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Challenges and potential solutions for adolescent girls in urban settings: a rapid evidence review

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A Rapid Evidence Review

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Executive Summary

Delivering on development goals requires focusing on urban areas of the Global South. Not only do three-quarters of the world's urban inhabitants already live in Southern countries, but given that 90% of urban growth between now and 2050 is predicted to take place in Asia and Africa, the scales are set to tip further still. With migration flows in many countries already heavily feminised, as adolescent girls and young women flock to cities to take up employment in factories or as domestic workers, prudent planning requires adopting a gendered and age-sensitive lens that will enable us to understand the experiences and needs of the young adolescent girls who are set to be disproportionately common in the cities of the Global South. This rapid evidence review which resulted in 101 documents identified in a desk-based search of seven databases, is aimed at doing just that. It brings together evidence that speaks to the vulnerabilities of poor, young adolescent girls—primarily those inhabiting slums--reviews a selected group of evaluated interventions, and flags-up emerging promising practice interventions that might help to mitigate the risks that urban girls face.

The evidence base that addresses the realities of young adolescent girls living in poor urban areas of the Global South is unsurprisingly both thin and fractured. In part this is because there are no standard approaches to identifying urban areas across countries, let alone peri-urban areas or slums. This, combined with the heterogeneous nature of urban environments, the burgeoning linkages between rural and urban environments, and the reality that many of the issues that urban girls and women face have significant commonalities to those faced by their rural peers, means that urbanisation is likely better regarded as a 'cross-cutting' rather than a 'stand-alone' theme.

The evidence base is also shaped by the reality that young adolescent girls are rarely a disaggregated population. Girls between the ages of 10 and 14 years old are usually included as either a subset of children under the age of 18 or as a subset of adolescents between the ages of 10 and 19. Indeed, sometimes young adolescent girls are grouped with young adults and thrown into a broader category of "youth" aged 10 to 24. Where young adolescents are pulled out in research and programming, the different experiences and needs of girls and boys are rarely addressed.

With those caveats, the limited evidence available suggests that of those living in urban poverty, children in general-- and young adolescent girls in particular--tend to be relatively more deprived. They have only the most limited access to opportunities for voice and agency within their families and communities, with important implications for their wellbeing and personal advancement.

While the experiences of young, urban girls vary, due to personal differences such as age and ethnicity but also due to the different socio-political environments in which they live, several common themes emerged from our rapid evidence review. These include:

1. **WASH (Water, Sanitation and Hygiene)**. Urban girls, like their rural peers, are responsible for the lion's share of household work, including not only cooking, cleaning and childcare, but also water collection. This is not only time-intensive, but often exposes them to harassment and violence. The lack of clean, private,

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safe toilets in slums is of particular concern to pubescent girls, who must attempt to manage menstruation in the context of deep stigma about their bodies. Some girls miss school because they cannot keep their bodies and clothes clean and others suffer from gynaecological infections that could be prevented with better menstrual hygiene.

2. **Health**. Urban adolescent girls appear particularly vulnerable to early sexual debut, both voluntary and forced. This includes, in sub-Saharan Africa, a greater risk of cross-generational, transactional sex, in which girls effectively trade their bodies for food, school fees, and other supplies which they judge needful. Rarely provided with comprehensive sexuality education, adolescent girls are also more likely to be exposed to sexually transmitted infections, including HIV—in large part because they lack any ability to negotiate with boys and men for condom use, especially when their partners are older. Slum-dwelling girls in South Asia, where son-preference is strong, are also especially vulnerable to malnutrition. Not only do some families provide sons with more and better quality food, but girls are more likely to be exposed to intestinal parasites because of the "dirty" work they are required to undertake (e.g. emptying chamber pots).

3. **Mental health.** While data suggest that young adolescent girls are especially vulnerable to depression and anxiety, urban-focused evidence is nearly non-existent. A single study, from Thailand, suggests that birth order, girls' place of origin, and quality of life may be important variables in urban girls' mental health. More generally, that study suggests that a pervasive fear of violence is an important driver of stress in urban areas.

4. **Violence.** Due to crowding, a lack of privacy, and the anonymity born of numbers, urban girls are significantly more likely than their rural peers to be sexually assaulted or trafficked. Some studies have found that girls living in cities never feel safe, which—as noted above-- has implications for their mental health. Other studies have found that the threat of violence makes girls' worlds shrink as they enter and move through adolescence. Like their rural peers, urban girls are often kept home by their parents in order to keep them safe—protecting family honour by safeguarding their virginity.

5. **Education.** While girls in urban areas are on average more likely to attend school than girls in rural areas, largely because schools in cities are easier to get to, this is not true for all environments and across all age groups. In some sub-Saharan African countries, for example, urban girls are pulled out of school by the allure of the cash economy. In nearly all environments, girls are more likely to leave school as they progress through adolescence, sometimes in order to prepare them for marriage, sometimes to protect them from violence or pregnancy, and sometimes to save the money their families would have spent on school fees and supplies.

6. **Climate change and disaster.** Children under the age of 15 are the most likely to die of 'environmental factors'—and there is some evidence that girls may be particularly disadvantaged due to factors that include their more cumbersome clothing and their lower odds of knowing how to swim. Girls and women are also disadvantaged during and after disasters by time poverty and logistical challenges associated with chores such as water collection and cooking. With slum residents typically more vulnerable to environmental hazards than other city dwellers, girls who live in slums face particular threats. For example, evidence suggests that climate change is disrupting girls' schooling and pushing them into work. Where families are losing their livelihoods, it is also driving an uptick in child marriage.

7. **Migration.** Evidence from low- and middle-income around the world suggests that the migration of adolescents and young adults is becoming increasingly feminised, as girls are drawn – or are pushed by their families -- to urban areas in order to take on the paid work that is rarely available to them in rural communities. Domestic work is common worldwide, and in South Asia, the garment industry also attracts large numbers of adolescent girls. In sub-Saharan Africa, some girls also migrate to cities in order to escape child marriage. Regardless of how girls get to cities, young migrants often face exploitation and abuse and have little access to education and social networks. This is doubly true for young domestic workers.

While young adolescent girls have begun to receive greater attention in international policy agendas over the past decade--with the rapid spread of interventions that position them as key actors in global development-- there are very few initiatives that target the specific needs of adolescent girls living in urban areas. That said, existent programming is highly diverse. Interventions have been aimed at building life skills, providing comprehensive sex education, improving contraceptive uptake, preventing child marriage, raising awareness about (and trying to change) inequitable gender norms and beliefs, creating spaces for social networking and mentoring, offering financial education, and providing livelihood support Despite the variety of programming identified by our rapid evidence review, we found only eight publications that offered systematic evaluations of programme effectiveness. These evaluations were of varying methodological quality-- in part due to the difficulty of capturing the insights and experiences of less-than-forthcoming young adolescents. Oriented around baseline and endline findings, programme evaluations have also failed to consider the longevity of impacts. That said, there is some convergence around "good practice", including:

1. **Tailoring.** Successful programmes carefully consider the geographical and socio-cultural environments in which young adolescent girls live. For example, Ethiopia's Biruh Tesfa offered classes several times a day, to fit with girls' varied work schedules. Similarly, India's Parivartan engaged young adolescent boys in discussions about gender norms through cricket, a culturally appropriate entry point and activity.

2. **Peers matter**. Regardless of programme modality, the creation of safe and accessible spaces where girls can meet and share experiences with one another appears critical. Given that girls' physical and social worlds tend to shrink after puberty, because they are more likely to be confined to the home, these group activities are especially important for adolescents.

3. **Role models** are important to helping girls imagine different futures for themselves. Where possible, evidence suggests that role models should not only be female, but from the local community. There is also, however, evidence that men and "outsiders" can be effective role models.

4. **Early intervention** is crucial. Many programmes for adolescent girls do not target the youngest adolescents, usually because they assume that girls are too young to be facing adolescent-specific risks such as sexual activity. Evidence suggests that this is a misguided assumption, as creating sustainable change is more likely when interventions begin before crisis points such as dropping out of school or child marriage.

In sum, our rapid evidence review suggests that young adolescent girls living urban areas of the Global South face a variety of risks, many of which they share with their older or rural peers and some of which are comparatively unique. While pinpointing these risks is difficult given that that Southern cities are diverse—and young adolescent girls hardly a homogenous population—it appears safe to conclude that young girls in urban areas of the Global South are especially vulnerable to violence, to being engaged in exploitative work, and to early sexual debut and its associated health risks. It is also apparent that programming for young urban girls is scarce and rarely takes any account of the broader factors that must shift in order for them to achieve any sort of real empowerment. The main takeaway from our review is that given the coming bulge of adolescent girls in urban areas of the Global South, there is an urgent need for more and better evidence and programming that focuses directly on their experiences and needs.

Introduction

Despite rather paltry evidence in scholarly and policy literature on adolescents aged 10-14 years in Global South countries, this paper attempts to provide a resumé of key challenges facing young girls in towns and cities, and especially in urban slums, where multiple reinforcing privations of income, housing, services and infrastructure conceivably constrain advances to achieving progress to gender equality and female empowerment. It also identifies a range of initiatives which offer hope for changing the rules of the game at a pivotal point in young women's development in urban areas, which will increasingly be the places in which they grow-up and acquire (or not) the capabilities that will enable them to achieve equality with their male counterparts in later life.

We are now living in a world which has been denominated as the 'urban century' where more than half the global population resides in towns and cities, more than one billion of whom are children (UNICEF, 2012a: 1). This is particularly important for women and girls for two main reasons. One is because of a palpable 'feminisation' of urban populations in recent decades, both on account of rising levels of female rural-urban migration and sex-selective demographic ageing (Chant and McIlwaine, 2016). The second is because there remain major outstanding challenges to achieving gender equality as well as making cities more inclusive, safe and resilient, both of which are singled out as priorities in Agenda 2030 in the form of Sustainable Development Goals 5 and 11 respectively.

As home to an increasing proportion of the female population, it is no surprise that rhetoric about addressing gender inequality in urban contexts has assumed greater prominence over time at national and international levels. For example, the Cities Alliance Action Plan 2014-2017 features gender as one of its three main pillars, and gender is a similarly discernible priority in UN-Habitat's 'New Urban Agenda' (NUA) launched in Quito in 2016 (HABITAT III, 2016). Both initiatives dovetail in respect of stressing the particular importance for women's (and girls') safety in the city, economic empowerment, and leadership and governance (Cities Alliance, 2014; UN Women, 2016). As articulated by UN Women (2016:2): 'The NUA strategically supports the implementation of the 2030 Agenda, in particular mainstreaming gender equality and women's empowerment across all social development goals. It offers a chance to respond to the challenges and the ever-changing dynamics of human civilisation, improve the spatial configuration of cities and human settlements in a gender-inclusive way, and recognise the crucial aspect of women's rights in the urban development agenda'.

Although specific mention of early adolescent girls is conspicuous by its absence, the NUA makes reference to 'gender equality', 'women and girls' and/or 'age- and gender-responsive' planning in nearly one-tenth of its 175 clauses (see HABITAT III, 2016), which is arguably particularly important in the Global South which contains around of three-quarters of the world's urban [1] inhabitants (Revi et al, 2014: 541), and where urban populations are often growing fastest in low- and lower-middle-income countries (LMICs) therein, especially in Africa and Asia.

LMICs are defined by the World Bank on the basis of Gross National Income (GNI) per capita, where people in low-income economies have a GNI per capita of $1025 or less, and where lower-middle-income economies have a GNI per capita of $1026 to $4035.[2] Most low-income and lower-middle-income economies such as Indonesia, Myanmar, Vietnam, India, the Philippines, Cameroon, Kenya and Senegal, are in Asia and Africa, where urban populations alone are projected to account for 90% of the estimated 2.5 billion increase by 2050 (UNDESA, 2014:1). While not solely restricting ourselves to LMICs in this report, rural-to-urban migration, alongside several other factors such as declining death rates (Dyson, 2010), has undoubtedly been a critical driver of urban population growth in the Global South, as both male and female rural residents seek the

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1   Exact definitions of what constitutes an 'urban' area vary between and even within countries, although the term typically denotes a political or administrative boundary carrying a minimum population, which is further distinguished from its rural counterparts by the presence of certain infrastructure (lighting, pavements, and so on), and a dominance of non-agricultural economic activities (UNICEF, 2012a:10). The heterogeneity of urban definitional criteria coupled with the evolving and fluid nature of LMIC cityscapes makes comparative analyses of urban areas and related processes challenging.

2   https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups (accessed 18 March 2017)

opportunities offered by the metropole. Such migrants also include children and adolescents accompanying their families, as well as those travelling independently in search of work, schooling or both.

Levels of independent child migration are especially pronounced in West Africa and South Asia (Whitehead et al, 2007:10, cited in UNICEF, 2012a:36) although this is by no means confined to these regions, as evidenced by the 2006 World Bank analysis of census and household data from 12 countries wherein one in five migrant children aged 12–14 and half of those aged 15–17 had moved without a parent (McKenzie, 2006, cited in UNICEF, 2012a:35). Indeed, even in predominantly rural countries such as Ethiopia, young girls are more than twice as likely to migrate to cities in search of educational and work opportunities as boys of the same age (Erulkar et al, 2006).

Within this urban demographic transition lies real potential for both securing and advancing the practical and strategic needs and interests of women, men, girls and boys to improve their wellbeing. Yet not discounting the numerous developmental advantages and economies of scale associated with urban agglomeration for the provision of infrastructure, services and employment opportunities, the benefits of urban life heralded by many are far from being equally distributed, especially to the urban poor (Chant and McIlwaine, 2016; Tacoli and Satterthwaite, 2013; UNICEF, 2012a, b). The adverse effects of these differentials are conceivably most acutely felt by women and girls, especially for those living in situations of poverty which can sometimes translate into 'street living/working', but most frequently corresponds with residence in urban slums (see Chant and McIlwaine, 2016; also Box 1).

In this light, while cities have often been portrayed as spaces of freedom and emancipation for women (and to a lesser extent girls) from traditional, male-dominated rural settings (Dyson, 2010; UN-Habitat 2010:3), as Chant and McIlwaine (2016:2) contend, 'the difficulties experienced by urban women vis-à-vis their rural counterparts may not be that dissimilar, especially when the former are poor and reside in slums'.

Drawing hard boundaries between urban and rural contexts is difficult, not least because of the paucity of direct rural-urban comparisons in academic and policy literature. Entering the mix of confounding factors are the burgeoning linkages between rural and urban environments facilitated through the internet, social media and temporary as well as long-term migration, the heterogeneous nature of urban environments across countries and regions in terms of size/scale, topography, climate, services and culture, and a dearth of information on intra-urban variations. Indeed, it could be argued that the barriers to gender equality and female empowerment do not differ unduly between deprived or impoverished urban and rural environments, and that urbanisation might be better regarded as a 'cross-cutting' rather than a 'stand-alone' theme. However, this said, it appears from the research undertaken for this RER that urban girls may be at above-average risk, inter alia, of violence, early age sex, and attendant health complications which are exacerbated in contexts where there are higher numbers of people and population densities coupled with weaker social ties and accountability, and where more young women seem to be migrating to towns and cities alone.

Adding to this is the notion advanced by Unterhalter (2009:16) of slums as 'spatial poverty traps' in which the multiple and reinforcing deprivations of residence in marginalised, under-serviced neighbourhoods condemn women and girls to situations of gender inequality and disadvantage which prove extremely difficult to overcome (see also Amnesty International, 2010; Chant, 2014; Chant and Datu, 2015; Chant and McIlwaine, 2016; COHRE, 2008; Tacoli, 2014; Tacoli and Chant, 2014). Indeed, as identified by McLean and Modi (2016:477) for Kinshasa, although gaps between adolescent girls and boys tend to be narrower than elsewhere in the Democratic Republic of Congo, especially in education, gender disparities remain marked in the realms of employment, decision-making, control of income, access to healthcare, and gender-based violence. As echoed by Brouder and Sweetman (2015), deprived urban environments tend to expose women and girls to greater risks of gender-based and other forms of violence than in rural areas. This may partly be the result of lower levels of trust among urban residents, as well as lack of privacy in overcrowded, precariously-constructed settlements (see Chant and McIlwaine, 2016; McLean and Modi, 2016:481).

Urban Socio-spatial Inequality and the Significance of 'Slums'

Recognising the heterogeneity of urban areas in the Global South, both in terms of different types of urban contexts, and the need to conceive of urban environments themselves as variegated spaces, 'the slum' as a space within the city offers a perceptibly useful vantage point for exploring the challenges facing early adolescent urban girls. Although slums come in many shapes and sizes, and have been defined differently by different stakeholders, the inter-agency definition advanced by UN-Habitat tends to hold sway (see Box 1). Moreover, slums are often located on the peri-urban fringe (thereby equating to 'peri-urban areas'), housing a disproportionate number of urban poor residents who often lack ready physical access to wider urban environments (Chant and McIlwaine, 2016: 11-15).

A focus on slums in this rapid evidence review (RER) is justifiable for two main reasons: a) because a substantial proportion (if not the majority) of the urban poor are typically housed in slums, and b) because 'slums' provide a more streamlined focus given the impossibly broad container of 'urban'. However, while 'slum' is a useful search term in identifying relevant scholarly and policy documentation, as previously flagged, it is also important to acknowledge the diverse nature and scale of slums (Mitlin and Satterthwaite, 2013) as well as the reality that the urban poor do not solely live in slums and, equally, that not all slum residents are poor. On top of this it should be noted that data on slum/non-slum disaggregated data for LMIC cities are rarely widely-available or robust (Chant and McIlwaine, 2016:12).

Box 1: Inter-agency definition of 'slums'

Slums can be defined as residential areas lacking one or more of the following:

- access to improved water which is sufficient in supply, affordable, and available without excessive physical efforts or time (usually on the part of women and children)
- improved sanitation including access to private or public toilet facilities, shared with a reasonable number of people
- durable housing offering protection from extreme climatic conditions which is located in non-hazardous environments
- sufficient living area with not more than three people sharing one room
- security of tenure for protection against forced evictions.

Source: UN-Habitat (2008, 2014).

Focusing on Girls: The 'Gender-Urban-Slum Interface'

The 'gender-urban-slum interface' (see Figure 1) developed by Chant and McIlwaine (2016) arguably serves as a useful framework for identifying and exploring the different dimensions of urban challenges affecting women and girls living in cities, and the connections and intersectionalities between different issues and environments therein. While this RER focuses on girls living in slums, it is important to recognise that socio-economic, political and cultural influences on disadvantage operate not only on the basis of gender, age, and place and space of residence, but also emerge, and are compounded by, intersecting experiences of discrimination relating to other social characteristics such as ethnicity, race, religion, physical and mental ability and sexual orientation. Although we found relatively little literature focusing specifically on 10-14 year olds in towns, cities and slums, the available evidence suggests that children and especially young girls living in urban poverty tend to be more deprived than others in respect of privilege, power and political agency, with important implications for their wellbeing and personal advancement.

Furthermore, while it could be levelled that slum residents are rarely consulted in plans for upgrading or re-settlement, except where people (and often women) have organised in defence of their rights and are prepared to push for negotiation with local authorities (see, for example, Patel and Mitlin, 2010), the voices
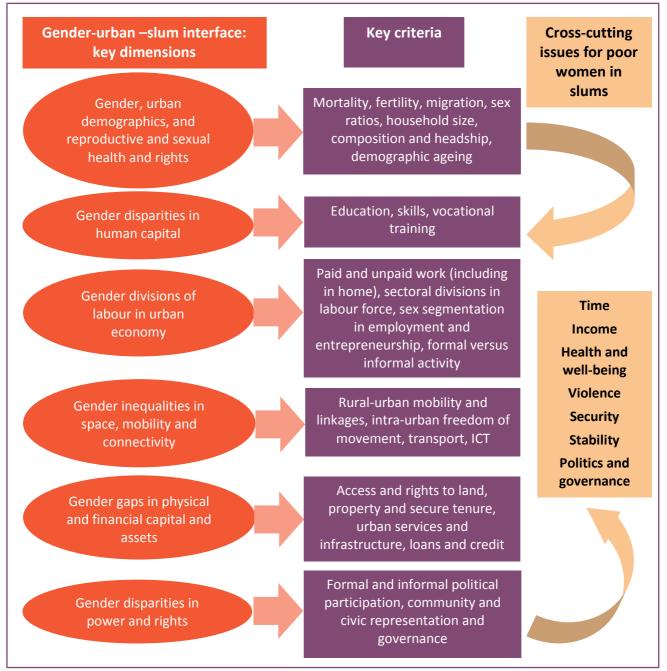
and inputs of early adolescents are more elusive. In India for example, Chatterjee's (2015) study of youth inclusion in slum redevelopment projects revealed that children and young people are rarely consulted, and have no formal networks for engaging in activities for social and environmental change. As a consequence, opportunities available to this demographic following 'flagship urban renewal programmes' have often proved inadequate, exposing them to environmental and social hazards as they seek out spaces for play and recreation, many of which are outside the settlements they inhabit, and often entail crossing busy roads and travelling up to two kilometres on foot.

Failure to account for the needs and interests of children and young people in slum redevelopment is even more pronounced when viewed from a gendered perspective. Inadequate WASH (water, sanitation and hygiene) infrastructure, for example, exacerbates the already burdensome reproductive responsibilities of early adolescent girls, requiring them to walk longer distances to collect water for cleaning and cooking, and in search of safety and privacy for bathing or relieving themselves, eating into their already limited time for studying, socialising or sleeping (see Chant and McIlwaine, 2016: Chapter 4). During menstruation, the ability of young girls to adequately care for their personal hygiene is further constrained by these structural and spatial limitations, and made more challenging by the pervasive stigma attached to frank and open discussions of female reproductive health regardless of urban or rural residence.

Neglect of early adolescent needs in planning can exacerbate other risks, including physical hazards such as falling into pit latrines or reluctance to use public toilets which are shared by adults (Lusambili, 2011). As an alternative, many slum residents practice open defecation or relieve themselves in polythene bags (ibid.; see also Baruah, 2007:2096; Kar with Chambers, 2008), which contaminates domestic and surrounding environments. In Indian cities such as Delhi, Meerut, Indore and Nagpur, for example, between one-third and one-half of urban residents have to resort to these behaviours (Kar with Chambers, 2008). The health risks attached to these practices arguably disproportionately affect female residents of young ages, who as a consequence of gender- and age-specific constraints on mobility may be more confined to the home or to the immediate vicinity.

Figure 1: Deconstructing the gender-urban-slum interface: criteria and cross-cutting issues for understanding gendered inequalities in slums

Source: Adapted from Chant and McIlwaine (2016:55, Figure 2.2)

Rapid Evidence Review Outline

This RER is intended to fill a significant knowledge gap on the ODI-led Consortium Gender and Adolescence: Global Evidence (GAGE) priority areas by identifying the main challenges facing 10-14 year olds residing in low-income urban neighbourhoods, and more specifically slums, in LMICs and other countries in the Global South as relevant. [3] While there is a growing body of literature addressing the pressures and difficulties facing children (UNICEF, 2012a, b) and women living in cities (Chant, 2013; Chant and Datu, 2015; Chant and McIlwaine, 2016; Tacoli, 2012; Whitzman, 2013), the particular gendered experiences of pubescent girls remain largely invisible within these discussions. However, there are a number of important reasons for focusing on early adolescent girls living in slums. As intimated for women and girls in general in the gender-urban-slum interface (Figure 1), reproductive and sexual health issues, exposure to violence and insecurity, paid and unpaid labour burdens, and access to basic services, including and especially in terms of WASH, may have particular developmental implications for early female adolescents in terms of their acquisition of what Moser (2016) has termed 'transformational assets' such as human capital, freedom of movement and social connectedness.

In reviewing the existing literature on this topic, one challenge which presented itself was the lack of a consistently applied term for this age demographic. Organisations such as the World Health Organisation (WHO), the Population Council, and Save the Children speak of 'very young adolescents' or 'early adolescents'. The academic research community frequently refers to 10-14 year olds as 'young adolescents' or 'youth' while the United Nations' definition of youth encompasses young people between the ages of 15 and 24. These discrepancies made it difficult to reliably identify the needs and existing interventions specific (or especially relevant) to this age group from the literature, and may also be a factor contributing to the relative invisibility or neglect of young or early adolescents (as compared with older adolescents) within broader classifications of 'youth' and/or 'children'.

The findings of this report are presented in two main parts. The first section begins with an overview of the search methods informing our review, followed by summary of the key issues facing girls aged 10-14 living in slums as identified in the literature, including WASH, health, gender-based violence, education, migration, paid and unpaid work, and climate change. The second part of the review presents examples of interventions introduced to help urban poor/slum-dwelling adolescent girls navigate or minimise their exposure to the challenges identified, again with the intention of highlighting any gaps and key 'lessons'. [4] We also add here a brief sub-section on 'promising practices' that do not necessarily conform with the 10-14 year old age remit, and which have not been effectively monitored and evaluated, to indicate profitable future directions for research and interventions.

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3   Owing to space limitations, the issues and constraints facing street-living children in LMIC cities have been omitted from this review; an important but nonetheless numerically smaller urban sub-group whose particular challenges may be best assessed in a separate report.

4   The papers and programmes identified in this RER which were relevant to 10-14 year old adolescent girls have been summarised in Appendices 2 and 3. Sources pertaining to general urban or gender theory have not been included in the Appendices as they do not pertain specifically to this demographic. Equally, not all sources included in the appendices are discussed in the main body of this RER and hence have been omitted from the bibliography.

Methodology

The findings of this report have been collated from a desk-based search, with Table 1 outlining the search terms used in exploring key databases.

Table 1: Search terms, their combinations and database application

Databases	Search Terms (across all databases)				
Scopus **International Bibliography of the Social Sciences (IBSS)** **ISI Web of Science** **Google Scholar** **UN-Habitat** **UNICEF** **LSE library (BLPES)**	**1. young adolescent terms**	**&**	**2. urbanisation/ slum**	**& / or**	**3. Intervention**
	girl*		Slum*		involvement
	Young adolescen*		dwelling		evaluat*
	Early adolescen*		Shanty town, shantytown		initiative*
	Pre-teen; preteen		Favela*		intervention*
	Boy*		Migrat*		model*
	Child*				program*
	10-14 year old*				project*
	Street children				scheme*

* refers to truncated word roots in order to capture multiple derivations eg: adolescen* captures adolescent, adolescents, adolescence, etc.

RER Inclusion/Exclusion Criteria

Sources identified in the search were screened for inclusion on the basis of their titles and abstracts, with full texts subsequently consulted where content and applicability to 10-14 year old urban poor and/or slum-dwelling girls (and boys) could not be readily discerned. Results were also filtered to include only those documents relating to LMICs, and published between 2006 and 2016. Where there were multiple references based on the same sample/research project, the most informative and robust outputs were selected. Peer-reviewed journal articles have been prioritised although non-peer-reviewed grey literature such as reports and working papers have also been included. Preference was also given to original, empirically-informed documentation (whether ethnographic or survey-based). Furthermore, the RER only considered documents published in English, which may have particular implications for findings relevant to Latin America that are likely to have been published in Spanish or Portuguese.

Database Search Results

The databases search identified 101 studies/reports from the listed academic databases and targeted searches for grey literature relating to young adolescents (10-14 years old) living in slums. These have been narrowed down from a broader sample of over 200 documents. Of these 101 documents, approximately two-thirds were research articles or working papers which examined issues pertinent to this demographic, while one-third focused on programme interventions targeting 10-14 year old girls (and sometimes boys) in slums.

Across these different sources, it is notable that health issues appeared most prominently with 29 related empirical studies, followed by nine articles each on WASH as well as labour, households and migration, six articles pertaining to violence and education and five articles apiece on slum regeneration and climate change.[5] Appendix 1 summarises the results of the database search by terms used. It is also noteworthy that the majority of these studies have been conducted in sub-Saharan Africa and South Asia, and even then, only

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5   As drawn from Scopus, International Bibliography of the Social Sciences (IBSS), ISI Web of Science, Google Scholar and the LSE library. These also include a smaller number of non-peer-reviewed reports (such as from the Population Council). UNICEFs (2012a) State of the World's Children 'Children in an Urban World', also proved to be a vital complementary resource.

in a handful of countries, such as Ethiopia, Kenya, India and Bangladesh, identifying a major gap in the literature in respect of intra-regional comparisons in issues, interventions and outcomes among early adolescent girls in LMIC/Global South cities.

Acknowledging limitations and omissions in this regard, the present RER, while offering a comprehensive assessment of the evidence base identified, is by no means complete. Furthermore, the challenges highlighted above of identifying the issues facing 10-14 year old girls and associated best practice interventions in the absence of a universally-applied term for this demographic reinforces the need for further systematic research on this topic, particularly in terms of programme evaluations.

RER: Key Issues

Girls, Slums and Access to 'WASH' Services

'WASH' (water, sanitation and hygiene) services are central to the wellbeing of people everywhere, and are even more critical determinants of individual and public health gains in densely-populated urban environments. It has been argued that urban populations have more access to WASH facilities than their rural counterparts (Satterthwaite et al, 2013:17). However, all too often, these services are not uniformly distributed, with urban slums bearing a substantial brunt of deficits (UNRISD, 2010:61-2). Government programmes to install WASH services often exclude slums on account of insecure land tenure (Rolnik, 2012:11), and where there are investments, benefits are frequently cancelled out by rapid rates of population expansion (Chant and McIlwaine, 2016:95). For example, fewer than 1% of Kenya's slum-dwelling population has access to private toilets (Hawkins et al, 2013:30) and under one-quarter of slum households in India have access to improved sanitation facilities (Gupta et al, 2009:20). Poor sanitary provision together with overcrowding in slums can lead to intensified risks of infection from preventable diseases such as diarrhoea, malaria, dengue and yellow fever, contributing to higher adult and infant mortality levels (Harpham, 2009).

Inadequate WASH provision disproportionately affects women and girls living in slums, both in terms of their reproductive labour and health burdens (Chant and McIlwaine, 2016). These adverse gendered consequences are perhaps most apparent in the context of menstrual hygiene management, where lack of clean water for washing strips of cloth used as sanitary pads and for personal bathing and sanitation, coupled with social taboos, create exceptionally difficult circumstances for females of reproductive age (House et al, 2012:93; Mahon and Fernandes, 2010:10; Sommer et al, 2015). While similar challenges are likely to be experienced by girls living in rural areas, the high population densities and close spatial proximity between individual dwellings in slums suggest that constraints on individual privacy may be greater for residents of slums than those living in the countryside.

In addition to their health and personal dignity, the absence of WASH services for pubescent and post-menarche girls also affects educational outcomes, with school absence and/or drop-out often seen as the only way for them to manage the challenges of menstrual hygiene. In light of this, Nallari (2015:86) asserts that deficient WASH services in many communities not only reflect the low value accorded to women and girls in society, and an 'inconvenience', but also a 'grave injustice'. In order to work around these problems, and in particular to minimise school absenteeism, initiatives such as Project Mwezi in Kisumu, Kenya and ZanaAfrica are examples of urban interventions which inform and support adolescent girls around menstruation including provision and/or community-based fabrication of re-usable sanitary pads (see Chant and McIlwaine, 2016:109-10; see also later).

Girls (and women) in slums are primarily responsible for providing household members with vital domestic needs (Bapat and Agarwal, 2003; Jarvis et al, 2009). This includes cooking and caring for the sick or elderly (Brown, 2010; Patel, 2011:93), as well as collecting water, with the WHO estimating that as much as 72% of this duty falls to female residents in cities of the Global South (Birch, 2011:79). Indeed, deficits in WASH facilities may require young girls to undertake arduous and often dangerous journeys to meet their familial

responsibilities, or to seek safe places in which to defecate or urinate (Chant and McIlwaine, 2016:99; Cornman-Levy et al, 2011; McIlwaine 2013; Sommer et al, 2015; Thompson et al, 2011; Truelove, 2011).

In one Indian slum, female use of shared toilets and wash blocks, particularly after dark, was circumscribed by fear of violence (Bapat and Agarwal, 2003), a reality reflected in the testimonies of girls living in other cities who report being routinely followed by men and boys when walking to neighbouring areas to collect water, with several also describing personal experiences of violence and intimidation when filling their vessels (JAGORI in collaboration with Women in Cities International, 2010:11). As discussed in more detail below, while similar threats of sexual violence also prevail in rural areas, in LMICs and the Global South more generally, encounters with violence appear to be higher for women and girls living in cities (UN-Habitat, 2007, cited in Chant and McIlwaine, 2016:137). For example, schoolgirls in townships in South Africa associated the risk of being attacked or harassed by males with use of public toilets (Abrahams et al, 2006; Mitchell, 2006). Even where clean and safe community toilets exist, such as in Kibera slum, Nairobi, Lusambili (2011) found they were often locked during the day and remained inaccessible at night because of fear of violence en route to the facilities. On top of this, inadequate and corrupt policing compounds the vulnerability of adolescent girls living in slums to assault when accessing WASH services (Hughes and Wickeri, 2011:884; Khosla, 2009:16; UNFPA, 2007:24).

In light of the above, alternative community-based forms of surveillance may be more effective, as in South Africa where monitoring of school toilet blocks by teachers in urban townships was associated with a reduction of reported gendered violence among pupils (Brookes and Higson-Smith, 2004). Better documentation of the risks of attacks upon girls and women at water points and toilets (Thompson et al, 2011) and/or or 'toilet audits' (Mitchell, 2006) might also help to inform future initiatives seeking to reduce or prevent gender-based violence associated with accessing WASH services. Sommer et al (2015) also suggest engaging girls (and women) in the design of sanitation facilities to incorporate their safety concerns, which may include adding strong doors and locks as well as improved lighting. The Crosscutting Agra Programme (CAP), India, is one example where young urban slum-dwelling women have been successfully involved in designing and building household and community toilets, albeit with women also sharing some of the costs of the toilet construction (Khosla, 2009:46-7, cited in Chant and McIlwaine, 2016:130).

Health

An alleged 'urban advantage'[6] in health, often fails to reach children and young people in low-income neighbourhoods, who, despite living in relatively close proximity to health facilities and basic services, may fare as badly as or worse than their counterparts in rural poverty (UNICEF, 2012a:4, citing Montgomery, 2009). These shortcomings are particularly likely to impact early adolescent females (García-Moreno and Chawla, 2011; Jones et al, 2014; Montgomery, 2009) in the context of what Chant and McIlwaine (2016:117) have described as a 'gendered urban (slum) health penalty' for women and girls.

According to Hawkins et al (2013:5, cited in Chant and McIlwaine, 2016:114), compared with female residents of wealthier neighbourhoods, girls and women in slums face disproportionate health challenges 'linked with sexual, reproductive and maternal health, alcohol use, non-communicable diseases related to poor diet, tobacco and sedentary lifestyles, as well as an ongoing high prevalence of infectious diseases such as HIV and TB'. These authors also note the mental health burdens arising from the stresses of surviving on the economic margins in large cities characterised by high levels of crime and violence, and fragmented access to social support (ibid.see also below).

As summarised in Table 2, Agarwal and Taneja (2005, cited in Agarwal et al, 2007:124) attribute the higher health vulnerability of slum residents to several characteristics associated with their place of residence in cities. Although many of these factors are relevant to rural areas as well, as highlighted by Agarwal et al (2007:130) in the context of India, poverty reduction and health interventions remain overwhelmingly biased towards

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6   The term 'urban advantage' has been coined in relation to evidence suggesting that children living in towns or cities are likely to be better-educated, healthier, and less likely to die prematurely than their rural counterparts (UNICEF, 2012a:6).

rural areas, leaving primary health services often out of reach for many of the urban poor. This reality is clearly exemplified in the naming of the country's flagship national health programme as the National Rural Health Mission (ibid.).

Table 2: Factors and Situations Affecting Health Vulnerability in Slums

Factors	Situation affecting Health Vulnerability in Slums
Economic conditions	Irregular employment, poor access to fair credit
Social conditions	Widespread alcoholism, gender inequity, poor educational status
Living environment	Poor access to safe water supply and sanitation facilities, overcrowding, poor housing and insecure land tenure
Access and use of public	Lack of access to Integrated Child Development Services and primary health care services health care services poor quality of health care
Hidden/Unlisted slums	Many slums are not notified in official records and remain outside the purview of civic and health services
Rapid mobility	Temporary migrants, denied access to health services and other development programmes, difficulty in tracking and providing follow-up health services to recent migrants
Health and disease	High prevalence of diarrhoea, fever and cough among children
Negotiating capacity	Lack of organised community collective efforts among slum dwellers

Source: Agarwal et al (2007: Box 1, 124)

With depressive disorders, iron-deficiency and anaemia, HIV/AIDS, diarrhoeal diseases and traffic injuries identified as the top five causes of disability-adjusted life years (DALYs) for 10–14 year-olds globally (WHO, 2014), it is perhaps no surprise that research into health among early adolescents seems to have attracted the greatest amount of attention by scholars and institutions alike.

Reproductive Health

Menstruation

Girls living in slums are more likely to suffer from reproductive health problems than their non-slum counterparts, including anaemia (Indupalli, 2009), cervical cancer (Watson-Jones et al, 2015), and complications associated with menstruation and child-bearing. As touched upon above, this can be partially attributed to the risk of infections caused by deficient WASH infrastructure as well as to a lack of knowledge and information. A cross-sectional study among 130 slum-dwelling girls aged 13-19 in Chennai, the capital of Tamil Nadu, South India, found that three-quarters of respondents reported menstrual morbidity and half had symptoms suggestive of reproductive or urinary tract infections, the latter being particularly high among girls who had married before the age of 14 (Sharanya, 2014). Early marriage was also associated with low contraceptive use (23%) and nearly one-quarter of married girls had a history of abortion with an additional 18% self-treating with medication for this purpose (ibid.). Girls' poor reproductive health in these localities was attributed to a combination of inadequate health services, limited life skills and lack of awareness as to the importance of preventative measures (ibid.). Other studies in South Asian slums have also identified lack of knowledge as contributing to poor reproductive health among young adolescent girls (Akther et al, 2012; Rani et al, 2016).

The stigma associated with sex and sex education in many LMICs (as in many other countries around the world) perpetuates individual and collective ignorance around female reproductive health and leaves young girls in particular at risk of developing problems (Dash, 2012; see also section on WASH above). From our RER there appears to be little difference between rural and urban areas in this regard, even though female respondents

in Wadgave et al's (2014) study of urban slums in India reported a reduction in menstrual problems as girls get older. Indeed, focus group discussions with 10-19 year old girls in a peri-urban settlement in Abuja, Nigeria highlighted fear of stigma, embarrassment, and poor access to services as key factors limiting adolescent girls' engagement with sexual and reproductive health services (Cortez et al, 2016). Similarly, almost 39% of female respondents in Sharanya's (2014) Chennai study reported feelings of shame or insecurity as their main reasons for not seeking reproductive healthcare. These findings reinforce the importance of targeting information and counselling to young girls living in slums as well as broader community awareness interventions to ensure decent female reproductive health and to challenge stigma and social taboos. They also underscore the need to build the capacities of health workers to provide confidential, adolescent-friendly services.

Community outreach programmes targeting the places in which young girls congregate, such as schools, workplaces, markets, and churches, may be effective in this regard (Indupalli, 2009; Watson-Jones et al, 2015), with the benefits potentially extended when coupled with peer-led interventions[7] (Adamchak 2006; Brieger et al, 2001) and other multi-sectoral initiatives. Other innovative tactics for extending and promoting health information and services to young adolescents, including those engaging in commercial sex work, might be through the use of mobile phones. These provide users with a degree of anonymity in accessing reproductive and sexual health services, thereby helping to avoid threats of discovery and social opprobrium (Catino, 2012; Swahn et al, 2014; see also later).

Sexual Health and HIV/AIDS

HIV/AIDS, Slums and Sexual Behaviour

As of 2014, over two million adolescents between the ages of 10 and 19 were HIV-positive, accounting for approximately 5% of all people living with HIV and around 12% of new HIV infections.[8] Adolescent girls are disproportionately affected by HIV, comprising 65% of new infections among adolescents and young people aged 10–24 years globally.[9] This is especially the case in cities and in urban slums (Chant and McIlwaine, 2016:125). While the majority of girls aged 12 or under are unlikely to be HIV-positive unless infected through parent-to-child transmission at birth and/or as a consequence of sexual abuse, in countries with a high-prevalence of the virus, 10–20% of girls become infected by the time they turn 18 (Stillwaggon, 2006). Urban slum-dwelling girls are at particular risk given early sexual debut associated with lack of privacy in their homes and neighbourhoods, insecurity and gender-based violence (Chant and McIlwaine 2016:125). Despite these formidable threats, sexual health programmes targeting young people typically fail to incorporate girls aged 10-14, which Santhya et al (2015) attribute to the misguided assumption that they are sexually inactive.

Yet several studies do identify a link between slum residence and early sexual debut among young people (Dodoo et al, 2007; Kabiru et al, 2010; Madise et al, 2007; Ndugwa et al, 2011).[10] A longitudinal study in two slum and two non-slum settlements in Nairobi, Kenya, for example, showed slum-dwelling adolescents to experience sexual activity approximately three years earlier than their non-slum counterparts (Kabiru et al, 2010).[11] Muindia et al's (2014) Nairobi-based study of migrants and non-migrants living in slums, revealed that across all samples young adolescent girls were much more likely to have engaged in sex before the age of 15 (81%) and to have multiple sexual partners (85%) than their male counterparts (65% and 64% respectively). Slum residence is also associated with early and teenage pregnancy (Beguy et al, 2013; Cortez et al, 2016;

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7   It is important, nonetheless, to recognise that peer-education approaches also face barriers and implementation challenges that may limit their efficacy (see for example Kim and Free, 2008, and Mason-Jones et al, 2011).

8   https://data.unicef.org/topic/hivaids/adolescents-young-people/ (accessed 20 October 2016)

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

10 Perceived parental monitoring, peer behaviour, migrant status, academic enrolment and the presence of role models have also been identified as predictors of the age of sexual debut among slum-dwelling adolescents (Beguy et al, 2013; Kabiru et al 2010, 2012; Marston et al, 2013; Muindia et al, 2014; Zulu and Ezeh, 2007).

11 The median age at first sex is 15 among males living in slums compared with 17 years for their counterparts living in non-slum areas, with the corresponding ages for girls being 15 and 18 years.

Schuurman, 2009, cited in Chant and McIlwaine, 2016:56) which Kabiru et al (2010) argue may have detrimental effects on both mothers' and children's life chances and general health outcomes.

Understanding factors that may place young urban poor boys and girls at risk of sexually-transmitted infections such as HIV is unquestionably important. However as argued by Mabala (2006), the focus on sexual behaviour in HIV/AIDS prevention is laden with moralist undertones which blame individuals for the spread of the epidemic without acknowledging wider structural factors such as poverty and inequality that create conditions of vulnerability in the first instance. Critically engaging with the complex socio-spatial realities and power dynamics that influence the gendered sexual and reproductive health of young adolescents, and especially girls living in urban slums, is accordingly vital to better understanding and preventing female exposure to the virus in their early teens.

Sexual Coercion, Trafficking and Transactional Sex

Initiation into sexual intercourse is, of course, not always consensual, and more girls than boys report having been coerced. A dedicated survey in Kibera slum, Nairobi, for example, found that 43% of girls and 15% of boys aged 10-19 years claimed to have been coerced the first time they had sex (Erulkar and Matheka, 2007:253). In a four-country study in sub-Saharan Africa 19% of girls similarly described their first sexual intercourse as forced or declared that their partners had insisted (Madise et al, 2007).

Furthermore, young girls living in poverty are highly vulnerable to trafficking and sexual exploitation, much of which takes place in urban areas (UNICEF, 2012a:31). A study of sexually-exploited girls aged 9-17 in major cities in Tanzania found that many had been trafficked to urban zones from their rural homelands into domestic work and abused by their employers (ILO, 2001:15, cited in UNICEF, 2012a:31). Others had been trafficked directly into brothels or recruited into prostitution by their peers (ibid.; see also Ali, 1997). Mabala (2006:417) estimates that as many as 25% of sex workers in Cape Town are children, half of whom are aged 10-14.

Engagement in transactional sex may also be a strategy adopted by young girls (and boys) living in poverty to enhance their economic and material wellbeing. Investigating the experiences of 10-19 year old out-of-school adolescent girls living in Iwaya, one of Nigeria's largest slums in the Lagos metropolis, Kunnuji (2014) identified a relationship between food deprivation and girls having penetrative sex with older men. Indeed, while the average age of sexual debut was 15, this was lower for girls suffering food deprivation, who were also more likely to be involved in multiple sexual partnerships.[12] In peri-urban settlements of Accra, Ghana, girls and women have also been found to resort to transactional sex in order to purchase sanitary products (Dolan et al, 2014).

Leading on from this, there is significant evidence to suggest a link between economically-motivated cross-generational relationships with older men (commonly referred to as 'sugar daddies') and high rates of HIV/AIDS infection among young adolescent girls in sub-Saharan African cities (Bajaj, 2009; Silberschmidt and Vibeke, 2001; Wyrod et al, 2011). Recognising the power dynamics entrenched in transactional sex, which are exacerbated in the context of intergenerational partnerships and deprivation, ability on the part of girls to negotiate the use of condoms may be harder if they have received money or gifts (see Chant and Evans, 2010; McIlwaine and Datta, 2004:500). On this basis, Madise et al (2007) contend that poverty rather than 'problem behaviour' is a key factor contributing to high levels of HIV infection among young girls in sub-Saharan Africa, and especially in cities. Although conditional cash transfers piloted in Malawi and Tanzania and targeted to schoolgirls have indicated that these may be an effective means of offsetting some of the economic drivers of HIV, Harman (2010) cautions that 'they do not provide sustainable, long-term solutions for the prevention of HIV transmission', so, if employed, should not be at the expense of continued efforts to address the socio-economic drivers of HIV transmission.

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12   The mean and median ages of the participants were 16 and 17 years (29% were 10-14). The girls were not asked for reasons why they had sex with their partners and as such their perspectives on whether or not the sexual activity was transactional was not specified. Instead this was a conclusion drawn by the authors of the study.

Physical Health

Accidents and Injuries

For slum-dwelling girls, onerous domestic work burdens in poorly-ventilated conditions mean they may be exposed to harmful chemical toxins in the course of cooking and cleaning (WHO, 2009:10), and may also be more likely to experience accidents from falls and burns (Catino, 2012). Indeed, a cross-sectional study of child[13] injuries in a slum in Dhaka, Bangladesh showed a high prevalence (Alamgir et al, 2012);[14] with burns accounting for 33% of injuries, followed by road accidents (29%) and occupational injuries (14%) (ibid.). Unfortunately this study did not distinguish the incidence and type of accident by sex, but further research exploring the gendered variability in, and causes of, such injuries among young adolescents would undoubtedly be valuable.

Malnutrition

Young slum-dwelling girls are often more likely to be malnourished compared with slum-dwelling boys, and girls or boys living in non-slum areas. In a study of urban slum and non-slum-dwelling adolescents in Bangladesh, slum-dwelling females were significantly shorter in height, even after controlling for age differences between groups, implying long term malnutrition of female slum residents in the sample (Izutsua et al, 2006).

Srivastava's (2012) cross-sectional research into the nutritional status of school-age (5-15 year old) slum-dwelling children in urban India found that girls were more prone to nutritionally-related illnesses, with statistically significant findings for anaemia and rickets. Indupalli, (2009) also identified anaemia as a serious public health problem for 13-19 year old slum-dwelling girls in Gulbarga, India, with 94% of their 250 female sample population being diagnosed with the condition.[15] The risk of anaemia facing girls in these communities could to some extent reflect an apparently enduring culture of 'son preference' in parts of East Asia, South Asia and North Africa, wherein boys and men are prioritised in terms of food, investments (such as education and health care) and other household resources (Hesketh and Xing, 2006; Mishra et al, 2004; Pande and Malhotra, 2006; World Bank, 2011).

In Sao Paolo, Brazil, a survey of 535 families (comprising 2,411 individuals) living in different favelas around the city revealed a higher incidence of obesity among female children (8.7%) than male children (6.4%), with obesity in girls also more likely to be attributed to stunting (6.8% compared to 5.8% of boys) (Sawaya et al, 1995:107). Among adolescents, the gender disparities in obesity widened to 21% in girls and 8.8% in boys, despite female malnutrition levels being lower (12.6% compared with 15.5% among boys) (ibid.).

Mental Health

According to the WHO (2014), depression is the leading cause of 'health-related disability' among 10–14 year-old girls and the third leading cause among boys globally, although unfortunately WHO do not distinguish between urban and rural residents. Despite the limited availability of data on this topic in LMIC and Global South cities, evidence from São Paulo, Brazil reveals a higher incidence of common mental disorders (CMDs) such as fatigue, anxiety and depression in its poorest socio-economic district (21%) and lowest (12%) in its wealthiest (Blue, 1996:95, cited in Chant and McIlwaine, 2016:120). This resonates with research on Cape Town, South Africa, which demonstrates a higher prevalence of CMDs in peri-urban slums (35%) compared with rural areas (27%), and that gender (being female), unemployment and substance abuse are the most common correlates (Harpham, 2009:112).

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13   A total of 47% of respondents were 10-15 years old.

14   Other causes of child injuries included falling on the street (8%), animal/insect bites (4%), falling from trees (1.5%), drowning (2%), falling from a roof (3%), electrical burns (1.5%), poisoning (1%) and chemical burns (0.5%) respectively.

15   As many as 27.6% suffered chronic energy deficiency, while 46% had other health problems and 37.2% had menstrual problems.

Although it is difficult in many studies to establish exactly how far the incidence of mental ill-health is skewed towards young adolescent urban poor females, one journal paper unearthed in our database search, on mental health among slum residents in Bangkok, Thailand, despite being an Upper Middle Income Country (on the basis of World Bank classifications of LMICs), indicated that girls in younger age groups were more likely than boys to display depressive symptoms, also observing a statistically significant link between depression and quality of life, position in the family (middle children being most affected) and adolescents' place of origin (Somrongthong et al, 2013). This highlights the importance of considering gender, age and family circumstances, including where young female adolescents come from, in the development of age-appropriate mental health support services, as well as the need for more research in this area. Notably, and perhaps related to the incidence of mental health issues among urban poor adolescents, rather little exploration appears to exist on drug and alcohol abuse[16], constituting another topic warranting further investigation.

Gender-Based Violence and Safety in the City

Gender-based violence (GBV) and more specifically, violence against women and girls (VAWG), remains a pervasive health issue globally, with women in LMICs and the Global South more broadly more than twice as likely to experience violence in cities (UN-Habitat, 2007, cited in Chant and McIlwaine, 2016:137), seriously undermining their freedom, mobility and engagement in wider socio-political activities. Research in Swaziland and Tanzania, found that one-third of female respondents reported being abused before they reached the age of 18, with 40% of girls in Swaziland likely to experience subsequent bouts (Bruce, 2011). In as much as the threat of violence and especially violence perpetrated by a non-partner appears to be greater in cities than in rural areas, as highlighted by McIlwaine (2013:69) in her paper on urbanisation and gender-based violence in the Global South, 'no single cause at any level or any place determines violence, but various combinations of factors may create a situation where political, economic and social violence is more likely to occur.' Owing to these different intersecting factors, women and girls living in slums make them especially vulnerable to violence, with schools, sanitation facilities and establishments where alcohol is sold, all of which are more concentrated in cities, identified as especially dangerous (ibid.:70).

Austrian et al's (2015) study on GBV in Kenya, revealed that girls in urban slums were more likely to have experienced violence than their rural counterparts, with approximately one-third of girls from Kibera having experienced emotional, physical, and/or sexual violence, in contrast with less than 5% of girls in rural Wajir. A second intra-national study by Hallman et al (2015) on South Africa, where violence has escalated to such high levels that it now outstrips traffic accidents as the leading cause of death among 10-19 year olds, compared perceptions of safety by girls living in urban and rural communities. Girls' interaction with public spaces were seen to 'shrink' with puberty, while that of boys' expanded, with urban girls in grades 8-9 (13-15 years) having by far the smallest geographical range, and even less than that of boys and girls in grade 5 (ibid.). Urban girls also deemed a greater proportion of spaces (60%) to be 'unsafe' compared with their rural peers and were the only ones to identify 'extremely' and 'very unsafe' areas (ibid.).

According to Travers et al (2013) fear of violence constitutes a form of violence in and of itself. In their qualitative, five-city[17] analysis (a) of urban safety perceptions among 11-23 year old female adolescents (many of whom resided in slums), the authors observed distinct variations in perceptions of safety between cities, while also noting similarities in the examples of given by girls of causes of concern In the 'built (urban) environment' inadequate street lighting, together with garbage which obstructed their vision of the streets, and the absence of clean and safe public toilets, were perceived as significant challenges. In Kampala, Uganda, 80% of respondents felt 'very unsafe' or 'unsafe' in public spaces including markets and roads, and in Lima, Peru, only 2% of girls reported 'always feeling safe' when using public transportation (ibid.). Suggestions from girls on what it would take to create a safer and more inclusive city for them included improving access to water, sanitation, solid waste management and emergency services as well as spaces for leisure and play, in

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16   Only one article (Arora et al, 2013) was identified on this topic, which explored tobacco use among 10-19 year old slum-dwellers in India.

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

conjunction with enhanced road and transport infrastructure such as lighting and bus stations in their communities (ibid.:43). The use of arts-based methods such as those employed by Khan (2015), could be effective tools for enabling young adolescent girls from low-income areas to express their experiences, fears and perceived risks of GBV (see also later).

Furthermore, it is worth noting that in many LMIC and Global South, cities, justice and policing systems are often under-resourced, corrupt and imbued with patriarchal mindsets that downplay or even disregard GBV, resulting in an underreporting of incidents and limited incrimination (Bott et al, 2005). This plausibly contributes to perceptions of impunity for perpetrators and the above-described feelings of insecurity for female city dwellers. While a number of urban interventions and policy approaches have been effective in reducing the incidence of gender-based violence in LMIC cities (ibid.; see also McIlwaine 2013; Moser, 2010), few have explicitly considered the particular needs and interests of adolescent girls, for whom access to justice is arguably even more limited.

Education

Education is a fundamental determinant of the capacities and opportunities people have to engage in socio-cultural, political and economic spheres of urban life. Earlier sections of this RER discussed the relationship between academic enrolment and girls' reproductive and sexual health including menarche, age at marriage, childbearing, and rates of HIV/AIDS infection, all of which are vital to girls' wellbeing and gender equality (Lloyd, 2009). Thanks in part to the Millennium Development Goals, which encouraged a growing number of countries to introduce clear commitments and initiatives to get young people into and through primary school, the past decade has seen major improvements in young girls' enrolment in primary school (Lloyd, 2005) and overall educational attainment. Notwithstanding these achievements, girls living in slums continue to face several obstacles in terms of their education.

A qualitative study of early school leavers in slums in three Philippine cities (the capital Manila in Luzon, San Jose de Monte in Bulacan, and Cagayan de Oro in Mindanao), which included Manila's infamous 'Smokey Mountain' slum built on landfill from which the majority of inhabitants make their living from waste re-cycling, found that the cost of books, school materials, and travel to and from educational establishments, forced many to drop out of school, although only female respondents cited 'to stop being a burden on their families' as a reason for so doing (Unwin et al, 2007). In addition to finances, socio-demographic background and religion may also affect girls' educational opportunities, as depicted in Nayak et al's (2016) study of 15 Indian slums where Muslim households were less likely than their Hindu counterparts to enrol their children in school, with girls across all caste and religious demographics emerging as the most educationally-deprived. Bagchi's (2006) work with 1000 child labourers[18] in slums in Kolkhata, India, similarly showed that where more than half of the boys had spent between one and three years in school, the majority of girls lacked any schooling at all, citing the unaffordability of school fees and need to help earn incomes for their families as the main drivers (Bagchi, 2006; see also Jones and Chant, 2009 on Gambia and Ghana). Nonetheless, female-headed households, which tend to be more prevalent in urban areas (Tacoli and Chant,2014), appear to be more gender equitable in their decision-making around their children's schooling (see Abuya, 2010, on Nairobi; Chant, 1997, 2007, 2016b on Mexico and the Philippines).

While comparative intra-national studies typically point to higher school enrolment in urban than rural areas, in Kenya, this urban advantage seems to be age-, sex- and space-dependent, with school enrolment for slum children declining as they get older faster than among their rural counterparts (Mugisha, 2006). The onset of this observed decline in academic enrolment was attributed to children in urban slums being pushed into work 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.).

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18   Half of whom were 10-14 years old with the remaining 50% aged 5-9 years.

Another rural-urban comparative study in Kenya, examining school absenteeism among 11-13 year old girls in Korogocho slum in Nairobi, and the rural Maasai nomadic pastoralist communities of Kajiado County, revealed that girls in particular were expected to contribute to household income and to provide food for themselves and younger siblings (Watson-Jones et al, 2015). In Korogocho additional reasons for missing school included violence at home, parental pressure upon them to sell alcohol and drugs, as well as begging or engaging in sex work to make money for their families. In contrast, pregnancy and early marriage were reported as the main factors causing rural female respondents to leave their natal homes (ibid.). Similar economic drivers were also reported in Pakistani urban slums, where children were working so many hours that their ability to undertake school-related activities was impacted (Mehrotra and Biggeri, 2010). This said, in the context of urban Gambia and Ghana, 'child work'[19] is often the only pathway available to fund schooling (Jones and Chant, 2009).

While female enrolment in primary school may be increasing, when girls are of secondary school age, their educational opportunities and safety in and out of school tend to decline. Abuya's (2010) study in Nairobi's slums identifies the risk of violence as one of the main factors reducing adolescent girls' interest in learning and educational attainment. Practical and strategic recommendations to support girls in their struggles against sexual harassment and to ensure their continued attendance at school include organising 'walking school buses' where girls travel on foot in groups, along with robust policies and policing to prevent sexual offences in schools themselves (ibid.). Lloyd (2012) suggests making schools more 'girl-friendly' by creating girl-only after-school programmes, expanding support for non-formal educational alternatives with the goal of providing marketable skills, and by increasing girls' eligibility for direct conditional cash transfers and scholarships (need- and merit-based). Clear gender-sensitive policies and procedures pertaining to pupil pregnancy as well as incidents of GBV (including reporting mechanisms), the provision of gender-sensitive learning materials that encourage reflection and challenge attitudes and assumptions of teachers and students alike, as well as physical amendments to school's facilities such as providing female-only toilets and dormitaries have also been identified as effective mechanisms for creating safer and more inclusive learning environments (Brookes and Higson-Smith, 2004; Dunne et al, 2006).

Mobile teaching teams deployed in slums for out-of-school children and young adolescents in the early morning or late evening might also be effective in helping to increase school attendance among those who are working (Izutsua et al, 2006). This could be accompanied by the use of radio, television, and even mobile-phones for education, although Unwin et al (2007) argue for a cautious approach to the use of new ICTs in supporting the education of out-of-school youth, especially where the latter have not been involved in design and implementation (see also later).

Climate Change and Disasters

Children under 14 are estimated to be almost twice as likely as the population at large to die from 'environmental factors'. The same gap exists for morbidity which increases greatly when the potential loss of healthy life years is considered (Prüss-Üstün and Corvalán, 2006 cited in Bartlett, 2008). People in LMIC slums are hugely vulnerable to extreme weather events and rising sea levels because their communities are often located in deltas/flood plains, river banks, or steep slopes that are prone to flooding, storm surge and landslides during heavy rains (Satterthwaite et al, 2007; HABITAT III, 2016). Furthermore, poor quality housing, limited WASH infrastructure, high population densities and socio-political conditions characterising slums compound the ability of residents to withstand and recover from extreme weather events (ibid.).

Women and children are especially vulnerable to environmental and anthropogenic hazards associated with climate change, owing to the pre-existing social, economic and political constraints that limit their capacities

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19 Child work is an aggregate that pools child labourers with children engaged in light work (Edmonds, 2008:19) where 'light work' encompasses the market work of children aged 12-14 that is non-hazardous and for less than 14 hours per week in contrast to 'child labour' which is defined as work that deprives children of their childhood, their potential and their dignity, and that is harmful to their physical and mental development. It refers to work that is mentally, physically, socially or morally dangerous and harmful to children, and interferes with their schooling by depriving them of the opportunity to attend school, obliging them to leave school prematurely, or requiring them to attempt to combine school attendance with excessively long and heavy work." http://www.ilo.org/ipec/facts/lang--en/index.htm (accessed 7 November 2016)

to adapt and respond during and after crisis events (Gaillard, 2010; Wisner et al, 2004, 2012). According to Bartlett (2008), urban poor children, including those residing in slums, face particular and disproportionate risks associated with various aspects of climate change, with clear impacts on their health and survival. During heatwaves the material conditions of slums trap heat which exacerbates the 'urban heat island' effect and renders children (and other residents) more vulnerable to respiratory diseases and other conditions associated with heat stress. Child malnutrition, exposure to water-borne illnesses, malaria and other vector-borne diseases associated with flooding, drought or general post-disaster conditions are also likely to be exacerbated as a consequence of global warming, with long term implications for the psychosocial wellbeing of children and their families (ibid.; see also Bartlett et al, 2009).

During and post times of crisis, children may also be pulled out of school and forced to work to help their households in income generation, potentially exposing them to exploitation while also compromising their future prospects and wellbeing (Bartlett, 2008, UNICEF, 2012a). There is also a substantial body of literature showing that during and post-disaster the burdens associated with women's and girls' reproductive responsibilities are intensified as sourcing clean water, food and fuel becomes increasingly challenging. In some countries, gendered socialisation may mean that adolescent girls are disadvantaged in life skills such as swimming which may be critical to their survival during and post climate-related disasters (Abarquez and Parreño, 2013:23–5). Early warning systems, conditional cash transfers, and sim card distribution programmes can help families recover more quickly, potentially helping to minimise the aforementioned impacts on children. Including children and young people in emergency planning interventions and creating child-friendly spaces in communities affected by such hazards can also help to address children's psychological and social needs, as well as protecting them from the increased risk of violence, abuse and exploitation which often accompanies disasters (UNICEF, 2012a:39).

Households, Rural-urban Migration, and Work

Child-Headed Households

As noted earlier, household structure can positively affect the life chances and overall wellbeing of young adolescent girls, as seen in the context of female-headed households, which as mentioned are more prevalent in urban areas (Tacoli and Chant, 2014) and tend to exhibit more gender equitable resource distribution and better outcomes for girls (Chant, 1997, 2007, 2016b). Conversely, in households headed by children, or where girls are not living with their parents, opportunities for schooling and access to supportive social networks may be constrained. Table 3 shows the percentages of girls aged 10-14 not living with their parents in urban and rural areas. The highest proportions are found in urban areas, with especially marked levels in Benin, Côte d'Ivoire, Rwanda and Uganda (Bruce and Chong, 2006:14). Although Bruce and Chong's study was conducted over a decade ago, and the authors do not elaborate in detail on why rates of child-headed households are particularly pronounced in these countries, they cite marriage, migration for work, family breakdown (or disease and the death of parents) and leaving school as reasons contributing to children not living with either of their parents. They also note that while some young girls may be living with extended family or in nominally positive fostering or protective living arrangements, it is 'plausible that many are vulnerable to sexual exploitation, unsafe work, and substance abuse' (ibid:12).

Table 3: Percentage of girls aged 10–14 living with neither parent, by area of residence

Country	Percentage (%) of girls 10-14 living with neither parent	
	Urban	Rural
Benin	42	25
Burkina Faso	35	19
Côte d'Ivoire	41	29
Ethiopia	30	16
Ghana	35	26
Malawi	38	30
Rwanda	45	22
Uganda	43	28

Source: Bruce and Chong (2006:Table 1,14)

Girls who are not living with their parents report a higher prevalence of sexual abuse and HIV infection (ibid.), and may face difficulty in garnering support from siblings, neighbours, friends and wider kinship circles. Yet such networks are crucial to survival, with small-scale longitudinal ethnographic research conducted with eleven child-headed households in rural and urban Zambia over four years revealing the efforts made by children and young people themselves in constructing and maintaining them (Payne, 2012).

Migration and Child Labour

Early adolescent girls migrating from rural to urban areas might be especially at risk of abuse, exploitation and social isolation, with a survey of 10-19 year olds in slums in Addis Ababa, Ethiopia showing a higher proportion of young girls (45%) residing in slums having migrated from rural areas in search of educational or work opportunities compared with boys of the same age (23%) (Erulkar et al, 2006:366). Girls were less likely to migrate with a parent than boys (10% versus 42% respectively). Nearly one-quarter of female migrants reported migrating to escape early marriage in their rural homelands (23%), with most (60%) doing so between the ages of 10 and 14 when this is most likely to occur. None of the girls who migrated to evade premature wedlock did so with their parents, travelling either with other relatives or entirely alone.

Many young adolescent girls who migrate to towns and cities have also been victims of trafficking, even if ascertaining the precise number of girls affected by this is challenging given the clandestine nature of the business, and often blurred lines separating those recruited 'voluntarily' into domestic work and those forced via trafficking rings. According to the study by Erulkar et al (2006) on Ethiopia, young female domestic workers residing in slums were less likely to be educated or to live with parents compared with other young adolescents in these communities. Boys had attained higher levels of education compared with girls, a finding consistent with educational data for Ethiopia generally. Compared with non-migrant slum residents, migrants were also found to earn considerably less money[20], a difference that was especially striking among young adolescent girls who reported working extremely long hours for meagre salaries, averaging 62 weekly working hours and bringing in less than US$8 a month (Erulkar et al, 2006:365). A second study in Ethiopia, comparing the backgrounds, working patterns, and personal circumstances of female domestic workers with other adolescent girls and boys, found that domestic workers appeared to have lower self-esteem and fewer friends than other adolescents of the same age, as well as less knowledge of HIV prevention, possibly because of their isolation and dependency on employers (Erulkar and Mekbib, 2007).

Young rural-urban migrant girls may be pressured into exploitative and abusive working environments in an effort to support their families in source areas, and thus to maintain 'positive' self-images as good and dutiful. Indeed, Montgomery's (2014) ethnographic fieldwork with young female sex-workers in a slum on the edge of

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20   On average, migrants were earning a weekly wage of only 16 Birr (US$1.90), compared with natives (50 Birr/US$5.80) (Erulkar et al, 2006:370).

a large tourist resort in Thailand found that although their work was physically dangerous and psychologically difficult, both parents and children claimed that their families were loving and functional and viewed selling sex on the part of daughters as a way to keep the family together.

In Bangladesh, young girls migrating to urban areas to work in the garment factories also regard themselves as an important resource for their natal kin (Del Franco, 2016), with poverty being the pivotal driver of migration in most cases. Again, girls did not describe their decision to move as 'forced' but spoke of their responsibilities to their families and of wanting to contribute to their livelihoods. Migration for work to the capital was also seen by some parents as a preferable alternative to marrying-off their teenage daughters. While some of the girls moved to Dhaka to escape difficult family situations, including abuse, only rarely was the decision to migrate described in terms of gaining freedom, to do something for themselves and/or to avoid getting married (ibid.).

Migration to Dhaka potentially provides more opportunities for girls to develop networks of female (and male) friends than village life. This is facilitated by working side-by-side in factories, by the lack of direct parental surveillance, and the use of mobile phones. Indeed, around two-thirds of the migrants, especially those who had migrated at an early age and had higher incomes, emphasised that migration and work has had a positive impact on their sense of self-hood and self-esteem, that their mobility has increased, and that they have more decision-making power in their daily lives and within their family circles (Del Franco, 2016). This said, the remaining third of migrant girls tend to ignore the opportunities that the city offers, adopting instead an attitude of restraint and acceptance, including the prospect of returning to an arranged marriage back in the village at their parents' behest (ibid.). As practiced by some of the programmes reviewed below, providing female adolescent migrants with sanitary pads, access to mobile technologies including mobile savings, and connecting them with social networks including providing them with mentors can help them to mitigate some of the difficulties and risk they encounter in cities.

Programmes Targeting 10-14 Year Old Girls and Boys in Urban Slums

Early adolescents, aged 10-14, have traditionally received little attention in terms of specifically targeted programmes, although with some advancements in recent years as awareness grows about the critical transitions that occur in early adolescence and their legacy effects (Bruce, 2011). Indeed, the past ten years in particular have witnessed a flurry of development initiatives[21] focusing on adolescent girls as the best catalysts for social change, and embodying 'the power to end world poverty'.[22] Notwithstanding the welcome attention and resource investments that these campaigns have attracted for gender programmes globally, such approaches have also been met with more cautious reviews, pointing out how the narratives popularised by Nike and cognate initiatives such as the UN Foundation's 'Girl Up' campaign serve to create a narrow and idealised model of who these 'girls' are, what they want, and what it means to be empowered. Criticisms have also been levelled at an encroaching instrumentalisation of girls for development and poverty alleviation, and the impossibility of their effectively exercising 'agency' in the absence of major structural advances towards gender equality in economic, social and political domains (Calkin, 2015; Chant, 2016a; Koffman and Gill, 2013; Roberts, 2015; Wilson, 2015).

Many policies directed at young people are predicated on the assumption that 10-14 year olds are reliably under the protection of some kind of adult, ideally a parent, and thereby seek to engage parents on the development of policies and programmes rather than the young people themselves, despite the aforementioned reality that some of those most vulnerable in this demographic are independent migrants or heading their own households (Bruce, 2011). This may contribute to what Bruce (ibid.:9) has termed an 'inversion of care' where those who are less vulnerable and with more social assets on which to draw end up receiving the majority share of (or disproportionately benefiting from) youth-serving resources.

The findings of this RER suggest that the needs of 10-14 year old girls living in poverty in LMIC cities are not adequately served by existing policy efforts, although some of the programmes identified in the database search have been omitted due to a lack of age- (10-14 year old) or slum-specific focus.[23] Eight publications were identified that offer systematic evidence reviews of programmes targeting young people or girls, which typically relate to one or several of the themes identified by McCarthy et al (2016) including sex and puberty education, life skills and financial education, changing gender roles and norms, reducing child marriage, academic engagement, improving mental health, and nutrition, physical activity, and sports. Four of the reviews focus mainly on health programmes, such as sexual and reproductive health and physical and mental health. The other four reviews show how programmes aim to reduce societal discrimination against adolescent girls, prevent and reduce violence or to facilitate the improvement of economic assets. Notably, half these reviews have been published by the Girl Hub and only three out of eight are from peer-reviewed articles (see Table 1 in Appendix 3).

The interventions in these eight publications were also studied and filtered by their focus on slums and the specific 10-14 age group. Even in these eight reviews, few programmes specifically targeted 10 to 14 year old girls in slums or evaluated programme outcomes by specific age groups. For example, Joyce et al (2014) evaluates reports that focus on sexual and reproductive health interventions for 14-24 year olds in Sub-Saharan Africa. Barry et al (2013) discuss 22 interventions of mental health promotion interventions of which only five could be included in this review (see Table 1 in Appendix 3). Blanc et al (2013) concentrates on 14 programmes that are aimed at reducing violence against adolescent girls, though not necessarily in urban areas. Quisumbing et al's (2013) review of 38 programmes that target girl's physical and financial asset building either do not target the 10-14 year old age group or are not specifically focussed on slums. Nonetheless, these eight reviews highlight the diversity of programmes that are available to young girls in LMIC cities. The

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following section outlines five programmes in more detail. They have been selected because they focus on 10-14 year old girls in slums, have been evaluated, and because they showcase the diversity of existing programmes available.

Biruh Tesfa (Bright Future) – urban Ethiopia

Established in 2006, Biruh Tesfa is a government-funded programme which delivers second-chance schooling and life skills to 10-19 year old out-of-school girls in the poorest urban communities of Ethiopia. The programme also aims to increase social networks among, and support to, the most marginalised urban girls, targeting not only out-of-school female youth, but domestic workers, orphans, and rural-urban female migrants without parents, who are typically at serious risk of exploitation, abuse and social isolation (Erulkar et al, 2006, 2013:184). Female participants are given a safe space for building peer support networks and are helped in developing their literacy and life skills, including HIV and reproductive health information, as well as being connected to resources and services in their local catchment areas (ibid.).

Outreach is facilitated through trained mentors who identify beneficiaries by going house-to-house and encouraging girls to participate in the programme. For girls wishng to take-up the opportunity, mentors discuss participation with their parents, guardians, or—in the case of domestic workers—their employers, to help mitigate any resistance that may prevent girls from joining. These same mentors follow-up with the girls throughout the life cycle of the programme. Because many girls are in situations of extreme poverty, basic commodities including soap and sanitary napkins as well as notebooks, pens, and pencils are provided by the centres. The groups meet five days a week in school classrooms or community halls for two hours in the late afternoon to accommodate the schedules of girls who are working in domestic service, and offer non-formal schooling on four of those days, with life skills training on topics such as communication, financial literacy, menstrual hygiene, and violence on the fifth.

The total programme duration is 30 hours (or longer) even if statistics on average participation and completion rates remain unclear from the evaluations. Biruh Tesfa has been rolled-out across the poorest areas of 18 cities in Ethiopia, and since 2013 more than 63,000 out-of-school girls have participated with an average age of 13, 41% of whom were child domestic workers (Erulkar et al, 2014). In an earlier evaluation conducted in 2009, 47% of participants had lost one or both of their parents, nearly 40% had no prior education and 73% joined the programme with less than five years of schooling (Erulkar et al, 2011:3). Girls reported increased social networks and having safe places for social gathering outside the home as major benefits of the programme. They were also significantly more likely to have undergone voluntary counselling and testing for HIV compared with girls in the control site (ibid.).

The expanded model also includes a programme to subsidise the cost of basic health services and medication at participating public and private partner clinics. Girls can request a health voucher from their mentors, who also offer to accompany them to the health centres. During the first six months of the expanded programme, 487 health vouchers were issued to 320 participants, among whom 70% had never previously visited a health facility (Erulkar et al, 2014). In the future, Biruh Tesfa is exploring the idea of training programme graduates as junior mentors, recognising the importance of the older female mentors [24] to the girls, who act as their protectors and advocates in the absence of other caring adults and sources of support (Erulkar et al, 2013:190).

Filles Éveillées ('Girls Awakened') – urban Burkina Faso

Filles Éveillées in Burkina Faso, like Biruh Tesfa, targets young female rural-urban migrants (Engebretsen, 2012), recognising that the lack of economic opportunities in rural areas prompts girls to migrate to urban areas in search of employment, and who, as a consequence, often end up in domestic service and vulnerable to exploitation and abuse (Engebretsen, 2013).

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24   See https://www.youtube.com/watch?v=wyE9TSd2SBw for interviews with some of the programme participants.

As elsewhere, migrant female adolescent domestic workers in Burkinabe towns and cities typically work long hours and live with their employers, leaving them with little time for schooling, building social networks, or developing skills necessary for adulthood. Living away from their families, they also appear to be more vulnerable to sexual and economic exploitation (Temin et al, 2013). Indeed, in the capital city, Ouagadougou, one in five girls aged 10–14 was not in school and not living with either parent (Engebretsen, 2013). In response to these issues, the Population Council designed a 30-session programme for migrant adolescent domestic workers in urban Burkina Faso.

Rather than intervening at the onset of crisis, Filles Éveillées seeks to build girls' 'protective assets' with the intention of helping to prevent situations of greater precarity, for example, by teaching them about their rights, linking them to health, financial, and psychosocial services in their communities, and providing them with practical life skills pertaining to finances, and sexual and reproductive health management. The programme also expands the social safety nets available to girls through relationships built with peers and mentors. The programme was piloted from 2011–2012 in the country's second largest city, Bobo-Dioulasso, and again in 2012–2013 in Ouagadougou, reaching girls across both sites through proactive outreach strategies similar to those employed in Ethiopia's Biruh Tesfa (Engebretsen, 2013).

In addition to holding regular meetings to reduce girls' social isolation and to bolster their protective skills and knowledge, mentors also conduct community-awareness sessions to build wider support for the programme. Drawing on learnings from the evaluation from the first pilot which showed that adolescent girls engage in step migration, migrating first to a smaller city and then onto the capital city (Engebretsen, 2012), the age range for the programme beneficiaries in Ouagadougou was raised from 11–16 to 15–19.

Engebretsen's (2013) follow-up survey with girls who had participated in the first cohort of Filles Éveillées revealed that one year after programme completion, sustained effects were observed in migrant girls' social capital, self-confidence, and general health awareness. However, changes in financial behaviours such as savings and sexual and reproductive health knowledge were inconclusive, and in some cases, appear to decline over time. The findings of this evaluation are not statistically significant, given the small sample size and potential bias in the survey results, which only captured the experiences of a self-selected sample of girls who remained living in the city rather than returning home to their villages. In this light, some of the positive changes noted over time may not only reflect learnings from the programme but also could be associated with girls' more general assimilation into urban life.

The Adolescent Girls Initiative (AGI-K) – rural and urban Kenya

The Adolescent Girls Initiative-Kenya (AGI-K) was only launched by the NGO Binti Pamoja Centre in 2016, but aims to deliver interventions to over 6000 girls between the ages of 11 and 14 years in two highly marginalised areas of Kenya: the urban slum of Kibera in the capital, Nairobi, and impoverished rural Wajir County in North-eastern Kenya, using a combination of individual-, household- and community-level strategies. Premised on the idea that early adolescence provides a critical window of opportunity to intervene at a time when girls experience multiple challenges, AGI-K combines different single-sector interventions (violence prevention, education, health, and wealth creation) geared at improving girls' overall wellbeing (Austrian et al, 2016:7). More specific aims include to delay sexual debut and childbearing for marginalised adolescent girls in Kibera, increase contraceptive use, and in Wajir, to postpone marriage and first birth (ibid.).

The violence prevention intervention aims to facilitate community conversations and planning with the intention of enhancing girls' 'value' in the community. The education intervention includes a cash transfer to the household conditional on school enrolment and attendance. The health intervention entails culturally-relevant and age-appropriate sexual and reproductive health education delivered in a group setting once a week over the course of two years. The wealth creation intervention provides savings and financial education,

including a start-up savings scheme, where girls receive 300 Kenyan Shillings (equivalent to US$3) in cash deposited into an account[25] (Austrian et al, 2016:5).

While the intervention packages are substantively the same across rural and urban areas, the cultural and contextual specificities particular to each environment have been incorporated into the programme design, recognising for example, the predominantly Somali and Muslim composition of rural Wajir compared with a more ethnically- and religiously-diverse population in Kibera. It is hypothesised that access to savings may reduce the need for girls in Kibera to turn to transactional sex during times of economic crisis (thereby reducing the incidence of early/unwanted pregnancies), and offer girls in Wajir more decision-making power which could translate to greater agency and authority over contraceptive use and family planning (Austrian et al, 2016:8).

The findings from a randomised trial (yet to be published) is intended to provide critical evidence for policy-makers, donors and other stakeholders on the most effective ways to combine these interventions to benefit marginalised adolescent girls. The data will compare the impact of four different packages of interventions in order to assess if and how intervening in early adolescence improves girls' lives after four years. The project will be further evaluated using data from behavioural surveys conducted before the start of the programme (baseline in 2015), at the end of the two-year intervention (in 2017), and two years post-intervention (follow-up in 2019). Monitoring data will also be collected to track programme attendance and participation and interviews with stakeholders will supplement the quantitative survey results. The evaluation will also rather uniquely assess and compare the cost-effectiveness of these interventions (Austrian et al, 2016).

The design of this programme is indicative of a trend towards developing integrative interventions which adopt a holistic approach to complex social issues, wherein monitoring and evaluation constitute integral features of the programme rather than activities tacked on at the end. The two-year post-intervention study may well also offer insights into the legacy effects participation through longer-term outcomes. What remains unclear however is whether and how boys and men are incorporated in the programme and what these 'community conversations' entail, for example, in the form of content, leadership and facilitation.

Growing Up Safe and Healthy (SAFE) – urban Bangladesh

This sexual and reproductive health programme piloted between 2001 and 2003 in 19 slums in Bangladesh's capital, Dhaka, sought to reduce intimate partner violence among 10-17 year-old single and married girls. SAFE employees instructed girls and women at legal and health-service centres as to how to protect themselves against sexual and reproductive health risks and GBV. SAFE's overall aim was to promote self-determination among adolescents. The project created multi-sector links and networks between legal services and reproductive and sexual health providers, human rights and women's rights advocates, research organisations, and Bangladesh's Ministry of Women and Children's Affairs, with project partners providing improved access to reproductive health and legal services to the communities served.

Unfortunately, the randomised control trial for the evaluation only included a sample of those aged 15 and older. However, the results suggested that the SAFE programme successfully addressed gender inequitable attitudes among females and males as well as spousal violence against women and girls in the community; especially when group sessions were mixed-sex (Naved and Amin, 2014). The evaluation also revealed that male inclusion significantly improved attitudinal and behavioural outcomes in terms of advances in gender equitable attitudes, reduced spousal violence and increased use of modern contraception. However, it might be the case that the males who opted to join the group sessions had already been sensitised to issues of domestic violence compared with those who did not participate. This suggests that the legacy effect of the programme may be limited, although further investigation would be valuable.

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25 Girls in rural Wajir receive a piggy bank with cash deposited once they complete the first unit of the financial education sessions. For those in urban Kibera, the money is deposited into their 'SMATA' (meaning 'the smart one' in Swahili) youth account with the Kenya Post Office Saving Bank (Postbank).

Parivartan – urban India

Parivartan is a violence prevention programme in Shivajinagar, a large slum in Mumbai, India, situated in close proximity to some of the city's abattoirs and rubbish tips. The programme combines practical sports-based incentives to encourage male participation with the strategic aim of reducing GBV (which is particularly pervasive in slums) and to promote more gender equitable attitudes and beliefs. More specifically the programme encourages 10-16 year old male adolescents to join a cricket team where discussions about gender are explicitly integrated into the activities and mentoring provided by coaches (Das et al, 2015). The impetus for the initiative, which evolved in collaboration with partners such as the Mumbai School Sport Association (MSSA), emerged from the International Centre for Research on Women's (ICRW) long-standing commitment to using sport to transform 'traditional', and/or 'hyper-masculine' gender norms.

Parivartan collaborated with 16 senior cricket players from young adult community teams, who were trained not only in cricket-coaching, but also 'gender life' skills via 120 hours of critical reflection around gender norms, power, masculinity and violence in collaboration with partner agencies over a four-month period. Upon completion, each coach/mentor was responsible for recruiting a team of at least 15 young boys from their section of the slum, and was provided with a Parivartan kit, consisting of different cards with scripted discussion points to engage the younger boys in conversation on topics relating to respect, ethics, notions of 'fair play' (including within cricket itself), gender norms, gender-based violence, relationships, and consent. Each card series was designed to be delivered in 45–60 minutes in weekly sessions either before or after playing cricket or when gathering in a community space (Das et al, 2015:67). To complement the coaching sessions, a month-long social marketing campaign was rolled out in both intervention and control communities at the end of the programme. Comprising 'mobile van activism', radio messages and street theatre, the campaign's intention was to reinforce the issues discussed in the programme in popular media channels, while also reaching out to the broader community.

An evaluation of Parivartan was conducted over two years, revealing that a total of 210 10-16 year old adolescent males had participated in the programme, with an attrition rate of 20% as some lost interest or migrated before the programme ended. The control group, a cricket training camp in another Mumbai slum, Cheeta Camp, which did not train mentors or incorporate the Parivartan kit consisted of 168 participants, of which a similar proportion (21%) left after two years (Das et al, 2015:66). Yet according to the evaluation, both the young adolescents and mentors exposed to the programme reported positive improvements in 'bystander behaviour', in that they would intervene if they witnessed violence. Male participants also reported a reduction in the number of acts of violence in which they were personally involved by the end of the 24-month evaluation. The mentors affirmed that through the training and implementation of the programme they had gained transferable skills and knowledge which they felt had also had a positive impact on their behaviour around other health concerns, such as smoking and drinking alcohol (ibid.). Thus, there may be numerous unexpected benefits from consciousness-raising interventions, even if the long-term legacy effects remain unclear.

Indeed, while shifts in attitudes towards women and about gender equality (including disapproval of VAWG) appeared to improve at the mid-term evaluation at 12 months, these were not statistically significant and were not necessarily sustained at the 24-month mark. This, in a sense, is surprising, in that boys who opted into the cricket teams (who had to have their parents' consent) tended to come from homes with more progressive attitudes towards gender than the boys in the control group. The evaluation also failed to critically reflect on the personal influence of the mentors themselves in relation to how far they genuinely or strongly believed in the gender-equitable values and principles that they were charged with imparting to the younger players.

Programme Analysis

Key Features

The programmes reviewed above emphasise the importance of tailoring interventions to suit the varied geographical and socio-cultural urban contexts in which young adolescent girls reside. The use of cricket in the case of Parivartan as a socially and culturally appropriate means of engaging young adolescent males in discussions about GBV, and community outreach and multiple class times offered in Biruh Tesfa, are two examples which showcase the benefits that come from integrating local knowledge about the interests, needs and living conditions of target beneficiaries into programmes from the outset.

Fewer et al (2013:2) focus on economic empowerment as a critical lever for change in adolescent girls' lives. Economic empowerment not only includes financial independence and labour market participation but it also includes efforts to promote girls' confidence and provide them with more mobility, and strengthened social networks while also improving their health outcomes. The authors further identify six key areas that need to be considered in efforts to facilitate adolescent girls' economic empowerment, including access to financial, human, social and physical capital, as well as social norms and relevant institutions operating in girls' local environments. These complement the themes articulated by McCarthy et al (2016) all of which featured in the aforementioned urban programmes. Issues of social isolation, access to education, information (especially in terms of sexual and reproductive health) and financial capital, and building girls' self-confidence, were relatively ubiquitous objectives addressed. Bearing in mind the diversity of countries included in our review, this would seem to indicate a degree of consistency in the challenges facing urban-poor adolescent girls living in LMIC cities, which in many respects are also applicable to girls in rural areas.

Although not listed explicitly by McCarthy et al (2016), efforts to reduce exposure to violence, including rape, harassment, abuse and exploitation, as well as structural violence perpetuated through norms and belief systems that devalue women and girls, are also fundamental to these programmes. This, coupled with the prominence of safety in Travers et al's (2013:43) findings on what would constitute 'an ideal city for girls' suggests that GBV in its various guises arguably warrants greater recognition as a critical factor underpinning the improved wellbeing and 'empowerment' of young adolescent female inhabitants of urban slums. Indeed, the discernible preoccupation with reproductive and sexual self-care targeted to those who are typically the victims of assault and other forms of male oppression not only runs the risk of (re)constructing young girls as primarily sexualised subjects, but may also come to little in societies where men's freedom and ability to exert sexual licence and control is greeted with impunity (see also below).

The presence of positive role models and the creation of safe and accessible spaces for young girls (and boys) to meet peers, share information and experiences, and learn, also appear to be fundamental components of effective programming for young urban poor adolescents. Given the typically poor socio-economic backgrounds of girls living in slums, providing basic goods such as books, pencils, sanitary napkins, or offering small cash stipends may also help facilitate higher levels of engagement in programmes. Some such tools have been helpfully summarised by Anis (2009), in her review of the Nike Foundation-funded 'Empowering Adolescent Girls' initiative which sought to empower girls aged 10-19 living in rural Ethiopia in five integrated sectors (see Table 4). With the obvious exception of some agriculture-focused tools, most of the rest are likely to be as relevant to urban programmes targeting slum-dwelling girls.

Table 4: Tools for initiatives to 'empower' adolescent girls

Programme Objective	Tools
Education	Provision of scholarship stipends Supply of school materials Establishment of non-formal education centres Sponsorship of occupational training Awarding students who excel Facilitation of tutorial provision Access to libraries Sensitisation of communities to the value of education
Economic opportunity	Formation of savings and internal lending communities Engagement in market-led agro-enterprise Formation of irrigation groups Instalment of irrigation mechanisms Facilitation of girls' access to land Engagement in petty trade Formal registration of cooperatives
Leadership, voice and rights	Creation of safe spaces Training in life skills, assertiveness and rights Engagement of girls in formal decision-making processes Creation of peer support
Health/security	Sanitation and personal hygiene education Reproductive health and HIV/AIDS education Provision of sanitary napkins Construction of household latrines Construction of gender-segregated school latrines Construction of water points in schools Promotion of backyard gardening Distribution of fuel-saving stoves Referral linkages to health facilities
Social opportunity	Support of participation in school clubs Education, sensitisation of stakeholders in girls' lives Interventions to combat harmful traditional practices

Source: Anis (2009:13)

The Importance of Early Intervention

Our review indicates the potential value of investing before the onset of crisis events such as school dropout, early marriage, pregnancy, GBV and exploitation. Only rarely did the programmes unearthed for our report specifically target 10-14 year olds, with AGI-K (11-14 year olds) and Parivartan (10-16 year olds) being the two exceptions. Otherwise this demographic of very young adolescents was most commonly included in interventions targeting 10-19 year olds. Interestingly, where programmes were age-specific, they often failed to consider age as a variable when evaluating the impacts and outcomes of the programmes, limiting the robustness of these appraisals and highlighting a need for improved age-specific data monitoring in future endeavours. This would allow for comparative analyses between younger and older adolescent girls, and similarly between adolescent girls and women, although for these comparisons to be statistically meaningful, the samples would need to be sufficiently large.

Operational Challenges

Gathering information on the needs and issues facing 10-14 year old adolescent girls and engaging them in programmes can present significant operational and ethical challenges. As apparent in some of the programme overviews, gaining access to young people often requires negotiating with parents, guardians or other gatekeepers who may not always have the best interests of these adolescents in mind. As such, while consent procedures are undoubtedly essential, they may also act as a barrier to participation if not tactfully and skilfully approached by trained mentors who have the support from respected members of the community.

Furthermore, capturing the feeling, insights and experiences of young adolescents can prove difficult, as noted by Bruce and Chong (2006) who found many of the young adolescents they worked with to be discernibly reticent especially in the context of focus group discussions. In this light, adapting methodologies and tools for engagement and communication may be critically important to the efficacy of interventions oriented to early adolescents. Fine examples are the use of more participatory arts-based methods such as those proposed by Khan (2015) and Bruce and Chong (2006) as well as the employment of participatory tools including the safety walks and social cartography drawing exercises used by Travers et al (2013). Ideally, these could also be used to foster the active engagement of 10-14 year olds in the design of interventions.

Intergenerational Impacts and the Legacy Effect

The legacy effects of interventions are unquestionably important, if difficult to measure in practice, with outcomes such as age of marriage, childbearing and educational qualifications arguably best determined through sustained longitudinal research with girls into their adulthood. The majority of evaluations, however, draw only on baseline and endline data, with the short life cycles of several interventions and timeframes between implementation and evaluation further limiting the robustness of findings. Moreover, short-term measures of programme results may be misleading when the true impacts of education and gender norm programmes, including whether these pass down to younger generations, remain uncertain. Indeed, evidence from Parivartan and Filles Éveillées suggests that shifts in consciousness and behaviours inspired by these programmes are not always sustained. This indicates the potential importance of providing 'refresher' trainings, or developing 'take-away' materials or tool kits for reference, which could also enable graduates of the programmes to share this information with others, as in 'cascading peer leadership' schemes.

An investment in longitudinal data collection that captures the medium- and long-term impacts of interventions are arguably important features of programmes that target adolescents, and where one expects long-term effects on marriage age, fertility, and lifetime income (see Quisumbing and Kovarik, 2013). The fact that longitudinal evaluations are being built into new programme evaluations such as the AGI-K is accordingly extremely welcome. Allowing some room for open-ended responses in both baseline and endline evaluations would also help to mitigate the limitations inherent to quantitative surveying.

Quality of Programme Evaluations

While many programmes identified in this RER had not been evaluated (and were accordingly excluded), the programme evaluations which did exist varied in methodological quality. Only in a few cases did the evaluations involve randomised control trials or control groups, and many drew on very small samples which, as discussed, limits the ability for meaningful comparative analyses on the basis of different variables including age-specific outcomes.

There seems to be increasing emphasis on providing 'hard' evidence to determine whether an intervention 'works' and whether it can be scaled-up. However the overwhelming use of quantitative surveys in programme evaluations may not be the most appropriate way of eliciting feedback from young adolescents or expressing the complexity of programme impacts given their limited ability to draw out the nuances and 'thick' descriptive details that might more accurately serve as meaningful evidence. Combining quantitative measures with qualitative methodologies could help to account for such methodological shortcomings.

Engaging Girls in Sports

Greater use of sport to promote girls' empowerment, especially in urban slums where sports facilities are often limited or non-existent, and notably male-dominated, might be an effective (if as yet relatively unexplored) means of engaging young female adolescents, helping them develop their confidence and build social networks while also enhancing their physical and mental wellbeing. Sports programmes may also contribute to changing gender norms and challenging binary stereotypes by enhancing girls' visibility within traditionally masculinised public arenas. The UNESCO 'Empowering Girls and Women through Physical Education and Sport' programme serves as evidence of the positive effects that sports interventions can have on girls (Kirk, 2012).

Promising Practices and Emerging Innovations

This brief sub-section takes a step back from the established programmes and their evaluations and looks into innovations and promising practices that might not yet feature significantly in programme proposals for young adolescents in urban slums but offer productive ideas to consider.

The lifecycle of an intervention often takes years, from the initial proposal, programme design, financing and implementation through to its evaluation. This review has discussed programmes with innovative features that are yet to be evaluated. For example, a Safer Cities for Girls Programme that was developed in partnership between Plan International, Women in Cities International (WICI) and UN-Habitat is underway at the time of writing. This programme incorporates participatory tools including safety walks and social cartography drawing exercises, in addition to promoting girls' active participation in urban development and governance (Travers et al, 2013; see also Khan, 2015). These principles accord with the New Urban Agenda's (NUA) various exhortations to ensure women's and girls' 'full and effective participation and equal rights in all fields and in leadership at all levels of decision-making' (HABITAT III, 2016:2). Translating rhetoric into reality may well be challenging, especially given an historical neglect of providing spaces for eliciting (and listening to) young women's voices, agency and participation in urban environments, however signalling the importance of early adolescent girls' inclusion is undoubtedly a positive step forward.

As witnessed in earlier parts of this RER, relatively small-scale and/or localised initiatives, such as Project Mwezi and ZanaAfrica, which involve girls in awareness of menstruation and manufacturing their own sanitary pads (Chant and McIlwaine, 2016:109-10) can go some way to lessening the trauma and negative effects of transitions to adulthood in deprived urban spaces. Beyond this, and again taking-up an earlier point regarding confidential access to reproductive and sexual health services, new Information Communication Technologies (ICTs) arguably offer promising possibilities for delivering information and programmes to adolescent girls living in urban slums. For example, software applications (apps) on mobile phones can be utilised in different ways to facilitate learning, networking, campaigning and personal development. ICTs are perceived to reduce adolescent girls' isolation, build self-esteem and further their education (see Plan International, 2010). For example, an evaluation of a literacy project in rural and urban slums in India that used mobile game-based learning to teach and recall English words and phrases, found statistically significant improvements in children's abilities through these technologies (UNESCO, 2015:57). In healthcare, mobile apps have been used to deliver health services with simple features including sex education offered through text messages (UNESCO, 2015:25). Even if the risk of sexual exploitation and abuse through these platforms should not be ignored (Chant and McIlwaine, 2016), mobile phones have also been found to make women feel safer, with some apps carrying promising possibilities for helping to prevent violence and abuse among girls as well (Plan International, 2010:109).

A major mobile phone operator in India has launched a well-received pre-paid Women's SIM Card that not only provides lifestyle and sexual health tips but also allows the user to send a text message to three people in cases of an emergency without needing credit on the SIM card (Idea Cellular, 2006). There are also not-for-profit projects that use ICTs, such as Blank Noise, which is a project that aims to make cities safer and more inclusive and equalitarian for women in general, and which attracts the participation of women through the use of apps on smart phones. The project, led and run by volunteers, was founded in Bangalore and has since

spread to six other major cities in India where it initiates demonstrations, street actions and dialogue around issues of gender equality (Chant and McIlwaine, 2016). A further example of an app that is free to download, called SafetiPin, identifies safe and unsafe areas in eight cities in India, in the hope of raising awareness of and combatting sexual harassment in streets affecting women and girls. Launched in 2013 in Delhi, SafetPin requires users to rate urban spaces on grounds of their relative safety. The app is supported by its own website where individuals, communities, researchers, NGOs, government, and service providers can share information including audits of particular locations appearing as a pin on the map – green denoting safer areas, orange for less safe areas, and red for unsafe areas (Viswanath and Basu, 2015:54), although at present, the majority of users are over the age of 19 years (ibid.) suggesting that more efforts need to be made to promote the availability of the app among younger female adolescents (see also below).

Temin et al (2013) further propose that mobile phone apps for girls could support more positive experiences in girls' migration by facilitating the development of girls' assets before, during and after rural-to-urban moves. Providing migrant girls with mobile technology including mobile savings products, could, they argue, enable them to stay in touch with friends and family, in addition to helping them save and protect their financial assets. Temin et al (2013: 47) also suggest that migrant girls might benefit greatly from applications of mobile technology, such as mobile healthcare, mobile banking and remittances, and access to news and information. To inform innovative programmes, more evidence on girls' mobile phone ownership and use is clearly needed and as well as a greater understanding about how mobile technology affects cultural and social practices. These investigations and programme designs should be informed by the perspectives, needs and experiences of migrant girls to ensure that investments are effective as possible. Indeed, It is not clear how many young girls in slums currently and in the future will have access to the mobile technology necessary to negotiate these apps, with a perceptible gender divide already in evidence (see Chant and McIwaine, 2016:Chapter 7).

Another feature that might make migration a more positive experience for girls is the use of female mentors who can be important figures in girls' lives by acting as their protectors and advocates in the absence of other caring adults and sources of support. In three of the five programmes discussed in detail in the previous section, mentors were a significant feature and the Biruh Tesfa programme is currently exploring the idea of a training programme for graduates to become junior mentors (Erulkar et al, 2013:190). McLean and Modi (2016) also draw attention to benefits of using older girls to interview and mentor younger girls for a comprehensive understanding of how women and girls view the process of empowerment. Across all interventions, the importance of incorporating the voices and experiences of adolescent girls in programme design and offering opportunities for their meaningful participation throughout the lifecycle of these interventions, including where possible, their delivery, is clear, and is fundamental to facilitating true empowerment and lasting positive changes (see HABITAT III, 2016).

Concluding Thoughts and Ways Forward

The onset of puberty is a pivotal time for girls, who, between the ages of 10 and 14 years, are developmentally different from their younger and older peers, and as discussed, face many specific challenges which are intensified during (if not unique to) this stage in their lifecourse. Recognising the relative invisibility of this demographic in developmental literature and programming, our RER draws attention to key challenges, especially as they affect 10-14 year old girls residing in slums in LMIC cities. In particular, the review identified a number of issues pertaining to girls' reproductive and sexual health, their freedom, mobility, exposure to violence and exploitation, and their access to basic services, especially in terms of WASH. In an effort to showcase existing best practice and lessons learned in the field, evaluated programmes targeting 10-14 year old girls were also included in the review.

In terms of the questions raised by reviewers with regard to our initial proposal, disappointingly, we were unable to identify legacy effects on younger and subsequent generations as a result of slum upgrading programmes, although this would be an eminently desirable element in research and evaluation going forward. While we also wished to glean a stronger sense of what is specifically 'urban' about many of the interventions reviewed, other than the fact that they have been situated in urban areas, this too has been somewhat elusive. One reason is that towns and cities across LMICs are extremely diverse, as are the constituent spaces within them. In many instances, challenges facing young adolescent girls in urban slums are not that different to those encountered by their counterparts in rural areas, particularly with regard to infrastructure and services, schooling, and access to information around sexual and reproductive rights and health.

Accordingly, differences are often more a question of degree than kind, making it perhaps no surprise that many 'urban' interventions display several aspects in common with 'rural' ones, as in the case of AGI-K, where in the urban context, efforts focused more on delaying sexual debut, and in the rural, postponing marriage, but both involved strategies to prevent violence and to promote education, health and wealth creation. This said, it is also clear that young female adolescents in urban environments are likely to be at more risk of difficult transitions to adulthood than their rural peers on a number of counts. These are associated with varying combinations of the following factors, which are not exclusive to, but arguably more marked in towns and cities, notably, greater likelihood: of being migrants (including unaccompanied ones); to head their own households or to reside in households lacking one or both parents; to be engaged in exploitative occupations such as domestic service and commercial sex work; to face violence in public spaces, including in their neighbourhoods, as well as in the home; to engage in out-of-wedlock sexual relations at an early age, often by force, and to have higher rates of HIV infection.

Some of these issues are already being addressed by programmes, as in Biruh Tesfa, where key beneficiaries include rural-urban migrants, orphans and domestic workers, and in Parivartan, where attempts are being made to diminish cultures of male violence at the community level, as well as in the context of intimate relationships. Nonetheless, there is conceivably a need for future interventions to take on board issues of public/stranger violence and sexual coercion in a more concerted manner given the tendency for these phenomena to be more pronounced in towns and cities due to greater anonymity and inequality, which are often linked with the emergence of male gangs, as well as opportunities for sexual exploitation, particularly on the part of older wealthier men, including those in positions of authority.

By the same token, whether urban-specific interventions can fundamentally change the lives and possibilities of young female adolescents remains something of a moot point insofar as cultures of male supremacy, power and privilege straddle urban-rural boundaries, and lie deeply embedded in general ideologies and practices rather than being anchored in particular physical places. In this light, it is difficult to imagine how any major progress towards gender equality can be made if men and boys (as well as male-dominated structures and institutions) are left out (Cornwall and White, 2000). For example, increasing girls' access to education might facilitate their 'empowerment' by developing their skills, confidence and human capital, but does not on its own address the structural inequalities that govern the spaces in which many live and work, which may well

be associated with pressures to be submissive and obedient (see for example, McLean and Modi, 2016). Furthermore, in the absence of boys (and men) taking on a greater share of domestic responsibilities, girls will continue to sacrifice their schooling and rest-and-recreation time to do household chores. This said, including boys (and men) with the sole purpose of achieving outcomes for women is tantamount to instrumentalism (Chant, 2000; Levy et al, 2000), a practice that has been vehemently criticised by feminists in the context of 'smart economics' and 'efficiency' approaches which use women and girls to achieve development outcomes, and whose transformational effects are limited given their failure to recognise boys and men as gendered subjects in their own right and to engage with the politics of power that underpin gendered inequalities (Chant, 2016a; Cornwall et al, 2011). Future programmes should thus reflect on whether and/or how best to include boys (and men), as brothers, boyfriends, husbands, fathers, schoolmates and companions, in supportive, gender-sensitive strategies to 'empower' urban poor adolescent girls.

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