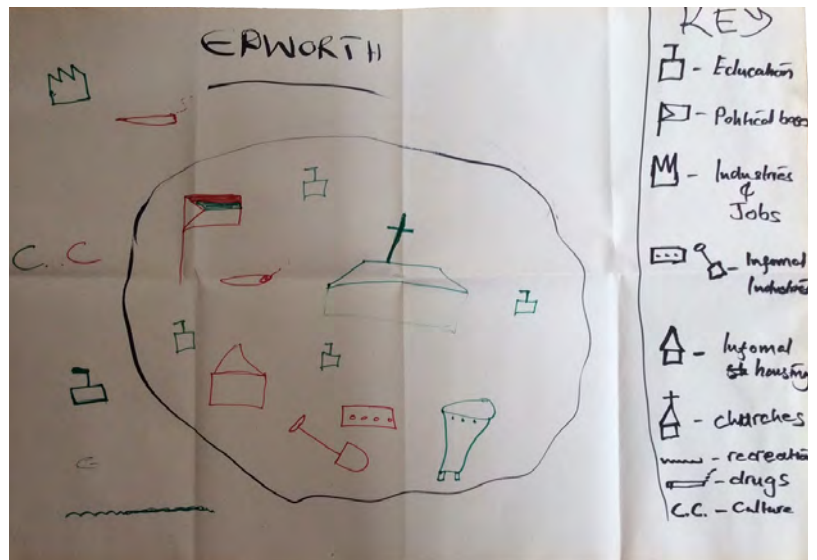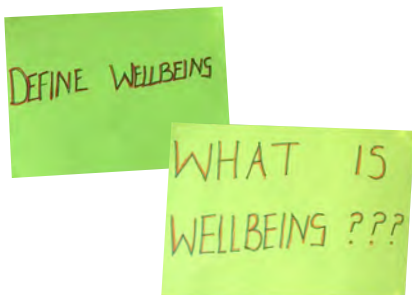

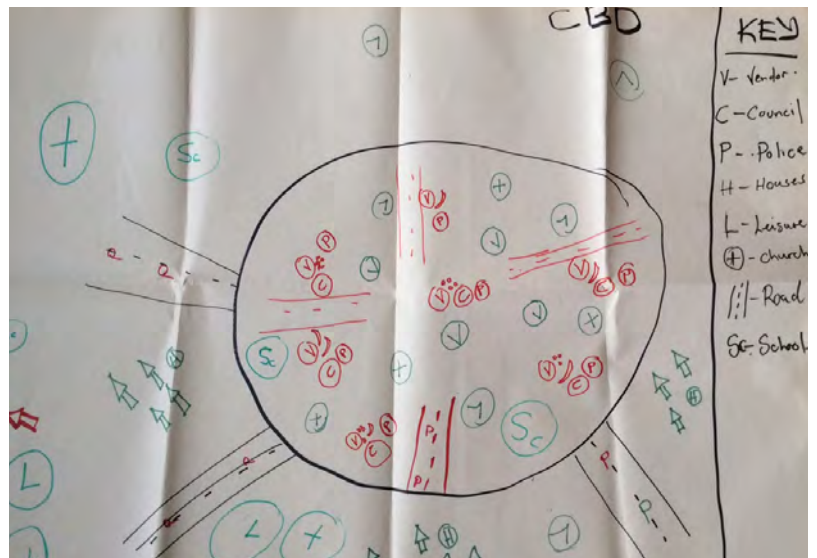Figure 3.1: Social map created by Epworth youth

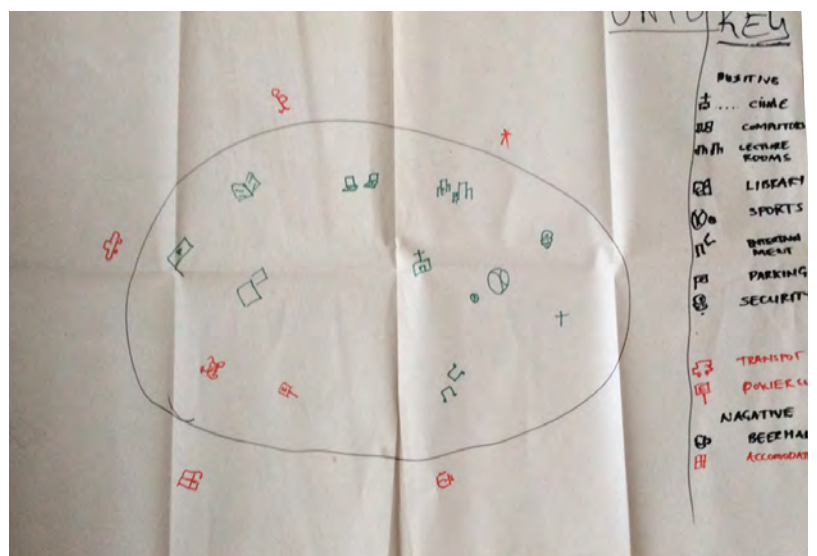Figure 3.2: Social map created by unemployed youth

Figure 3.3: Social map created by Harare youth in tertiary education

The different groups saw some (not all) of the wider dimensions of wellbeing raised in the literature as important, including those that relate to time use, psychosocial and ecological issues. Even in Harare's context of deep economic insecurity at the time, the youth in all groups raised these wider psychosocial and environmental issues, observing that these often ignored aspects are important for their current and future wellbeing.

The process thus validated many dimensions found in the literature on wellbeing, albeit with strongest focus on issues that have more immediate concern in the current context in Harare.

There were common debates within the groups, such as:

- With changes taking place, is culture overshadowed by other factors in wellbeing or is it, in contrast, still important for identity?

- Is wellbeing more determined by the ability to get a secure job or the ability to create employment by developing one's own enterprise/ activity?

- What is the value of green spaces? They were seen to support social interactions and mental wellbeing for some, while others said they did not have the time to take advantage of these spaces making them less relevant to their wellbeing.

- How far people should participate in government decisions. What is the reasonable balance between having a say and taking over what the state should be doing? Are youth listened to?
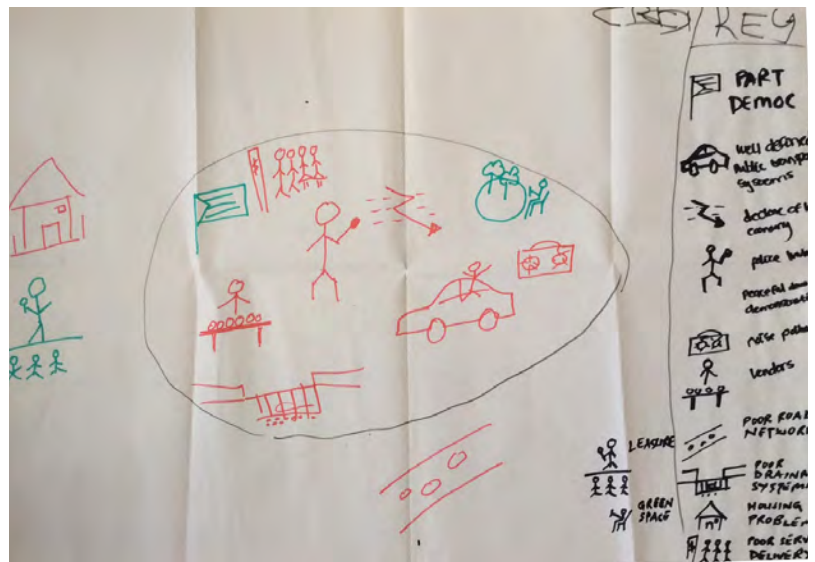

Figure 3.4: Social map created by Harare youth in formal employment
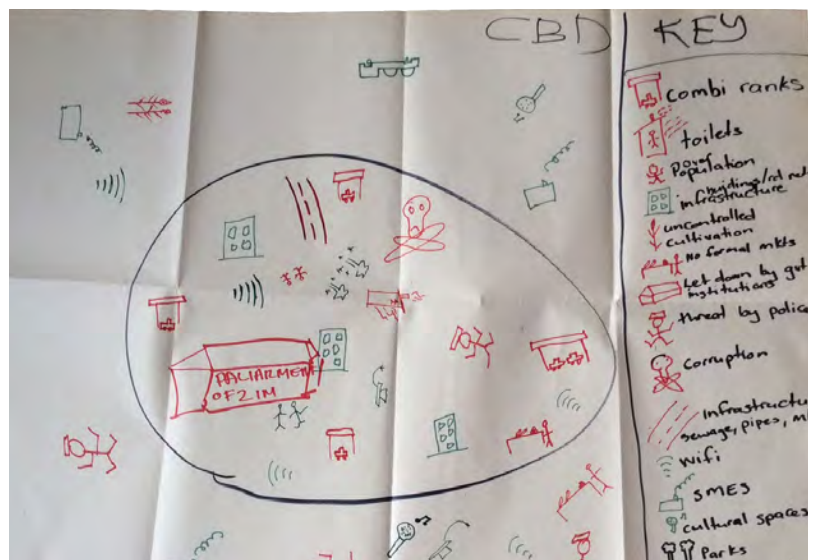

Figure 3.5: Social map created by Harare youth from Northern suburbs
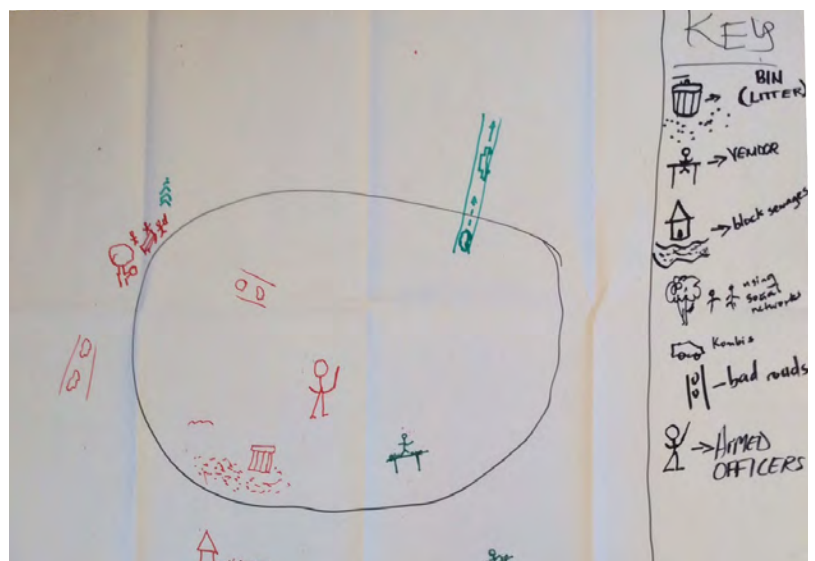

Figure 3.6: Social map created by Harare youth in informal employment

Different perceptions of features and drivers of wellbeing

Following ranking and scoring of the features identified in the social maps, some features of wellbeing were seen as highly important across all six groups, including: secure jobs and incomes; education and participation in government decisions, followed by shelter / housing, entrepreneurship and having a balance of time between leisure, work and family.

There were, however, differences in identified dimensions beyond the major common factors:

- Some groups identified personal features, including self-determination, self-esteem and a positive mental attitude (youth in tertiary education; in formal employment; Northern suburbs youth) and spiritual maturity (unemployed youth).
- Unemployed youth raised entrepreneurship as more relevant than secure jobs
- Epworth youth gave a higher rating to shelter than others, and were also the only group to raise the issue of social grants to access services.
- Youth from Northern suburbs and youth in informal employment both raised a peaceful, violence-free environment and social support networks as key issues.

- Youth in informal employment felt participation in government decisions to not be relevant to their wellbeing as their inputs were not seen to make a difference to decisions reached.
- Epworth youth and those in formal employment identified harmony with their environment.
- Epworth youth identified rights as key to wellbeing, while youth in tertiary education raised gender equality as a key dimension.

Further, as shown in *Table 3.1*, there were differences across the groups in the features they ranked as most important for current and future youth wellbeing:

Table 3.1: Harare youth priorities in health and wellbeing

	Top most important for your wellbeing now	2nd and 3rd most important for youth now	Most important for youth in 10 years in the future
Epworth youth	Education	Economy Participatory democracy	Economy Education Participatory democracy (*) Shelter
Unemployed youth	Secure jobs	Housing	Education Entrepreneurship
Youth in tertiary education	Positive mental attitude	Good social environment Education	Positive mental attitude
Youth in formal employment	Secure income	Secure jobs Participatory democracy	Secure income Shelter Green space
Northern suburbs youth	Secure income/ financial security	Secure jobs Entrepreneurship Participatory democracy	Secure income/ financial security Security Participatory democracy
Youth in informal employment	Education	Secure jobs Living conditions Entrepreneurship	Entrepreneurship

(*) refers to participation in government decisions

Two youth groups (Epworth and those in informal employment) shared a perception of education as being the most important feature for them now, while northern suburb, formally employed and unemployed youth saw jobs and income as the most important contributor to their wellbeing. Youth in tertiary education ranked highest having a positive mental attitude.

While there was diversity in the features rated as second or third most important, there was a shared sense amongst several groups that participatory democracy, secure jobs, and entrepreneurship are important for wellbeing. Across the groups the opportunities to improve material conditions and psychosocial conditions were seen as important contributors.

The diversity found, shown in *Table 3.1*, reflects in part diverse contexts: those in less secure circumstances saw education as opening possible opportunity; unemployed youth saw jobs as critical, while those in employment or in higher income areas saw rising incomes as more critical.

At the same time there are overlapping preoccupations with how far the economy is providing security and opportunity for young people. This included providing safe and supportive living and social environments and opportunities to be heard and listened to in decision making.

In thinking of youth wellbeing in the future there was a similar diversity of views across the groups. While youth in formal employment, in tertiary education and in northern suburbs saw the highest rated features remaining relatively constant, those in Epworth, unemployed youth and those in informal employment perceived that the drivers of wellbeing would change in the future. They envisaged more competitive, overcrowded settings, where young people would depend on their capacities for innovation and entrepreneurship to promote their wellbeing.

Across all groups, despite the diversity of backgrounds, participants noted that their views are not taken seriously and that they lack mechanisms for proactive engagement on the issues that are important to them. They noted that organisations that work with young people are not consistently discussing these concerns around wellbeing or giving voice to youth proposals to address them, despite their preoccupations being different to those in the general population.

At the same time the findings indicate that there is diversity between young people in different parts of the city and different social contexts that affect which of these dimensions of wellbeing they perceive to be most important.

The youth validation raised a number of new psychosocial drivers of wellbeing that were not well captured in the published literature, nor measured in ESA country databases. A better understanding of the social differentials in health and well-being would need to integrate the extent to which people see their views as valued, to which they belong to supportive networks or have secure housing, or are supported to create or tap economic opportunities.

In the participatory validation it was evident that the question preoccupying young people was not 'how big is the gap between us?' but 'how, collectively do we close the gap'?

Improving youth wellbeing in Harare

The participatory validation confirmed many of the dimensions of wellbeing raised in the literature on holistic paradigms. While areas such as jobs and incomes are commonly measured, the youth raised many areas as priorities that are poorly monitored in cross country databases (as described in *Brief 2)*.

From the factors and priorities identified, the validation suggested that a platform of policies for youth wellbeing in Harare would at minimum need to address:

1. The extent to which the content, organisation of and access to education and to which information, social media, economic resources and investment support young people to access secure jobs, and to create economic activities that can provide steadily improving incomes.

2. The opportunities young people have to access housing / shelter in clean and secure, violence free environments.

3. The measures that build youth self-esteem and supportive networks.

4. The opportunities for youth to exchange on, build and communicate collective proposals for policies and services that concern them, and to be heard and integrated into decision making by authorities.
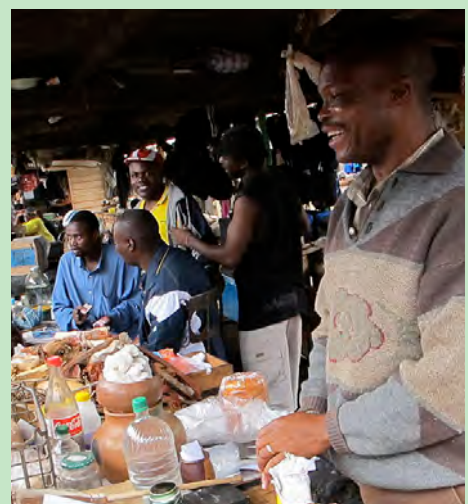
Exploring how other countries are addressing these priorities

The drivers identified as having most impact on their wellbeing led to a discussion on how other countries and youth organisations are addressing these areas of wellbeing. Those practices that were seen to be most important across the six groups of youth were:

1. On education: How is access to education being supported? How are youth involved in shaping the education curriculum, content and systems? What social grants are there for health and education for young people to protect access and how does this work?

2. On job creation: What measures support job creation for youth, in what areas?

3. On enterprise creation: How are economic activities and small and medium enterprises for youth being stimulated, invested in with loans/capital and other resources, and encouraged? How is youth entrepreneurship being supported?

4. On the creative and green economy: How is the creative and cultural economy being developed and organised to support youth employment? What economic activities are youth doing in sport, in the creative economy and the green economy? How is internet and social media being used for this, including to support online markets (eg for music)?

5. On shelter/social conditions: How is youth access to shelter / housing being organised and supported, including through social housing? What facilities are being put in place for a non-violent enabling community environment for young people?
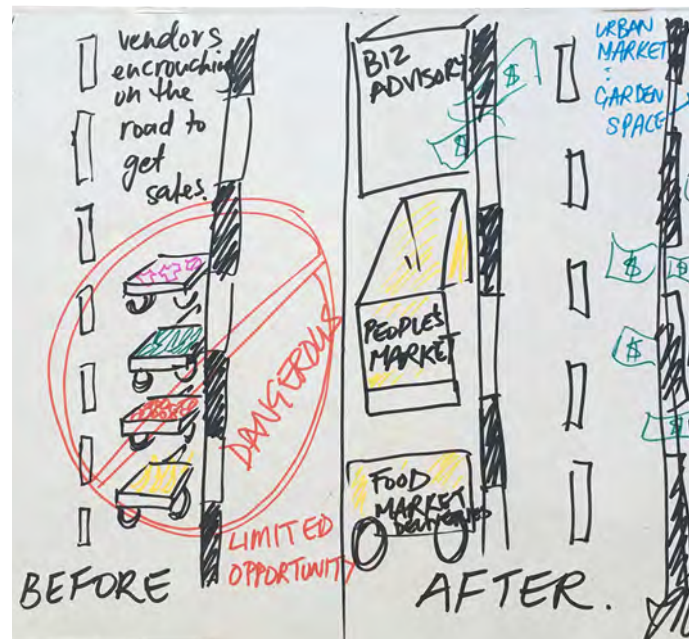
6. On information and communication within youth: How are youth influencing debates, norms and practices relating to gender equality? How is social media is being used in relation to social processes within youth? How is solidarity being built across different social groups of youth in the city?

7. On participating in government decision making: How are youth issues being raised nationally? How are youth influencing decision making on economic and social policies, investments and programmes?

Brief 4 provides a summary of the findings from these searches and of the exchanges with the Harare youth on these innovations, and what they imply for improving health and wellbeing.