Missing girls in urban slums of the Global South? Exploring the intersections between puberty, poverty and gender Inequality

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Editorial Board

'Missing Girls' in Urban Slums of the Global South? Exploring the Intersections Between Puberty, Poverty and Gender Inequality

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Abstract

If analysis of the interrelations between urbanisation, gender and poverty in developing country contexts has only recently come onto the radar of scholarship and policy interventions, then it could be levelled that the situation of adolescent girls has taken even more of a backseat. Despite recent 'Smart Economics' discourse on the need to invest in younger generations of women to maximise the returns to development and gender equality, in actuality little importance has been accorded to dedicated research on, or policy interventions for, early adolescent females in urban slums whose prospects of exiting poverty frequently come up against massive constraints at menarche. This paper, which draws on recent work by the authors for the DfID-funded Gender and Global Evidence consortium project managed by the Overseas Development Institute, identifies the critical need for prioritising research on, and action for, this hitherto marginalised group in order to create more gender-equitable urban futures. Discussing some of the main reasons why menarche presents such a vital moment in women's lives and the particular challenges encountered by young female residents in urban slums, we highlight the need for intersectional approaches to urban planning and development that engage adolescent girls as meaningful – rather than 'missing' - stakeholders.

Key Words

Adolescent girls; poverty; urban slums; menstruation; gender, WASH.

Acknowledgements

1. Introduction

If analysis of the interrelations between urbanisation, gender and poverty in developing country contexts has only recently come onto the radar of scholarship and policy interventions, then it could be levelled that the situation of adolescent girls has taken even more of a backseat. Despite recent 'Smart Economics' discourse on the need to invest in younger generations of women to maximise the returns to development and gender equality, in actuality little importance has been accorded to dedicated research on, or policy interventions for, early adolescent females in urban slums whose prospects of exiting poverty frequently come up against massive constraints at menarche. Attention to the intersectionality of gender and age, and in this particular case, pubescent women, is all the more important considering the argument that slum-dwelling cannot only pose significant barriers to the advances in gender equality often observed to be accelerated by urbanisation in the Global South, but even (re)entrench gendered divisions of labour, access to resources, freedom of movement, and power (Chant and McIlwaine 2016). The commonly perceived risks to young girls from violence and early sexual debut in urban slums, compounded by the social and physical challenges of managing menstruation in situations of limited privacy and water, sanitation and hygiene (WASH) services, and where modesty and secrecy may be prioritised by parents and guardians over girls' basic physiological needs, can bring about a decisive brake on building the capabilities necessary for female 'empowerment' and transforming gender relations among younger generations.

Drawing substantially on recent work undertaken for the DfID-funded Gender and Adolescence: Global Evidence (GAGE) consortium research project managed by the Overseas Development Institute (ODI) [1] (Chant, Klett-Davies, and Ramalho, 2017), our chapter identifies the critical need for prioritising research on, and action for, an hitherto marginalised group in order to create more gender-equitable urban futures. Building on the findings of our rapid evidence

[1] The Gender and Adolescence: Global Evidence (GAGE) research programme is a nine year longitudinal multi-regional study on issues affecting adolescent girls and good practice interventions and policies that support their empowerment in diverse contexts. See https://www.gage.odi.org/ for more information.

review, within our discussion we consider some of the main reasons why menarche presents such a vital moment in women's lives, the particular challenges encountered by young female residents in urban slums, and how there is often a significant hiatus between contemporary policy discourse which emphasises the need to 'invest in girls' and the paucity of 'on the ground' interventions which actually do so, especially in ways that engage them as meaningful – rather than 'missing' - stakeholders. While our analysis focuses broadly on the struggles associated with gender, age, and place and space of residence, it is important to recognise the complexity and multiple layers of girls' identity and how discrimination relating to other social characteristics such as ethnicity, race, religion, physical and mental ability and sexual orientation might compound experiences of disadvantage. Following consideration of some of relatively rare initiatives targeted to young adolescent females in urban slums to date, we reflect on possible pathways to wider, more inclusive, and sustainable strategies to promote gender equality in Global South towns and cities that are sensitive to the diversity of their contemporary – and increasingly feminised - populations.

2. Why focus on adolescent girls?

As of 2018, people living in towns and cities constitute 55 percent of the world's population, three quarters of whom reside in the global South, where more than 90 percent of urban population growth in the next few decades is also projected to take place (UNDESA, 2019, p. 1). Children currently account for roughly one quarter of urban residents globally (UNICEF, 2012, p. 1), many migrating to the city alongside family members or independently in search of employment, education, and other opportunities perceived to be on offer in urban centres. A 2006 World Bank analysis of census and household data from 12 countries suggests that as many as one in five migrant children aged 12–14 and half of those aged 15–17 migrated to their city of residence without a parent (McKenzie, 2006 cited in UNICEF, 2012, p. 35). Fuelled inter alia by poverty, changing family structures, and expanding urban labour markets, girls make up a significant and growing proportion of these migrants, even in regions where male-selective migration has hitherto been the norm (Chant, 2013; Chant and McIlwaine, 2016; Tacoli and Chant, 2014). However, consideration for the needs and interests of children, young people and adolescent girls in particular, remain largely neglected in urban planning and development interventions, despite the

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particular vulnerabilities and issues they face relating to their age and other intersecting social characteristics (Bartlett et al., 1999; Chant et al., 2017; Chatterjee, 2015; Simpson, 1997; UNICEF, 2012).

Furthermore, although there is evidence of urban advantages in health, education and employment, a socio-spatial analysis of these outcomes suggests that many of these services and opportunities remain inaccessible to the poorest of urban residents and especially those living in slums, who are not only disadvantaged compared to wealthier urban residents, but also often in relation to people living in rural areas (Chant and McIlwaine, 2016; UNICEF, 2018, p. 2). In Kenya for example, Mugisha (2006) found urban advantages in school enrolment to be age-, sex- and space-dependent, with school enrolment for children residing in slums declining as they get older at a faster rate than among their rural counterparts. This differential was attributed to children in slums being pushed into income-generating activities at an earlier age, and subject to greater levels of exploitation and exposure to prostitution, alcohol and drugs than in rural and non-slum urban settlements (ibid.).

While poverty incidence (in income terms) is often lower in urban than rural areas, the conventional wisdom that urbanisation is 'good for women and girls' based on claims of cities as sites of 'female emancipation' (Dyson, 2010; UN-Habitat, 2010, p. 3) appears especially amiss for adolescent girls living in slums, where intersecting socio-economic and spatial deprivations may leave them even more vulnerable than girls living in rural areas (Chant et al., 2017; Chant and McIlwaine, 2016). As summarised by Aling'o and Abdulmelik (2017, p. 2), adolescent girls "experience multiple layers of discrimination on the basis of socially constructed gender roles, but also on the grounds of age, which compounds their marginalisation. Typically, they are relegated to the bottom of power structures within the family, the community and society". Such inequalities in power, privilege and political agency result in young women being disproportionately affected by the structural exclusions and spatial limitations that characterise many urban poor neighbourhoods, with important implications for their health, wellbeing and personal advancement.

Absent or inadequate WASH infrastructure and a lack of access to affordable health services, for example, exacerbate the reproductive responsibilities of adolescent girls, requiring them to walk longer distances to collect water for household consumption and care work, eating into their already limited time for studying, socialising or sleeping. It is estimated that women and girls collectively spend as many as 200 million hours every day collecting water (UNICEF, 2017, p. 37), an average round trip in sub-Saharan Africa, taking 33 minutes in rural areas and 25 minutes in urban areas (UNICEF, 2016), reflecting massive gendered and gerontological opportunity costs. Access to safe and private toilets and bathing facilities is another major issue affecting adolescent girls living in slums, their ability to adequately care for their personal hygiene during menstruation further constrained by the pervasive stigma attached to frank and open discussions of female reproductive health (Chant et al., 2017, p. 8; Coast and Lattof, 2018; Coast, Presler-Marshall, and Lattof, 2017).

Attention to the needs and challenges of adolescent girls living in cities is important for several reasons. Adolescence represents a 'pivotal' life stage in respect of the speed and scope of physical transformations associated with puberty, as well as individual cognitive, emotional and social development (N. Jones, Presler-Marshall, and Samuels, 2018). It is a time in which important life skills and capacities are developed and fomented, a process which Jones et al. (2017, p. 3) note is "deeply gendered… as gendered norms become increasingly enforced and personally salient". For girls, the biological and socio-cultural changes prompted from the onset of menarche make this time in their lives particularly significant. A symbolic marker of their entry into woman-hood and child-bearing capacity, girls who have started menstruating may be expected to dress and behave differently, and are often made to take on additional reproductive responsibilities in the household, resulting in less time for engaging in education and leisure activities (Mmari et al., 2016 cited in Coast and Lattof, 2018, p. 2). Increased surveillance and curtailed mobility in an effort to uphold gendered moral codes that limit female interactions with (and potential sexual advances from) men is also common (ibid.). Whether based on self-censorship or guardian-imposed restrictions, this leads to radically reduced 'worlds' for pubescent girls.

As evidence of this, Hallman et al.'s (2015) study comparing perceptions of safety among grade 5 and grade 8-9 girls living in urban and rural communities in KwaZulu-Natal South Africa,

found that girls' interaction with public spaces were seen to 'shrink' with puberty by almost 60 percent, while the perceived sense of mobility among boys of comparable age groups more than doubled. Interestingly, among the younger cohort of respondents (aged 9-13 for both genders), girls represented their community as a much larger space than did boys (6.33 versus 3.79 square miles), indicating that girls' spaces do not start out smaller than boys', but become so after puberty. Strikingly, female respondents aged 14-17 reported by far the smallest perceived geographic range, even less than that of boys and girls some five years younger than them. It is also worth noting that this contracted mobility of girls at puberty did not result in fewer perceived threats. To the contrary, urban girls aged 14-17 perceived the majority of spaces and persons in their small spheres as unsafe, indicating a perception that the community itself poses a threat. Whether actual or perceived, the safety concerns affecting adolescent girls place huge constraints on their freedom, geographic mobility and access to opportunities, with lasting psychosocial and material implications for their longer-term development (ibid., p. 288). These findings also speak to the" duality of increased risks and increased opportunities" that girls in cities are required to contend with (Travers, Ranganath, and Livesey, 2013, p. 2; see also Mclean and Modi, 2016).

Nonetheless, as touched on above, evidence points to increasingly feminised urban migration flows and urban populations demographics more generally, even in countries that have historically had considerably more masculinised sex ratios (Chant and McIlwaine, 2016, p. 1; Kinyanjui, 2014, p. 43), with adolescent girls constituting a significant and growing proportion of urban dwellers. In Ethiopia for example, young girls are more than twice as likely as boys of the same age, to migrate to cities in search of educational and work opportunities (Erulkar et al., 2006; see also De Regt, 2016). Increasingly feminised rural to urban migration flows are also apparent in Bangladesh (Del Franco, 2016), particularly among younger demographics (aged 10-29), where for every 100 male migrants there are approximately 167 female migrants in the major cities of Dhaka and Chittagong, spurred no doubt by the demand for feminised labour in the growing garment export manufacturing industry (G. W. Jones, Mahbub, and Haq, 2016; G. W. Jones, 2020, p. 2). It is estimated that by 2030, girls will account for 1.5 billion urban residents globally (Plan International, 2010, p. 11), in part due rising numbers of lone adolescent female migrants, who are among the most marginalised urban residents and especially vulnerable to abuse, exploitation and

social isolation (Erulkar et al., 2006). Given the limited evidence to date that the 'feminisation of cities' has been accompanied by a narrowing of prevailing gender gaps and inequalities relating to education, employment, earnings, assets, health, vulnerability to violence, or political voice and representation (Chant and McIlwaine, 2016, pp. 2–3), urban planning and development that is attentive to the diversity of gendered needs, experiences, and aspirations of residents is clearly of paramount importance.

3. Adolescent girls: inclusions and omissions

The rights and interests of adolescent girls are nominally enshrined in various international conventions including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Beijing Platform for Action (BPFA), and the Convention on the Rights of the Child (CRC). Adopted in 1979, CEDAW is the main international treaty focusing on the protection and realisation of women's human rights to equality and freedom from discrimination, with the 1995 BPFA serving as the global policy framework outlining how governments can go about advancing women's rights as enshrined in CEDAW. Similar to CEDAW but with a focus on the fundamental rights of children, adolescent girls are also included in the provisions of the CRC. However, as Croll (2006, p. 1289) notes, "neither of these two conventions make substantive references to girls or single out girls' rights for special attention." Consequently, although many governments, NGOs and private corporations have espoused the principles and commitments of CEDAW and CRC, development attention continues to prioritise women and/or 'the girl child', neglecting the specific and needs and interests of adolescent girls and young women who remain less visible in the 'chronological margins' of policy and practice (da Silva, 2012, p. 20). Recognising the acute hardships and vulnerabilities affecting this demographic alongside the gaps in existing policies and interventions, members at the BPFA meeting in 2010 pledged to "intensify efforts to fulfill the human rights of adolescent girls and empower the hardest-to-reach, particularly those aged 10-14", through a focus on education, health, freedom from violence, leadership development and data collection and analysis to inform evidence-based practice (ibid., p. 19). Concurrently, the past decade has witnessed a growing discursive presence of adolescent girls in

international development, especially in the context of policies and programmes to address HIV/AIDS, female genital mutilation/cutting and early marriage (Harper and Marcus, 2018, p. 25).

Alongside the moral imperatives of safeguarding and expanding the rights and life chances of adolescent girls, there has also been a rise in rhetoric touting the strategic benefits of investing in girls and young women to harness development outcomes. An extension of smart economics narratives highlighting the financial returns and poverty alleviation gains that can be reaped by investing in women's development (see World Bank, 2011), the intergenerational payoffs and economic benefits of 'catching them upstream' has been pitched as 'even smarter', and popularised through campaigns such as the Nike Foundation's 'Girl Effect' and the UN Foundation's 'Girl Up' among others (Chant, 2016b, p. 10, 2016a). Smart economics operates from the basic premise that gender inequality is bad for business and growth, arguing that women work harder than men and are more likely to spend their incomes to benefit the collective wellbeing of children and households, and as such represent an 'untapped resource' in global efforts to address poverty (Calkin, 2015; Chant, 2016b; Chant and Sweetman, 2012; Wilson, 2017). Unsurprisingly, education and family planning have been central tenets of offshoot 'gender equality' programmes targeting adolescent girls (Chant et al., 2017; N. Jones et al., 2018; Wilson, 2017), with both seen as key ingredients to neoliberal objectives of increasing female labour force participation and economic 'empowerment'.

Notwithstanding the unprecedented visibility and resources that these campaigns have helped garner for gender and development programmes (Calkin, 2015, p. 654; Chant, 2016a, p. 317), the business case narratives used to justify these investments rest on and reinforce essentialist stereotypes of women and girls as altruistic, maternalistic, and risk-averse, instrumentalising rather than empowering them as agents for development while also obscuring the discriminatory social norms and structural inequalities that underpin gendered disadvantages (ibid.; see also (Chant, 2016b; Chant and Sweetman, 2012; Prügl, 2015; Prügl and True, 2014; Wilson, 2007, 2011). Furthermore, as Wilson (2015, p. 812) perceptively notes:

> "…development strategies based on the intensification of… women's labour (and specifically the idea of women as 'better' borrowers) are also dependent upon their relative spatial immobility… In a wider sense, this notion of 'not

being able to run away' from responsibilities is central to the construction of women as ideal neoliberal subjects and underpins the current focus on the adolescent girl as a reliable future investment."

The aforementioned role of education and access to contraception in delaying female pregnancy are equally crucial to freeing up girls to participate more actively in the labour market and enabling them "to become altruistic hyperindustrious entrepreneurial subjects" (Wilson, 2017, p. 61), bringing into question the motives behind these interventions and the extent to which they are truly about expanding the reproductive choices and bodily integrity of adolescent girls.

Surprisingly, despite the spotlight on adolescent girls and their celebrated potential to 'stop poverty before it starts' (Nike Foundation, 2014), targeted development interventions that address the particular needs and interests of pubescent girls remain relatively limited, with even fewer focusing on adolescent girls living in low-income urban areas (Chant et al., 2017). Drawing on our findings from GAGE Rapid Evidence Review (ibid.) the remainder of this chapter discusses some of the key issues affecting adolescent girls living in slums, revealing the importance of understanding their experiences of puberty and menstruation, and making the case for developing meaningful interventions that support them to navigate these challenges. As per the priorities defined by the ODI-led GAGE consortium, our evidence review focused on 10-14 year old girls living in slums in lower-middle-income countries. The findings were collated from desk-based research, prioritising peer reviewed journal articles but also including non-peer reviewed grey literature such as reports and working papers published between 2006 and 2016. We identified 101 studies/reports (narrowed down from 200) from the listed academic databases and targeted searches for grey literature, approximately two-thirds of which were research articles or working papers examining issues pertinent to this demographic, while one-third focused on programme interventions. The challenges of identifying the issues facing adolescent girls and associated best practice interventions in the absence of a universally applied term and age group for this demographic reinforces the need for further systematic research on this topic.

4. 'Girl interrupted': menarche and its multiple discontents

Although neither puberty nor menstruation feature explicitly within Agenda 2030's sustainable development goals (SDGs), menarche related challenges of adolescent girls have direct links with several of the SDGs, most notably SDG 5 on gender equality and female empowerment, but also the SDGs relating to health and well-being (SDG 3), education (SDG 4), clean water and sanitation (SDG 6), and decent work and economic growth (SDG 8) (Coast et al., 2017, p. 6). Social norms and stigma surrounding female sexuality and reproductive health fuel myths and misinformation and limit opportunities for girls to learn about puberty and menstrual hygiene, leaving many feeling ill prepared, afraid and ashamed when they get their period (Coast and Lattof, 2018). For girls living in overcrowded slums, the limited availability and poor maintenance of WASH (water, sanitation and hygiene) services (UNRISD, 2010, pp. 61–62) further impedes their ability to practice safe menstrual hygiene (Coast et al., 2017), resulting in a number of potential physical and mental health issues that culminate in what Chant and McIlwaine (2016, p. 117) have described as a 'gendered urban (slum) health penalty' for women and girls.

4.1 WASH and menstrual hygiene

In Kenya for example, less than 1 percent of people living in slums have access to private toilets (Hawkins, MacGregor, and Oronje, 2013, p. 30) and in India, under a quarter of slum households have access to improved sanitation facilities (Gupta, Arnold, and Lhungdim, 2009, p. 20). Coupled with social taboos, limited access to clean water and private spaces for bathing and washing strips of cloth used as sanitary pads create exceptionally difficult circumstances for females of reproductive age to manage their menstrual hygiene (House, Mahon, and Cavill, 2012, p. 93; Mahon and Fernandes, 2010, p. 10; Sommer, Ferron, Cavill, and House, 2015), challenges that are exacerbated for girls with disabilities and those who face heightened discrimination in accessing water and sanitation because of their caste or ethnicity (Coast et al., 2017; Sommer et al., 2015; Truelove, 2011). The absence of girl-friendly WASH facilities in schools further impedes these capacities, causing many girls to miss school for several days every month because they cannot keep their bodies and clothes clean, or due to social norms that impose restrictions on the types of activities and spaces deemed appropriate for women and girls who are menstruating (Coast et al., 2017, p. 5). In some cases, girls may decide to leave education entirely. Whether driven by the aforementioned struggles associated with menstrual hygiene management or due to the gendered

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risks and responsibilities that surface at this age, in nearly all contexts, drop-out rates are seen to increase rapidly as girls approach puberty (Chant et al., 2017), affecting not only their academic outcomes and future livelihood opportunities but also their self-confidence, social isolation and vulnerability to early marriage (Coast and Lattof, 2018; Coast et al., 2017; N. Jones et al., 2018).

Heightened risks of infections due to deficient WASH infrastructure, inadequate health services and a lack of knowledge about safe menstrual health practices leave girls in slums much more likely than their non-slum counterparts to suffer from various health conditions including anaemia (Indupalli, 2009), cervical cancer (Watson-Jones et al., 2015), and general complications associated with menstruation and child-bearing. A study examining the reproductive health issues affecting 13-19 year old girls living in slums in the South Indian city of Chennai, found that among the 130 respondents, three-quarters reported menstrual morbidity and half had symptoms suggestive of reproductive or urinary tract infections, the latter being especially common among girls who had married before the age of 14 (Sharanya, 2014). Nearly one-quarter of married girls also recounted a history of abortion with an additional 18 percent having self-medicated for this purpose. Notably, almost 39 percent of respondents identified feelings of shame as their primary reason for not seeking reproductive healthcare, echoing the sentiments expressed by 10-19 year old girls from a peri-urban settlement in Abuja, Nigeria who voiced a fear of stigma, feelings of embarrassment, and poor access to services as the main factors limiting their engagement with sexual and reproductive health services (Cortez, Saadat, Marinda, and Odutolu, 2016). These findings reinforce the need to combine WASH infrastructural investments with targeted awareness raising interventions that tackle social stigma associated with female reproductive health in the broader community and ensure that adolescent girls are equipped with the right information to enable good menstrual hygiene management.

4.2 HIV/AIDS

The risk of contracting HIV/AIDS and other sexually transmitted infections is also much higher in urban than rural areas, with adolescent girls disproportionately affected, accounting for 65

percent of new HIV infections among adolescents and young people aged 10–24 years globally.[2] Urban slum-dwelling girls are especially vulnerable to the virus, and relatedly, to early sexual debut, both 'voluntary' and forced (Dodoo, Zulu, and Ezeh, 2007; Kabiru, Beguya, Undie, Zulu, and Ezeh, 2010; Ndugwa et al., 2011), the latter attributed to the to the lack of privacy in their homes and neighbourhoods, and broader issues of insecurity and gender-based violence (Chant and McIlwaine, 2016, p. 125). Studies suggest that girls living in slums are more likely than their male peers to engage in sex at an earlier age, have multiple sexual partners (Muindia, Mudege, Beguy, and Mberu, 2014) and to have been coerced into their first sexual encounter (Erulkar and Matheka, 2007, p. 253; Madise, Zulu, and Ciera, 2007). In many sub-Saharan African countries, cross-generational transactional sex is also widely practiced by adolescent girls as a means of covering their school fees and the costs of other basic necessities including sanitary products (Chant and McIlwaine, 2016, p. 56; Kunnuji, 2014).

Risks of contracting HIV and other diseases are further exacerbated under conditions of malnutrition and intestinal parasites (Stillwaggon, 2006), issues that are often gendered in cultures where 'son preference' favours boys over girls in intra-household distributions of food, healthcare and other investments (Indupalli, 2009; Srivastava et al., 2012), and due to the 'dirty' nature of feminised domestic care work in contexts where access to WASH facilities is limited (Chant and McIlwaine, 2016). Surprisingly, despite the glaring vulnerabilities of adolescent girls to HIV and other sexually transmitted infections, misguided assumptions about female abstinence mean that sexual health programmes targeting young people rarely include girls aged 10-14 (Santhya and Jejeebhoy, 2015). Given the wealth of evidence linking poverty with higher levels of female HIV infection, conditional cash transfers targeting schoolgirls, as piloted in Malawi and Tanzania, may help to offsets some of the socio-economic drivers associated with HIV transmission, however

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[2] http://www.unaids.org/en/resources/presscentre/featurestories/2016/june/20160610_panel5 (accessed 20 October 2016)

these should not be employed at the expense of broader efforts to address the structural inequalities underpinning these vulnerabilities (Harman, 2010).

4.3 Violence and mental health

Violence is another key issue that undermines the capabilities and wellbeing of urban dwellers (Moser, 2004), with girls in living in cities much more likely to experience violence or to have been trafficked than girls in rural areas (Austrian et al., 2015; Brouder and Sweetman, 2015; Mclean and Modi, 2016; UNICEF, 2012, p. 31), with girls in slightly older age groups most exposed to risks of rape and sexual violence (N. Jones et al., 2017, p. 7). Gendered divisions of labour which make urban girls, like their rural peers, primarily responsible for providing household water, as well as a host of other unpaid and often time intensive reproductive tasks such as cooking, cleaning and caring for children or other family members, further expose adolescent girls to harassment and violence. For girls living in slums, these experiences are intimately connected with deficits in WASH infrastructure, as they are forced to walk long distances to collect water or in search of somewhere private to defecate or urinate (Chant and McIlwaine, 2016, p. 99; Sommer et al., 2015; Thompson, Folifac, and Gaskin, 2011). Testimonies from women and girls living in cities from South Asia to South Africa expose the extent of harassment and intimidation they routinely encounter on journeys to and from school or when accessing communal toilets and other WASH facilities (Abuya, 2010; Sommer et al., 2015; Thompson et al., 2011). School grounds are also common spaces of violence, with evidence to suggest that girls are more likely than boys to experience sexual and gender-based violence and harassment at the hands of both male peers and teachers, contributing to higher levels of female absenteeism and dropouts (N. Jones et al., 2017).

As revealed by Hallman et al's (2015) South African study discussed at the beginning of the chapter, whether actual or perceived, the threat of violence increases drastically for girls with the onset of puberty, imposing huge constraints on their freedom and mobility. Living in constant fear of crime and violence also has acute mental health implications, with several studies suggesting that young adolescent girls may be especially vulnerable to depression and anxiety (Harpham, 2009; Hawkins et al., 2013; Somrongthong, 2013). As already noted, feelings of stress and anxiety are also associated with menstruation, particularly in contexts where WASH services

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are limited (Coast and Lattof, 2018; Coast et al., 2017). Notably, depressive disorders have been identified among the top five causes of disability-adjusted life years for 10–14-year-olds globally (WHO, 2014 cited in Chant et al., 2017, p. 17), however literature on drug and alcohol abuse among adolescents is rare, and recent urban-focused evidence nearly non-existent, reflecting gaps in research that warrant further investigation.

5. Practical and strategic support for urban adolescent girls

It is evident that urban adolescent girls living in slums face a number of unique challenges as they transition from childhood to adulthood, with menarche marking a key moment within this journey and often accompanied by massive constraints that have far reaching implications on gendered capabilities and wellbeing. Where the needs and aspirations of young people, and pubescent girls specifically, have historically been neglected in urban planning and development, campaigns such as the Girl Effect have started to redress this lacuna. Nonetheless, as cautioned earlier, evaluating the motives behind these interventions, and the extent to which they are serving to advance girls' practical and strategic needs, remains critical to ensure that girls are not simply being instrumentalised as agents of development. Findings from our rapid evidence review suggest that there remains a paucity of 'on the ground' interventions targeting adolescent girls in slums that engage them as meaningful stakeholders. Meanwhile, among the evaluated programmes we identified that do focus on this demographic (see Chant et al., 2017), some common features of good practice emerged, revealing potential entry points and strategies for addressing the unique life stage development needs of adolescent girls.

Perhaps one of the most practical ways in which urban development and planning practitioners can help reduce the stresses and burdens experienced by girls during puberty is by improving the quality and accessibility of WASH infrastructure to make the more 'girl-friendly' (Coast et al., 2017). However, as the above discussion highlights, it is important that these efforts take into account the ways in which access, use, and control over communal spaces and services are mediated by local power relations, and that provisions are put into place to ensure that WASH interventions do not end up unwittingly reinforcing existing patterns of exclusion and

discrimination. Incorporating an intersectional approach to the design, management and evaluation of WASH facilities, that acknowledges a multiplicity of social identities entangled with age and gender, and which meaningfully involves adolescent girls within these processes, can help to identify safety concerns and potential adaptations, such as door locks and improved lighting, and facilitate more equitable access (Sommer et al., 2015). Along this vein, Plan International conducted a unique participatory study involving over 1,000 adolescent girls from five cities in different regions of the global South[3] to solicit their views on what it would take to make their cities feel safer and more inclusive. Reinforcing many of the key themes discussed thus far, girls recommendations included prioritising investments that would increase their access to basic amenities including WASH and reproductive health services, facilitate their autonomous mobility and opportunities for leisure, and which enable their active and meaningful participation in local governance and development processes (Travers et al., 2013).

Providing adolescent girls with sanitary products such as pads or cloth is another tangible way of supporting their menstrual and reproductive health needs, as many cannot afford to purchase these materials themselves, causing them to resort to a number of unsafe practices, with adverse impacts on their physical and mental health and educational outcomes (Coast et al., 2017). Ensuring that girls are accurately informed about safe menstrual hygiene management and have access to confidential family planning and sexual health services is equally crucial. To help encourage school attendance and address some of the other risks affecting adolescent girls living in the Nairobi slum of Kibera, the ZanaAfrica project supplies sanitary products in addition to running sex-segregated 'empowerment clubs' that serve as safe spaces in which young people can meet with peers and gain skills and knowledge about issues relevant to them from healthy relationships and disease-prevention through to IT training (House et al., 2012). Another Kenyan intervention with branches in Nairobi and Kisumu, Project Mwezi offers menstruation-related education, including teaching girls how to make re-usable sanitary pads from second-hand

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[3] The cities were Cairo, Delhi, Hanoi, Kampala and Lima (Travers et al., 2013)

materials (Jewitt and Ryley, 2014). Both programmes are also actively engaging with local schools and community actors to broaden awareness and challenge stigma around menstruation.

Recognising the high levels of absenteeism and drop-out rates among urban adolescent girls of reproductive age, Ethiopia's Biruh Tesfa (Bright Futures) programme offers second-chance schooling and life skills training to girls aged 10-19, with a particular focus on domestic workers, orphans, and young, lone, rural-urban migrants, all of whom have been identified as especially vulnerable to social isolation, abuse and exploitation in urban environments (Erulkar and Medhin, 2014; Erulkar et al., 2006). Through targeted community outreach and structured interventions delivered by trained mentors, girls are invited to participate in a 30 hour (or longer) programme of non-formal schooling, and life skills training on issues such as financial literacy, communication, menstrual hygiene management, and HIV/AIDS transmission while also connecting girls to resources and services in their local areas (Erulkar and Medhin, 2014). Facilitated over the course of two hour sessions, five days a week, girls also have the opportunity to build safe social networks, with many identifying this as one of the main benefits of the programme (Erulkar, Semunegus, and Mekonnen, 2011) Similar to Biruh Tesfa in terms of both demographic focus and outreach strategies, Burkina Faso's Filles Éveillées (Girls Awakened) programme also combines peer learning with mentoring relationships to expand the social safety nets available to girls, with notable improvements in the social capital, self-confidence, and health awareness of programme participants (Engebretsen, 2013).

All of these programmes attest to the significance of peer support and value of creating gender and age specific spaces that where young people can build social networks, develop healthy relationships, and engage in learning and discussion about culturally sensitive topics without fear or repercussions of stigma (Chant et al., 2017). The influence of positive role models in inspiring and guiding young women as they navigate the risks and challenges associated with puberty is also notable, and the importance of having interlocutors between the girls, the programme, and their families who can help build awareness in the wider community around these issues, thereby enhancing the potential for sustainable change. Relatedly, meaningful efforts to address the structural inequalities that are at the heart of the discrimination and disadvantage affecting adolescent girls' must also engage men and boys (Chant et al., 2017; Coast et al., 2017; Harper

and Marcus, 2018), as gendered beings in their own right rather than instrumentally, to inculcate more egalitarian gender norms, and prevent feelings of alienation and resentment arising and reduce the likelihood of what Bradshaw et al (2018) have termed a 'patriarchal pushback'.

Urban adolescent girls face a number of challenges during puberty which are exacerbated under the socio-economic, spatial and infrastructural constraints associated with slum residence, with evidence of persistent gendered disparities in education, decision-making, access to healthcare, financial assets, and exposure to gender-based violence. WASH services in particular have huge impacts on girls' health, safety and wellbeing, the adverse effects of inadequate provision felt most acutely during menstruation, which remains a taboo subject in many cultures contributing to the ongoing neglect of menstrual hygiene considerations in mainstream development practice. Our findings reinforce the need for more and better preventive programming focusing on adolescent girls, and the importance of early intervention to reach them before the onset of 'crisis events' including school drop-out, early marriage, pregnancy and gender-based violence (Chant et al, 2017, p. 30). It is clear that diversity matters, and that adopting an intersectional approach to urban planning and development that is attentive to the complex needs of urban dwellers and which prioritises and actively seeks out the most marginalised community members is vital if we are to create more inclusive, sustainable and resilient cities.

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