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“MISSING GIRLS” IN URBAN SLUMS OF THE GLOBAL SOUTH?

Exploring the Intersections Between Puberty, Poverty, and Gender Inequality

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Introduction

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

Drawing on recent work undertaken for the DfID-funded Gender and Adolescence: Global Evidence (GAGE) consortium research project managed by the Overseas Development Institute (ODI) (Chant, Klett-Davies, & Ramalho, 2017), our chapter identifies the critical need for prioritising research on, and action for, a hitherto marginalized group in order to create more gender-equitable urban futures. Building on the findings of our rapid evidence review, we consider some of the main reasons why menarche presents such a vital moment in women’s lives, the particular challenges encountered by young female residents in urban slums, and how there is often a significant hiatus between contemporary policy discourse which emphasizes the need to ‘invest in girls’ and the paucity of ‘on the ground’

interventions which actually do so, especially in ways that engage them as meaningful – rather than ‘missing’ – stakeholders. While our analysis focuses broadly on the struggles associated with gender, age, and place and space of residence, it is important to recognize the complexity and multiple layers of girls’ identity and how discrimination relating to other social characteristics such as ethnicity, race, religion, physical and mental ability and sexual orientation might compound experiences of disadvantage. Following consideration of some relatively rare initiatives targeted to young adolescent females in urban slums to date, we reflect on the potential for intersectional approaches in urban development to create more inclusive and sustainable towns and cities of the global South that are sensitive to the diversity of their contemporary – and increasingly feminized – populations.

Why Adolescent Girls?

As of 2018, people living in towns and cities constitute 55% of the world’s population, three quarters of whom reside in the global South, where more than 90% of urban population growth in the next few decades is also projected to take place (UNDESA, 2019, p. 1). Children currently account for roughly one quarter of urban residents globally (UNICEF, 2012, p. 1), many migrating to the city alongside family members or independently in search of employment, education, and other opportunities perceived to be on offer in urban centres. A 2006 World Bank analysis of census and household data from 12 countries suggests that as many as one in five migrant children aged 12–14 and half of those aged 15–17 migrated to their city of residence without a parent (McKenzie, 2006, cited in UNICEF, 2012, p. 35). Fuelled inter alia by poverty, changing family structures, and expanding urban labour markets, girls make up a significant and growing proportion of these migrants, even in regions where male-selective migration has hitherto been the norm (Chant & McIlwaine, 2016; Tacoli & Chant, 2014). However, consideration for the needs and interests of children, young people and adolescent girls in particular, remain largely neglected in urban planning and development interventions, despite the particular vulnerabilities and issues they face relating to their age and other intersecting social characteristics (Chant et al., 2017; UNICEF, 2012).

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

While poverty incidence (in income terms) is often lower in urban than rural areas, the conventional wisdom that urbanization is ‘good for women and girls’ based on claims of cities as sites of ‘female emancipation’ (UN-Habitat, 2010, p. 3), appears especially amiss for adolescent girls living in slums, where intersecting socio-economic and spatial deprivations may leave them even more vulnerable than girls living in rural areas (Chant et al., 2017; Chant & McIlwaine, 2016). As summarized by Aling’o & Abdumelik (2017, p. 2), adolescent girls

experience multiple layers of discrimination on the basis of socially constructed gender roles, but also on the grounds of age, which compounds their marginalization. Typically they are relegated to the bottom of power structures within the family, the community and society.

Such inequalities in power, privilege and political agency result in young women being disproportionately affected by the structural exclusions and spatial limitations that characterize many urban poor neighbourhoods, with important implications for their health, wellbeing and personal advancement.

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

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

As evidence of this, Hallman et al.’s (2015) study comparing perceptions of safety among grade 5 and grade 8–9 girls living in urban and rural communities in KwaZulu-Natal in South Africa, found that girls’ interaction within public spaces were seen to ‘shrink’ with puberty by almost 60%, while the perceived sense of mobility among boys of comparable age groups more than doubled. Interestingly, among the younger cohort of respondents (aged 9–13 for both genders), girls conceived their community as a much larger space than did boys (6.33 versus 3.79 square miles), indicating that girls’ spaces do not start out smaller than boys’, but become so after puberty. Strikingly, female respondents aged 14–17 reported by far the smallest perceived geographic range, even less than that of boys and girls some five years

younger than them. It is also worth noting that this contracted mobility of girls at puberty did not result in fewer perceived threats. To the contrary, urban girls aged 14–17 perceived the majority of spaces and persons in their small spheres as unsafe, indicating a perception that the community itself poses a threat. Whether actual or perceived, the safety concerns affecting adolescent girls place huge constraints on their freedom, geographic mobility and access to opportunities, with lasting psychosocial and material implications for their longer-term development (*ibid.*, p. 288). These findings also speak to the ‘duality of increased risks and increased opportunities’ that girls in cities must contend with (Travers, Ranganath, & Livesey, 2013, p. 2; see also Mclean & Modi, 2016).

Nonetheless, as touched on above, evidence points to increasingly feminized urban migration flows and urban populations demographics more generally, even in countries that have historically had considerably more masculinized urban sex ratios (Chant & McIlwaine, 2016, p. 1; Kinyanjui, 2014, p. 43), with adolescent girls constituting a significant and growing proportion of urban dwellers. In Ethiopia, for example, young girls are more than twice as likely as boys of the same age, to migrate to cities in search of educational and work opportunities (Erulkar et al., 2006; see also De Regt, 2016). Increasingly feminized rural to urban migration flows are also apparent in Bangladesh (Del Franco, 2016), particularly among younger demographics (aged 10–29), where for every 100 male migrants there are approximately 167 female migrants in the major cities of Dhaka and Chittagong, spurred no doubt by the demand for feminized labour in the growing garment export manufacturing industry (Jones, Mahub, & Haq, 2016; Jones, 2020, p. 2). It is estimated that by 2030, girls will account for 1.5 billion urban residents globally (Plan International, 2010, p. 11), in part due to rising numbers of lone adolescent female migrants, who are among the most marginalized urban residents and especially vulnerable to abuse, exploitation and social isolation (Erulkar et al., 2006). Given the limited evidence to date that the feminization of cities has been accompanied by a narrowing of prevailing gender gaps and inequalities relating to education, employment, earnings, assets, health, vulnerability to violence, or political voice and representation (Chant & McIlwaine, 2016, pp. 2–3), urban planning and development that is attentive to the diversity of gendered needs, experiences, and aspirations of residents is clearly of paramount importance.

Adolescent Girls: Inclusions and Omissions

The rights and interests of adolescent girls are nominally enshrined in various international conventions including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Beijing Platform for Action (BPfA), and the Convention on the Rights of the Child (CRC). Adopted in 1979, CEDAW is the main international treaty focusing on the protection and realization of women’s human rights to equality and freedom from discrimination, the 1995 BPfA serving as the global policy framework outlining how governments can go about advancing women’s rights as enshrined in CEDAW. Similar to CEDAW but with a focus on the fundamental rights of children, adolescent girls are also included in the provisions of the CRC. However, as Croll (2006, p. 1289) notes, “neither of these two conventions make substantive references to girls or single out girls’ rights for special attention”. Consequently, although many governments, NGOs and private corporations have espoused the principles and commitments of CEDAW and CRC, development attention continues to prioritize women and/or the girl child, neglecting the specific needs and

interests of adolescent girls and young women who remain less visible in the "chronological margins" of policy and practice (da Silva, 2012, p. 20). Recognising the acute hardships and vulnerabilities affecting this demographic alongside the gaps in existing policies and interventions, members at the BPfA+15 meeting in 2010 pledged to "intensify efforts to fulfil [sic] the human rights of adolescent girls and empower the hardest-to-reach, particularly those aged 10–14", through a focus on education, health, freedom from violence, leadership development and data collection and analysis to inform evidence-based practice (ibid., p. 19). Concurrently, the past decade has witnessed a growing discursive presence of adolescent girls in international development, especially in the context of policies and programmes to address HIV/AIDS, female genital mutilation/cutting and early marriage (Harper & Marcus, 2018, p. 25).

Alongside the moral imperatives of safeguarding and expanding the rights and life chances of adolescent girls, there has also been a rise in rhetoric touting the strategic benefits of investing in girls and young women to harness development outcomes. An extension of smart economics narratives highlighting the financial returns and poverty alleviation gains that can be reaped by investing in women's development (see World Bank, 2012), the inter-generational payoffs and economic benefits of "catching them upstream" has been pitched as "even smarter", and popularized through campaigns such as the Nike Foundation's Girl Effect and the UN Foundation's Girl Up among others (World Economic Forum, 2009 cited in Chant, 2016b, p. 10; 2016a). Smart economics operates from the basic premise that gender inequality is bad for business and growth, arguing that women work harder than men and are more likely to spend their incomes to benefit the collective wellbeing of children and households, and as such represent an 'untapped resource' in global efforts to address poverty (Calkin, 2015; Chant, 2016b; Wilson, 2017). Unsurprisingly, education and family planning have been central tenets of offshoot 'gender equality' programmes targeting adolescent girls (Chant et al., 2017; Jones et al., 2018; Wilson, 2017), with both seen as key ingredients to neoliberal objectives of increasing female labour force participation and economic 'empowerment'.

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

... development strategies based on the intensification of... women's labour (and specifically the idea of women as 'better' borrowers) are also dependent upon their relative spatial immobility... In a wider sense, this notion of 'not being able to run away' from responsibilities is central to the construction of women as ideal neoliberal subjects and underpins the current focus on the adolescent girl as a reliable future investment.

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

Despite the spotlight on adolescent girls and their celebrated potential to “stop poverty before it starts” (Nike Foundation, 2014), targeted development interventions that address the particular needs and interests of pubescent girls remain relatively limited, with even fewer focusing on adolescent girls living in low-income urban areas (Chant et al., 2017). Drawing on our findings from the GAGE Rapid Evidence Review (ibid.) the remainder of this chapter discusses some of the key issues affecting adolescent girls living in slums, revealing the importance of understanding their experiences of puberty and menstruation, and making the case for developing meaningful interventions that support them to navigate these challenges.

‘Girl Interrupted’: Menarche and its Multiple Discontents

Although neither puberty nor menstruation feature explicitly within Agenda 2030’s sustainable development goals (SDGs), menarche related challenges of adolescent girls have direct links with several of the SDGs, most notably SDG 5 on gender equality and female empowerment, but also the SDGs relating to health and well-being (SDG 3), education (SDG 4), clean water and sanitation (SDG 6), and decent work and economic growth (SDG 8) (Coast et al., 2017, p. 6). Social norms and stigma surrounding female sexuality and reproductive health fuel myths and misinformation and limit opportunities for girls to learn about puberty and menstruation, leaving many ill prepared, afraid and ashamed when they get their period (Coast & Lattof, 2018).

WASH and Menstrual Hygiene

For girls living in overcrowded slums, limited and poorly maintained WASH services further impedes their ability to practice safe menstrual hygiene (Coast et al., 2017), resulting in numerous potential physical and mental health issues that culminate in what Chant and McIlwaine (2016, p. 117) have described as a “gendered urban (slum) health penalty” for women and girls. In Kenya for example, less than 1% of people living in slums have access to private toilets (Hawkins, MacGregor, & Oranje, 2013, p. 30) and in India, under a quarter of slum households have access to improved sanitation facilities (Gupta, Arnold, & Lhungdim, 2009, p. 20). Coupled with social taboos, limited access to clean water and private spaces for bathing and washing strips of cloth used as sanitary pads creates exceptionally difficult circumstances for females of reproductive age to manage their menstrual hygiene (House, Mahon, & Cavill, 2012, p. 93; Sommer, Ferron, Cavill, & House, 2015). These challenges are exacerbated for girls with disabilities and those who face heightened discrimination in accessing water and sanitation because of their caste or ethnicity (Coast et al., 2017; Sommer et al., 2015). The absence of girl-friendly WASH facilities in schools further impedes these capacities, causing many girls to miss school for several days every month because they cannot keep their bodies and clothes clean, or due to social norms that impose restrictions on the types of activities and spaces deemed appropriate for women and girls who are menstruating (Coast et al., 2017, p. 5). In some cases, girls may decide to leave education entirely. Whether driven by the struggles associated with menstrual hygiene management or due to the gendered risks and responsibilities that surface at this age, in nearly all contexts, drop-out rates are seen to increase rapidly as girls approach puberty (Chant et al., 2017), affecting not only their academic outcomes and future livelihood opportunities but also their self-confidence, social isolation and vulnerability to early marriage (Coast & Lattof, 2018; Coast et al., 2017; Jones et al., 2018).

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

HIV/AIDS

The risk of contracting HIV/AIDS and other sexually transmitted infections is also much higher in urban than rural areas, with adolescent girls disproportionately affected, accounting for 65% of new HIV infections among adolescents and young people aged 10–24 years globally.² Urban slum-dwelling girls are especially vulnerable to the virus, and relatedly, to early sexual debut, both 'voluntary' and forced (Kabiru, Beguya, Undie, Zulu, & Ezech, 2010; Ndugwa et al., 2011), the latter attributed to the lack of privacy in their homes and neighbourhoods, and broader issues of insecurity and gender-based violence (GBV) (Chant & McIlwaine, 2016, p. 125). Studies suggest that girls living in slums are more likely than their male peers to engage in sex at an earlier age, have multiple sexual partners (Muindia, Mudege, Beguy, & Mberu, 2014) and to have been coerced into their first sexual encounter (Erulkar & Matheka, 2007, p. 253; Madise, Zulu, & Ciera, 2007). In many sub-Saharan African countries, cross-generational transactional sex is also widely practiced by adolescent girls as a means of covering their school fees and the costs of other basic necessities including sanitary products (Chant & McIlwaine, 2016, p. 56).

Risks of contracting HIV and other diseases are further exacerbated under conditions of malnutrition and intestinal parasites (Stillwaggon, 2006), issues that are often gendered in cultures where son preference favours boys over girls in intra-household distributions of food, healthcare and other investments (Indupalli, 2009), and due to the 'dirty' nature of feminized domestic care work in contexts where access to WASH facilities is limited (Chant & McIlwaine, 2016). Surprisingly, despite the glaring vulnerabilities of adolescent girls to HIV and other sexually transmitted infections, misguided assumptions about female abstinence mean that sexual health programmes targeting young people rarely include girls aged 10–14 (Santhya & Jejeebhoy, 2015). Given the wealth of evidence linking poverty with higher levels of female HIV infection,

conditional cash transfers targeting schoolgirls, as piloted in Malawi and Tanzania, may help to offset some of the socio-economic drivers associated with HIV transmission, however these should not be employed at the expense of broader efforts to address the structural inequalities underpinning these vulnerabilities (Harman, 2010).

Gender-Based Violence and Mental Health

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

As revealed by Hallman et al.'s (2015) South African study discussed at the beginning of the chapter, whether actual or perceived, the threat of violence increases drastically for girls with the onset of puberty, imposing huge constraints on their freedom and mobility. Living in constant fear of crime and violence also has acute mental health implications, with several studies suggesting that young adolescent girls may be especially vulnerable to depression and anxiety (Hawkins et al., 2013; Somrongthong, 2013), conditions that might be exacerbated by (but not necessarily linked with) experiences of violence. As already noted, feelings of stress and anxiety are also associated with menstruation, particularly in contexts where WASH services are limited (Coast & Lattof, 2018; Coast et al., 2017). Notably, depressive disorders have been identified among the top five causes of disability-adjusted life years for 10–14-year-olds globally (WHO, 2014, cited in Chant et al., 2017, p. 17), however literature on drug and alcohol abuse among adolescents is rare, and recent urban-focused evidence nearly non-existent, reflecting gaps in research that warrant further investigation.

Practical and Strategic Support for Urban Adolescent Girls

Urban adolescent girls living in slums face a number of unique challenges as they transition from childhood to adulthood, with menarche marking a key moment within this journey and often accompanied by massive constraints that have far reaching implications for gendered capabilities and wellbeing. Where the needs and aspirations of young people, and

pubescent girls specifically, have historically been neglected in urban planning and development, campaigns such as the Girl Effect have started to redress this lacuna. Nonetheless, as cautioned earlier, evaluating the motives behind these interventions, and the extent to which they are serving to advance girls' practical and strategic needs remains critical to ensure that girls are not simply being instrumentalized as agents of development. Findings from our rapid evidence review suggest that there remains a paucity of 'on the ground' interventions targeting adolescent girls in slums that engage them as meaningful stakeholders. Meanwhile, among the evaluated programmes we identified that do focus on this demographic (see Chant et al., 2017), some common features of good practice emerged, revealing potential entry points and strategies for addressing the unique life stage development needs of adolescent girls.

Perhaps one of the most practical ways in which urban development and planning practitioners can help reduce the stresses and burdens experienced by girls during puberty is by improving the quality and accessibility of WASH infrastructure to make them more 'girl-friendly' (Coast et al., 2017). However, as the above discussion highlights, it is important that these efforts take into account the ways in which access, use, and control over communal spaces and services are mediated by local power relations, and that provisions are put into place to ensure that WASH interventions do not end up unwittingly reinforcing existing patterns of exclusion and discrimination. Incorporating an intersectional approach to the design, management and evaluation of WASH facilities, that acknowledges a multiplicity of social identities entangled with age and gender, and which meaningfully involves adolescent girls within these processes, can help to identify safety concerns and potential adaptations, such as door locks and improved lighting, and facilitate more equitable access (Sommer et al., 2015). Along this vein, Plan International conducted a unique participatory study involving over 1,000 adolescent girls from five cities in different regions of the global South³ to solicit their views on what it would take to make their cities feel safer and more inclusive. Reinforcing many of the key themes discussed thus far, girls recommendations included prioritising investments that would increase their access to basic amenities including WASH and reproductive health services, facilitate their autonomous mobility and opportunities for leisure, and which enable their active and meaningful participation in local governance and development processes (Travers et al., 2013). Involving girls in the design and delivery of interventions can also provide useful insights in addition to advancing girls' strategic needs, the Kinshasa-based, DfID-funded La Pépinière for example, recruiting a team of 15 Congolese girl researchers within their efforts to solicit the perspectives of adolescent girls and ensure that the programme was tailored to their needs and interests (see McLean & Modi, 2016).

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

(House et al., 2012; see also Chant & McIlwaine, 2016). Another Kenyan intervention with branches in Nairobi and Kisumu, Project Mwezi offers menstruation-related education, including teaching girls how to make re-usable sanitary pads from second-hand materials (Jewitt & Ryley, 2014). Both programmes are also actively engaging with local schools and community actors to broaden awareness and challenge stigma around menstruation, addressing girls' strategic interests as well as their immediate practical needs.

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

All of these programmes attest to the significance of peer support and value of creating gender and age specific spaces where young people can build social networks, develop healthy relationships, and engage in learning and discussion about culturally sensitive topics without fear or repercussions of stigma (Chant et al., 2017). The influence of positive role models in inspiring and guiding young women as they navigate the risks and challenges associated with puberty is also notable. However reaching and gaining access to girls is not without its challenges, and often requires negotiating with parents, guardians or other gatekeepers who may not always have the best interests of these adolescents in mind. Having interlocutors between the girls, their families, and the programme who can help build awareness in the wider community around these issues and transform attitudes and behaviours is also key to enhancing the potential for sustainable change. Relatedly, meaningful efforts to address the structural inequalities that are at the heart of the discrimination and disadvantage affecting adolescent girls must engage men and boys (Chant et al., 2017; Coast et al., 2017; Harper & Marcus, 2018) as gendered beings in their own right, rather than instrumentally, to inculcate more egalitarian gender norms and prevent feelings of alienation and resentment arising, thus reducing the likelihood of what Bradshaw et al. (2018) have termed a 'patriarchal pushback'.

Conclusion

Urban adolescent girls face a number of challenges during puberty which are exacerbated under the socio-economic, spatial, and infrastructural constraints associated with slum residence, with evidence of persistent gendered disparities in education, decision-making, access

to healthcare, financial assets, and exposure to GBV. WASH services in particular have huge impacts on girls’ health, safety and wellbeing, the adverse effects of inadequate provision felt most acutely during menstruation, which remains a taboo subject in many cultures, contributing to the ongoing neglect of menstrual hygiene considerations in mainstream urban development practice. More and better preventive programming for adolescent girls is crucial if we are to reach them before the onset of “crisis events” including school drop-out, early marriage, pregnancy and GBV (Chant et al., 2017, p. 30). Learning from our analysis of existing programmes working to address girls’ practical and strategic needs, this requires prioritizing and actively seeking out those who are most marginalized, tapping into existing social networks, creating safe spaces for girls to meet, learn and exchange ideas and perspectives, and adopting alternative methods that meaningfully engage girls as well as other stakeholders in the design and delivery of interventions to achieve lasting change. These findings reinforce the value and importance of thinking about diversity beyond single dimensions of identity, to consider the ways in which disadvantage operates across multiple axes of difference with distinct socio-spatial implications. It is clear that diversity matters, and that adopting an intersectional approach to urban planning and development that is attentive to the complex needs of urban dwellers is vital if we are to create more inclusive, sustainable and resilient cities.

Notes

- 1 The origins of this paper lies in a report commissioned by the Overseas Development Institute, for the DfID funded Gender and Adolescence: Global Evidence (GAGE) research project, which we co-authored alongside Martina Klett-Davies (London School of Economics) in 2017. The findings of that report were subsequently presented at the 2018 Development Studies Association conference in a panel on Social diversity and in/equalities in urban development interventions convened by Andrea Rigon, after which Sylvia and I were kindly invited to contribute a chapter to this book. Sadly, Sylvia passed away on 18 December 2019, before we were able to complete this work. In writing this paper, I have tried to respect Sylvia’s vision for what it would be. Her life’s work has been fundamental in putting the spotlight on many of the themes and issues discussed not only in this chapter, but throughout much of this edited volume, and will continue to inspire scholars and practitioners for generations to come. It is to her that this piece is dedicated.
- 2 www.unaids.org/en/resources/presscentre/featurestories/2016/june/20160610_panel5
- 3 The cities were Cairo, Delhi, Hanoi, Kampala and Lima (Travers et al., 2013).

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