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# **Young women:**

life choices and livelihoods in poor urban areas



**October 2012**

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## Executive summary

This paper is a part of the ActionAid young urban women scoping exercise conducted in India, South Africa and Ghana. The paper provides some overall regional trends for: population increases and urbanisation; employment and unemployment for young women and men; literacy and education; and sexual and reproductive health (SRH). Regional data is complemented with country level data for Ghana, India and South Africa, the three countries where the scoping study took place. The data analysis is complemented by a literature review on the same topics to provide a conceptual framing. This paper will inform the development of a new urban programmatic focus on young women for ActionAid. Specifically, the new 2012-2017 programme aims to bring together young urban women's economic empowerment and sexual and reproductive health rights.

The first section on **Women and urbanisation** presents an analysis of the political economy of urbanisation through a gender lens. The recent histories of most developing nations are marked by rapid urbanisation processes. It is estimated that by 2030, 60% of the global population will live in urban areas. A regional analysis of urban and rural populations shows that global populations have been expanding in both rural and urban areas, with large urban populations still living in slums and earning incomes significantly below the international poverty line. The negative consequences of urbanisation are disproportionately borne by working poor people due to high living densities, overcrowded housing in hazardous conditions, the rising incidence of urban violence and an inadequate supply of clean water, sanitation and solid waste disposal services. A country analysis illustrates that more than 50% of Ghana's and South Africa's populations are urban compared to about 30% for India.

One of the main causes for increasing urban populations is rural to urban migration, especially in contexts of declining opportunities for income in rural areas. Rural impoverishment is fundamentally related to the crisis of the agricultural sector brought on by the decrease of state investment in agriculture, rising takeovers of smallholders' land by agribusinesses, land grabs and conflict. According to the 2006 State of the World Population Report published by the UN Population Fund (UNFPA), young people aged 15-29 make up half the total international migration flow. The same pattern tends to be true in rural to urban migration. Migration has not necessarily meant an increase in the standard of living. Experiences of urban migration are diverse. While there are possibilities for income for migrants, largely in the informal economy, this exposes them to new risks and vulnerabilities. Migration and urbanisation processes are strongly shaped by gender roles and relations. Although single male migration is more common, female migration (single and family) is on the rise in the developing world; some theorists term this the 'feminisation of migration'. Feminists investigate

the gender hierarchies that underlie mobility and labour in export-orientated manufacturing, domestic service, and sex work. Feminist research also highlights how the urban planning, management and governance agenda is largely concerned with the physical and spatial issues linked to men's work patterns, and ignores the different experiences and needs of poor women around access to water, sanitation, secure tenure, safe transportation and streets, health, education and care facilities.

The second section on **Women's work in urban areas** starts with a feminist analysis of the issue. Feminist economists challenge the direct positive link made between empowerment and women's participation in paid employment through urbanisation. One of the key concepts explored is the feminisation of labour that refers to two changes in labour trends:

1. Substantial increase in the participation of women in paid employment in developing countries, largely in urban areas over the last few decades.
2. The 'flexibilisation of labour' characterising the labour market for both men and women, and the further segregation of women into the most exploitative and casual forms of labour within a growing informal sector.

Women's large-scale entry into paid work across the developing world thus coincides with high rates of informalisation of labour markets and the economy, especially in urban centres. There is a vast body of empirical research that documents the nature of working conditions for most of these women. This includes: low wages, delay or non-payment of wages, long working hours, deadline pressure, precarious or non-existent job security and medical insurance, sexual harassment, health and safety hazards, use of intimidation tactics and violent measures to quell dissent. The outsourcing of production also resulted in the rapid emergence of home-based work amongst women and children in the urban poor areas of developing countries. Such subcontracted work largely occurs under highly exploitative conditions, it is difficult to regulate and does not offer women even the

option of mobility. Women in urban areas also engage in a wide range of self-employed activities in the informal economy such as street vending, domestic work, sex work and waste-picking, all of which present various risks and vulnerabilities.

The other key concept explored is unpaid care work. Unpaid care work refers to activities such as cooking, cleaning, caring for others and community work. The dominant sexual division of labour results in women across the world performing a disproportionate amount of unpaid care work in the household. For urban women living in poverty, this workload tends to be even higher as they lack access to basic amenities and public services. Feminist economists argue that the unpaid nature of women's care roles reproduces and sustains the labour force. This subsidises some of the costs of developing and training the labour force that the market depends on. Neoliberal policies that encourage cutting back on public spending, and the privatisation of health, education and water has meant that women, particularly women living in poverty, now shoulder more unpaid care work. Feminists also call into question 'the household' as a homogenous unit and explain that unequal power relations within the household means resources are not allocated equally.

This feminist analysis is followed by an analysis of data on youth labour trends. A regional analysis of youth population shows that in 2010 almost 90% of young women and men in the world were living in developing economies, with the three Asian regions of South Asia, South-East Asia and East Asia accounting for 55% of the world youth population. While most regions have a roughly equal number of young women and men, the South Asian region has a surplus of young men and the ratio of females to males has been declining over the years. In all regions, youth employment has increased annually. While the employment numbers for both young women and men are increasing, there is great disparity in employment for young women and men. Unemployment rates for young men and women in the developing world

remains high. Globally, between 1998 and 2008 the number of unemployed youth increased by 3% to 74.1 million. The youth employment-to-population ratio stayed constant for North Africa, sub-Saharan Africa, and South Asia. There was a noticeable downward trend in South-Eastern Asia and the Pacific in 2008 and 2009, attributed to the financial meltdown of 2008. In all three countries where this scoping study took place there are more economically active men than women. For the 20-24 year-old age group, the greatest discrepancy in the economically active population is between young women and men in India. With regard to education, data indicates that literacy rates for young women and men aged 15-24 in the identified regions range from 70–97%. There is a closing of the gender gap in primary school enrolment for girls; this signals that many countries are reaching the target of gender parity in primary school enrolment. However, in both Africa and South Asia literacy rates and enrolment in primary school is still lower for girls than for boys.

The third section on **Women's sexual and reproductive health rights in urban areas** starts with a sub-section called Re-politicising the Sexual and Reproductive Health Rights (SRHR) debate. It traces the history of SRHR debates and notes that despite new ideas and trends, there has been slow progress on SRHR. The public spending cuts and privatisation of the health sector that accompanied structural adjustment programmes in many developing countries have had a massive impact on women's access to SRHR, without displaying any clear positive effects and often pushing up costs. The strong pharmaceutical and corporate lobby in global health negotiations and initiatives has repeatedly derailed fulfilment of SRHR.

All these factors make young women in urban poor areas a particularly vulnerable group, especially because of the stigma attached to young women's sexuality in most cultural contexts, lower social status due to their age, and greater patriarchal control over their bodies. Girls and young women living in poverty in

cities face steeper challenges than their male peers in acquiring knowledge and skills to live healthy and productive lives in cities. Young girls and women in slums are more likely to have a child, be married or head a household than their counterparts in non-slum areas. There are multiple challenges in the urban context with regard to accessibility, availability and acceptability of SRHR. While there may be more facilities for integrated SRH services in urban than rural areas, they are not always accessible to working poor women in slums. Data on health in urban areas shows that urban people living in poverty face health risks often as high and sometimes higher than rural residents. Building effective SRH services (such as family planning, safe pregnancy and delivery, safe abortions, disease testing and so forth) does not feature prominently in the urban planning and governance agenda. The opinions and voices of urban poor, especially of young women and sexual minorities are not reflected or sought in the planning and implementation of urban SRH facilities.

The paper analyses regional and country trends through analysis of existing SRH data. It covers age segregated maternal birth rate, maternal mortality ratio and contraceptive prevalence rate, and HIV prevention among young people. The maternal mortality ratio is a critical indicator of a country's commitment to health care spending that affects women's health and life choices. The country-level data for Ghana and India reflects global trends of declining maternal mortality ratios in most countries over the previous decades. In all three countries, the last 15 years have seen a rise in the contraception prevalence rate among married women between the ages of 14-49. For young people between the ages of 15-24 in Africa the total HIV prevalence rate is almost 2%, higher than for the other regions. African girls and young women have a high HIV prevalence rate of 2.7% as compared to 1.1% for African boys and young men.

The last section on **Pathways of women's empowerment** links the overall analysis with experiences of poor urban women across the developing world with regard to economic, social and sexual empowerment.

The point of intersectionality is emphasised, which argues that women's experiences of marginalisation are closely connected to other forms of discrimination such as race, class, caste, age, religion, nationality.

Findings from feminist and non-feminist research on the empowering potential of women's paid work are diverse, fragmented and contradictory; it is very difficult to reach any generalised conclusions. However, certain trends are partly discernible. Most studies on women's self-employment, especially within home-based enterprises, have revealed low chances for improving women's position. The research on the experience of poor urban women engaged in wage labour across developing countries has focused mainly on export-oriented production and manufacturing. In many of these studies, women expressed greater sense of control over their lives, particularly young unmarried women migrating from rural to urban areas for wage employment in factories.

Education is also a key factor in the debates on women's empowerment and is believed to have a strong transformative capacity. Education has the potential to improve women's opportunities for paid work, confidence, health and control over fertility. Education does not automatically translate into empowerment. Mainstream development has largely taken an instrumental approach to women's education stating how investing in girls' education has a host of spill over benefits in child nutrition, population control, poverty and economic growth. Women's education should be promoted as a powerful mode of empowerment not a panacea. It needs to be valued and promoted on the basic principle that women are also human beings and deserve the right to education.

Women's paid employment, education or access to SRH services affects intra-household power-relations. Women's engagement in economic activity, particularly wage labour poses a significant challenge to patriarchal male authority in the household. The literature provides insights into various strategies of negotiation, bargaining and subversion, 'wielding and yielding' that women engage in with their husbands and

other members of the household to be able to work or to access SRH services. Continuing to fulfil their traditional domestic 'duties' has also been the factor through which women have negotiated their involvement in paid work or education while men have continued to retain their sense of dominant masculinity.

Finally in this section, the report stresses that the nature of paid work itself is vital to how much women value paid employment and what pathways of empowerment are created. Emphasis is laid on: the magnitude and regularity of earnings; work conditions and hours; whether work is regular, secure, and fulfilling; and the extent to which it opens up new ideas and horizons. Having control over one's reproductive health and sexuality can go a long way in removing barriers to women's participation in the labour market, and also the nature of their participation. Similarly, women's access to education and involvement in paid employment can generate conditions that enable women to demand or access their SRHR. These interconnections between economic and sexual empowerment are significant to women's autonomy.

The last section presents a critical analysis of three case studies:

1. Adolescent Girls Initiative (AGI): an alliance for economic empowerment, World Bank
2. Biruh Tesfa, Ethiopia
3. Girl Hub/Effect, Nike Foundation

These existing programmes are explored, not to present best practices, but to assess the programmes' focus, effectiveness in working with vulnerable and low-income girls and young women in urban areas. Studying, analysing and critiquing these programmes highlights the challenges that ActionAid might face in its work on economic empowerment and SRHR amongst young women in poor urban contexts.

# Introduction

This paper is a part of ActionAid's young urban women's scoping exercise. The paper provides some overall regional trends for (i) population increases and urbanisation, (ii) employment and unemployment trends for young women and men, (iii) literacy and education and (iv) sexual and reproductive health (SRH). Regional data is complemented with country level data for Ghana, India and South Africa, the three countries where a scoping study took place. The scoping study focused on the following cities, Accra and Tamale in Ghana; Mumbai, Hyderabad and Chennai in India; and Johannesburg and Cape Town in South Africa. The aim of the scoping studies is to provide background knowledge required to develop a programme focused on young urban women. This data analysis is complemented by a literature review on the same topics to provide a conceptual framing. The paper is organised into four sections:

1. Women and urbanisation
2. Women's work in urban areas
3. Women's sexual and reproductive health rights in urban areas
4. Pathways of women's empowerment.

The objective of the paper is to explore the thematic areas of population increase and urbanisation, employment and unemployment, literacy and education, and sexual and reproductive health to assess data availability and trends for urban girls and boys and young women and men between the ages of 15-25 living in poverty. The data is also located within a critical structural analysis provided by the literature review around women's paid employment and sexual and reproductive health rights in urban contexts.

This paper will inform the development of a new urban programmatic focus for ActionAid. Specifically, the new programme projected for 2012-2017 will aim to bring together poor urban young women's economic empowerment and sexual and reproductive health and rights. This programme will respond to the

key priorities outlined in the ActionAid 2012-2017 strategy, *People's Action to End Poverty*.

The research process for this paper involved an extensive exploration of global assessments and thematic focus documents produced by many of the United Nations agencies, the World Bank, as well as some sector specific networks and on-line databases. While a considerable amount of data is available on the thematic focus areas of this inquiry, it is often not disaggregated by urban and rural areas.

The fact that this paper is being written in 2012, proved to be a fortunate coincidence as it is just past the ten year mark of the Millennium Development Goals (MDGs) and thus a lot of data has been collected and published to assist with global assessment of the achievements towards the MDGs and their targets. However, it should be noted that there is limited quantitative data for two areas of great importance to the lives of urban girls and young women living in poverty – the informal sector and unpaid care work. These issues are discussed later in the paper. The process of compiling the paper also involved a review of literature, particularly of feminist works, around women's economic empowerment and SRHR.

The female cohort of 15-25 year-olds is the focus of ActionAid programming and research for this paper. In some countries youth includes young women and men under 30 or 35 years old. Having different definitions of youth in different countries makes it difficult to compile and compare data about young women and men. Despite the lack of empirical data in all areas of inquiry for this age cohort, it is well established and accepted that urban girls and young women living in poverty are significant contributors to the livelihood and survival strategies of their families and communities, and to 'economic growth'. This is usually at a great cost to them that includes loss of the right to education, health, and control over their physical safety and well-being.

# Section 1

## Women and urbanisation

### The gendered political economy of urbanisation

The recent histories of most developing nations have been marked by rapid urbanisation processes, and urban centres have emerged as highly significant in the global economy. Urbanisation refers to the processes and growth of human settlements deemed urban, especially with reference to increasing population density, the accompanying processes of economic growth and the concentration and expansion of infrastructure and services to accommodate the population growth. At present, 3.56 billion or 51.5% of the global population live in urban settlements, towns and cities; this has led international development organisations to focus on the previously ignored area of urban poverty.<sup>1</sup>

It is estimated that by 2030, 60% of the global population will live in urban areas.<sup>2</sup> Many regions have seen their urbanisation rates stabilise, such as in North America, Europe and Latin America where 75-85% of the population already live in urban centres. The growth in urbanisation in the next few decades is predicted to be concentrated in Asia and Africa, with particular emphasis in most parts of Asia. While the urban annual growth rate seems to be declining in both Africa and Asia (as indicated in Table 2), it masks the overall density of the population that is increasing by those percentages. For example, six of the world's most heavily populated countries are in Asia: China, India, Indonesia, Pakistan, Bangladesh and Japan. Together they account for 45% of the global population.<sup>3</sup> China is projected to become 50% urban sometime between 2010 and 2014. India is expected to reach this same percentage around 2044.<sup>4</sup> However, Asia also includes Cambodia, Lao People's Democratic Republic (Lao PDR), Myanmar and Vietnam; although these countries currently have lower urbanisation rates, if they follow global trends then higher rates are still to come.<sup>5</sup>

In the rest of this section, certain trends in urbanisation and population growth will be explored through an analysis of available data. It provides a regional analysis of urban and rural populations and the number/percentage of people in slums. This is followed by an exploration of country and city-based urban population trends of the countries and cities in which ActionAid International conducted its scoping study. It must be mentioned here that there is minimal data available on gender analysis of the impact of urbanisation on the working poor, especially for youth.

### Urban and rural populations – by region

**Table 1:** Urban and rural populations (thousands) 1995-2011 – regional<sup>6</sup>

Region	Total population				
	1995	2000	2005	2010	2011
Africa	720,931	811,101	911,120	1,022,234	1,045,923
South Asia	1,329,458	1,460,201	1,584,702	1,704,146	1,728,477
South East Asia	485,756	523,831	559,881	593,415	600,025
Latin America & the Caribbean	482,647	521,429	557,038	590,082	596,629

Region	Urban population				
	1995	2000	2005	2010	2011
Africa	224,732	288,402	340,303	400,651	413,880
South Asia	367,996	423,041	484,612	549,344	562,971
South East Asia	167,801	200,179	229,880	261,532	268,064
Latin America & the Caribbean	352,614	393,619	430,379	465,246	472,175

Region	Rural population				
	1995	2000	2005	2010	2011
Africa	476,198	522,699	570,817	621,583	632,043
South Asia	961,462	1,037,160	1,100,090	1,154,803	1,165,507
South East Asia	317,955	323,652	330,001	331,883	331,961
Latin America & the Caribbean	482,647	521,429	557,038	590,082	596,629

Over the decades, global populations have been expanding in both rural and urban areas as indicated in Table 1 above.

**Table 2:** Regional urban population growth (thousands) 1995-2011 and percentage of total population below the international poverty line of US\$1.25/day (2000-2009) <sup>7</sup>

Region	Percentage of urban population <sup>8</sup>					Annual urban growth rate				Percentage of population below international poverty line US\$1.25/day. 2000-2009*
	1995	2000	2005	2010	2011	1995-2000	2000-2005	2005-2010	2010-2015	
Africa	33.9	35.6	37.3	39.2	39.6	3.28	3.31	3.27	3.23	42
South Asia	27.7	29.0	30.6	32.2	32.6	2.79	2.72	2.51	2.45	40
South East Asia	34.5	38.2	41.1	44.1	44.7	3.35	2.77	2.58	2.38	16 (east Asia and Pacific)
Latin America & the Caribbean	73.1	75.5	77.3	78.8	79.1	2.20	1.79	1.59	1.42	6

Notes: \* Data refer to the most recent year available for each region during the period specified in the column heading.

While Table 2 above indicates a slowing down of the annual urban growth rate for all the regions, the table also indicates that the overall percentage of the urban population is increasing in all regions. The demographic data used in the research for this paper does not discuss data trends for urban growth at this

scale. The publications on urban demographic dynamics analyse trends at a different aggregation, cities and regions, especially in the context of the link between demographics and urban sustainability, poverty, economic well-being and other variables.

**Table 3:** Urban population living in slums (thousands) 1990-2010 – regional<sup>9</sup>

Region	Urban population living in slums					
	1990	1995	2000	2005	2007	2010
North Africa	19,731	18,417	14,729	10,708	11,142	11,836
sub-Saharan Africa	102,588	123,210	144,683	169,515	181,030	199,540
South Asia	180,449	190,276	194,009	192,041	191,735	190,748
South East Asia	69,029	76,079	81,942	84,013	83,726	88,912
Latin America & the Caribbean	105,740	111,246	115,192	110,105	110,554	110,763

**Table 4:** Urban population living in slums (%) 1990-2010 – regional<sup>10</sup>

Region	Urban population living in slums %					
	1990	1995	2000	2005	2007	2010
North Africa	34.4	28.3	20.3	13.4	13.4	13.3
sub-Saharan Africa	70	67.6	65	63	62.4	61.7
South Asia	57.20	51.60	45.80	40	38	35
South East Asia	49.5	44.8	39.6	34.2	31.9	31
Latin America & the Caribbean	33.7	31.5	29.2	25.5	24.7	23.5

According to UN-HABITAT<sup>11</sup> (2010) the number of slum dwellers in developing countries is around 828 million or 32.7% of the total urban population. Table 4 above indicates a gradual reduction in the overall percentage of the urban population living in slums, however, the numbers are in the millions. At 61%, sub-Saharan Africa has the highest percentage of people living in slums compared to the other regions. Yet, Africa's total urban population is only around 40% (see Table 2). The number of slum dwellers in each country is not readily available anywhere. That data would need to be compiled and calculated through another more extended research process. However, an older study estimated that in 2005 sub-Saharan Africa had 199 million slum dwellers.<sup>12</sup>

The MDG target of improving the lives of 100 million slum dwellers by 2020 was surpassed before 2010 by more than two times.<sup>13</sup> China and India together lifted no less than 125 million people out of slum conditions between 2000 and 2010.<sup>14</sup> There were slum improvements in many other countries as well. Despite the importance of these improvements, UN-HABITAT concedes that the target of 100 million slum dwellers was too low and perhaps represented only 10% of the global population of slum dwellers.<sup>15</sup> Furthermore, UN-HABITAT acknowledges that in absolute terms the number of slum dwellers has actually grown and will continue to rise in the future at a rate of at least six million people per year.<sup>16</sup> What these numbers do not illustrate is the experience of girls and women working in the care and informal economy who spend more time in slums than men. It is girls and women who are primarily responsible for unpaid care work including cooking, cleaning and caring for household members. They manage the daunting tasks of unpaid care work in unserved or underserved neighbourhoods with inadequate access to water, sanitation, health, education, livelihood options and security.

## Urban and rural populations – by country

**Table 5:** Urban and rural populations (thousands) 1995-2011 – Ghana, India and South Africa<sup>17</sup>

Country	Total population				
	1995	2000	2005	2010	2011
Ghana	16,997	19,165	21,640	24,392	24,966
India	964,486	1,053,898	1,140,043	1,224,614	1,241,492
South Africa	41,402	44,760	47,793	50,133	50,460

Country	Urban population				
	1995	2000	2005	2010	2011
Ghana	6,822	8,424	10,321	12,294	12,955
India	256,624	291,585	333,288	378,775	388,286
South Africa	22,558	25,464	28,320	30,855	31,282

Country	Rural population				
	1995	2000	2005	2010	2011
Ghana	10,174	10,741	11,319	11,899	12,011
India	707,862	762,313	806,755	845,839	853,206
South Africa	18,844	19,296	19,472	19,278	19,178



Slum in Mumbai

**Table 6:** Urban population growth (thousands) 1995-2011 and percentage of total population below the international poverty line of US\$1.25/day (2000-2009) – Ghana, India and South Africa

Country	Percentage of region that is urban <sup>18</sup>					Annual urban growth rate				Percentage of population below international poverty line US\$1.25/day 2000-2009 <sup>19</sup>	National poverty line (%)
	1995	2000	2005	2010	2011	1995-2000	2000-2005	2005-2010	2010-2015		
Ghana	40.1	44.0	47.1	51.2	51.9	4.22	4.06	3.82	3.50	30	28.5
India	26.6	27.7	29.2	30.9	31.3	2.55	2.67	2.56	2.47	41.6	27.5
South Africa	54.5	56.9	59.3	61.5	62.0	2.42	2.13	1.71	1.21	17.4	23.0

Table 6 illustrates that more than 50% of Ghana's and South Africa's populations are urban compared to about 30% for India. Usually the rate of urbanisation of a country is related to the economic base of the country. If a country is predominantly rural it also tends to have low productivity and a lower urbanisation rate. Usually countries tend to focus on poverty reduction strategies for rural areas and not for urban areas. For all three countries poverty reduction in cities has to be on the national policy agenda. This is all the more important for African girls and women.

All the statistics discussed above on the increasing urban population density across developing countries need to be analysed to reveal the politics and challenges that accompany urbanisation. Increasing birth rates have been a major contributor to urban population growth, along with the extension of urban boundaries to include surrounding villages and redefinition of urban areas by national governments. Rural to urban migration (both permanent and seasonal) also continues to remain a very important factor. In most poor countries, the last few decades have been marked by the advent and rise of neoliberalism and its accompanying policies. Countries in Africa, Latin America, South Asia and South East Asia were subjected to stringent International Monetary Fund (IMF) and World Bank led structural adjustment policies, justified in the name of

accelerating growth to overcome economic recession.

The dominance of the neoliberal economic model since the 1990s has had an adverse impact on the lives of the poor and marginalised populations of those countries.<sup>20</sup> Structural adjustment policies have included massive downsizing of the public sector, closure of state-owned enterprises, dismantling of social protection measures (including the life-long employment guarantee), cuts in public spending on social services and loss of jobs in domestic markets due to import penetration, contributing to a rise in informal economic activities.<sup>21</sup>

The 'lack of livelihood opportunities' in rural areas which is often stated as a reason for the rise of rural to urban migration, needs to be elaborated on in the context of the dominance of the neoliberal economic model. Rural impoverishment and accompanying migration to urban centres needs to be situated within the crisis of the agricultural sector, decrease of state investment in agriculture, rising takeover of small-holder farmers' lands by agribusinesses, small farmers' loss of income due to World Trade Organization (WTO)-led free-trade agreements in agriculture, land grabs and displacement in the name of 'industrialisation' and 'economic growth', increasing landlessness and conflict.<sup>22</sup> This provides a perspective into the structural conditions and politics that underlie a large majority of internal and

cross-border rural to urban migration. This is, however, not to suggest that migration is solely driven by rational economic calculations by poor people, and there is a wide range of complex factors that contribute to the decision to migrate (such as the appeal of a new experience in the city, especially for young people).<sup>23</sup>

Migration does not necessarily mean an increase in the standard of living. Experiences of urban migration are diverse. While there are possibilities for improved income for migrants, largely in the informal economy, migration can also expose them to new risks and vulnerabilities.<sup>24</sup> These risks are more aggravated for seasonal migrants (e.g. sub-contracted construction workers). This will be explored in more detail through a gender lens in the later sections on paid employment and SRHR. The rise of migration and urban population in general presents enormous challenges for the equitable provision of shelter, food, basic services, facilities, transport, infrastructure, and livelihoods.<sup>25</sup>

The growth of slums and informal settlements is an indicator that urban planning, management and governance has failed to address the challenges of urbanisation. Millions of urban residents are living in poverty in cities, confirming that urbanisation and growth processes have been geared towards the benefit of specific elite classes and groups. Thirty to fifty per cent or more of the populations of Addis Ababa, Dhaka, Mumbai, Nairobi and Jakarta are residents who live in informal and 'illegal' settlements.<sup>26</sup> The data on the existence of huge urban slums is analysed in Tables 3 and 4 below. The consequences of urban production are disproportionately borne by the working poor because of the proximity of industrial and residential areas, high population densities, overcrowded housing in hazardous conditions and inadequate supply of clean water, sanitation and solid waste disposal services. Incidences of urban violence are also on the rise.<sup>27</sup> The increasing entry of migrants/immigrants into urban spaces has given rise to complex, often violent contestations of identity (nationalism, regionalism and ethnicity) with

regards to 'legitimate' claims to the urban space.

Migration and urbanisation processes are strongly shaped by gender roles and relations. Although single male migration is more common, female migration (single and family), has been on the rise in developing countries, which some theorists have termed the 'feminisation of migration'.<sup>28</sup> Studies have shown that rates of female migration are higher than previously observed and more complex than was believed. Migration has gender-differentiated causes and consequences. Female migration is increasing despite the constraints of women's dependent position within the family and society, as households are in need of income, and in some areas more employment opportunities are available to women (the conditions of which will be discussed in the next section).<sup>29</sup> In some towns and cities in Latin America and the Caribbean, and parts of South East Asia, rural outmigration is female selective, urban sex ratios usually show more women than men and levels of female household headship are higher in urban than rural areas.<sup>30</sup> Similarly, the scale and nature of migration into urban areas in Latin America is much more influenced by decisions in rural households about who should migrate and for what reason, by constraints placed on women's work outside the home by households, and by the demand for female labour in urban areas.<sup>31</sup>

Research also indicates that an older adolescent girl is more likely to find employment in the city than in a village. In some African countries, she is also less likely to marry at an early age if she is in an urban area. In sub-Saharan Africa and South Asia, 50% of young women in rural areas are married by the time they are 18, which is about twice the rate of young women in cities.<sup>32</sup> Urbanisation can offer girls and women employment and education opportunities unavailable in rural areas. These opportunities could offer women greater social and cultural options and economic independence. Declines in fertility levels are often associated with urbanisation,<sup>33</sup> although a decreasing trend cannot be conclusively ascertained in the case

of urban poor women with poor SRHR access.

In the slums of Addis Abba, up to 25% of girls migrated due to forced marriage.<sup>34</sup> Another key reason why girls and young women leave rural areas is because they do not have access to the means of livelihood – land. Daughters are expected to work the land for free until they get married. They do not have inheritance rights to land as do men. Tacoli and Mabala<sup>35</sup> show that in Mali, Nigeria, Tanzania and Vietnam many young women are migrating from rural to urban areas to improve their economic options and their social and cultural rights. Many of them are sending remittances back home to the rural areas; which increases their vulnerability because they live cheaply and compromise their health.

Feminists investigate the gender hierarchies that underlie mobility and labour in export-orientated manufacturing,<sup>36</sup> domestic service,<sup>37</sup> sex work<sup>38</sup> and escort and entertainment work.<sup>39</sup> They also argue that the construction of care-work as ‘women’s work’ has been tied to its devaluation and coding as non-work.<sup>40</sup> Feminists examine the gender, race, caste and class constructions of paid cleaning and caretaking paid work, in the context of reductions in public support for such labour<sup>41</sup> under structural adjustment policies. For example, studies have analysed the migration of lower caste/class rural women to work as domestic workers in urban middle/upper class households and the migration of Filipino women across borders to affluent urban centres in the developed world.<sup>42</sup> Research also highlights how the urban planning, management and governance agenda has largely taken into consideration the physical and spatial factors linked to men’s work patterns, and has ignored the different experiences and needs of poor women to access water, sanitation, secure tenure, safe transportation and streets, health, education and care facilities.<sup>43</sup>

According to the 2006 State of the World Population Report published by UN Population Fund (UNFPA), young people aged 15-29 make up half the total international migration flow. The same pattern tends to be true in rural to urban migration.

## Urban population – by city

**Table 7:** City population growth (thousands) 1995-2015 – Accra, Chennai, Hyderabad, Mumbai, Cape Town, Johannesburg<sup>44</sup>

Country – City	City population				
	1995	2000	2005	2010	2015
Ghana – Accra	1,415	1,674	1,984	2,332	2,688
India – Chennai	5,836	6,353	6,118	7,559	8,309
India – Hyderabad	4,825	5,445	6,117	6,761	7,446
India – Mumbai	14,111	16,086	18,202	20,072	21,946
South Africa – Cape Town	2,394	2,715	3,087	3,357	3,504
South Africa – Johannesburg	2,265	2,732	3,258	3,618	3,785

Country – City	City population – annual growth rate			
	1995-2000	2000-2005	2005-2010	2010-2015
Ghana – Accra	3.35	3.40	3.23	2.84
India – Chennai	1.70	1.71	1.77	1.89
India – Hyderabad	2.42	2.32	2.00	1.93
India – Mumbai	2.62	2.47	1.96	1.78
South Africa – Cape Town	2.52	2.57	1.68	0.86
South Africa – Johannesburg	3.75	3.52	2.1	0.90

The cities selected for the new ActionAid programme show a slowing down of their annual urban population growth rates over the last 20 years which is also reflected in the country level data in Table 6. This trend is most significant for Cape Town and Johannesburg, where population growth rates are reaching stabilisation points (see Table 7). Stabilisation in the context of cities refers to the stabilisation of demographic trends and thus urban populations.

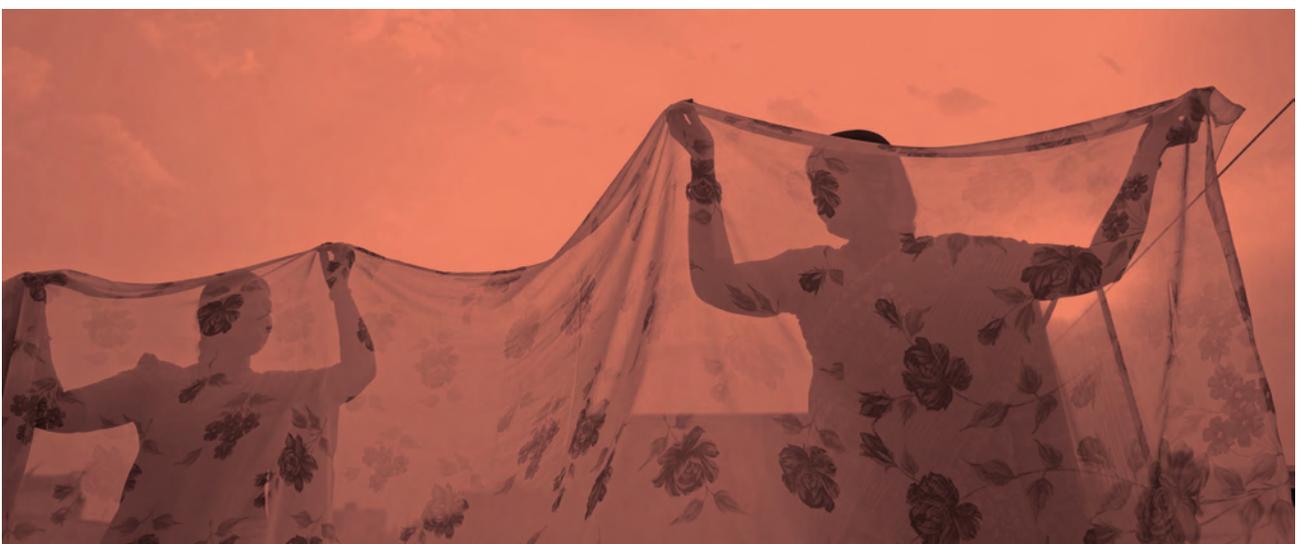
Stabilisation is part of the process of the maturation of cities and is accompanied by a drop in fertility rates. The ILO provides a useful description of this process. “In general a country proceeds through three stages of demographic shifts: in the first stage, the proportion of the young in the population rises; in the second stage, the proportion of young people declines, that of the elderly cohort (aged 65+ years) increases modestly and, most importantly, that of adults (25-64 years) increases sharply; finally, in the third stage, the proportion of adults falls while that of older people rises.”<sup>45</sup> For the Indian cities and Accra, while their annual growth rates are slowing down, this data needs to be considered in light of the extensive growth taking place just outside municipal or metropolitan boundaries of the cities that is not fully captured, which has important implications for programming.

**Table 8:** Percentage of women-headed households in select countries, rural and urban – latest available year (1990-2004)<sup>46</sup>

Country	Year	Urban	Rural
Ghana	2003	39.7	28.9
Kenya	2003	25.6	33.8
India	1998	11.2	10
Vietnam	2002	44.9	22.4
Haiti	2000	49.9	38.4

As mentioned earlier, data about low-income girls and women is difficult to obtain. The number of women-headed households in a particular urban location is difficult to ascertain. The collection of sex-disaggregated and data specific to gender roles is usually not collected by local governments. Table 8 above provides some figures for the number of women-headed households in urban and rural areas in a sample of countries. It was not possible to obtain relevant data for South Africa. The other countries included here are those that have ActionAid programmes.

The lack of gendered dimensions in the available data on urban conditions across regions and countries reaffirms how the lived reality of girls’ and women’s poverty in urban centres is frequently made invisible in statistics.



Bangalore, India

## Section 2

# Women's work in urban areas

### Women's paid urban employment: a feminist analysis

This section provides a feminist analysis of the global economy to examine the politics of gender and paid urban employment. It is often argued that women's access to income generated by paid labour opportunities provided in urban spaces enables women's control over their lives.<sup>47</sup> But many feminist economists have challenged the direct positive link made between empowerment and women's participation in paid employment through urbanisation. They have drawn attention to pertinent questions of condition, quality, recognition and remuneration of women's paid work. This section explores literature and discusses some of the main issues and debates that characterise labour trends for urban women living in poverty in developing countries.

#### Feminisation of labour

One of the central themes in feminist literature analysing the shift to neoliberalism is the concept of feminisation of labour. This term is used to describe changes in labour trends and conditions in two ways.

First, it refers to the substantial increase in the participation of women in paid employment in developing countries, largely in urban areas, over the last few decades. There has been a gradual decline in many cases, of the labour force participation differential between men and women (although this remains quite high, as evident from Table 11). With the exception of Africa, since 1980 women's employment has escalated at a much higher rate than men's employment (which has been either slightly decreasing or largely stagnating).<sup>48</sup> This change in labour patterns has been accompanied by a shift from manufacturing to services in the richer countries, and from agriculture to manufacturing and services in the poorer countries. International outsourcing that has meant a shift of production from richer to poorer countries, where labour and capital

costs were estimated to be low. While resulting in large-scale labour retrenchment in the richer countries, this has given rise to global value chains, where production is fragmented into various stages scattered across different parts of the world.<sup>49</sup> Sassen talks about how off-shoring manufacturing jobs from richer to poorer countries mobilised "a disproportionately [young] female workforce in poorer countries", who had been confined mostly to the agricultural sector before that.<sup>50</sup> This has also involved large-scale migration from rural to urban areas and sometimes, international migration across borders, as discussed earlier. Kabeer provides some insightful comments into the multiple processes driving the feminisation of the labour force:

*The feminisation of labour markets reflects a variety of interrelated factors. Rising levels of education, declining family size, falling fertility rates and changing aspirations for themselves and their families together make it both possible and desirable for women to take up paid work. In addition, women have been 'pushed' into the labour market by the decline in agricultural production and growing levels of landlessness, the rising costs of living associated with the privatisation of public welfare services and withdrawal of subsidies and declining levels of male employment and male wages as a result of the retrenchments associated with structural adjustment programmes and the dismantling of state owned enterprises.<sup>51</sup>*

Second, feminisation of labour is also used to describe the phenomenon of increasing 'flexibilisation of labour'. The literature argues that this irregularity and insecurity of work conditions, which was earlier regarded as characterising women's 'secondary' employment, has now become widespread for both men and women. In this section however, the focus will be on working women living in poverty'.

The deregulation of financial markets and the liberalisation of trade that characterises the recent history of most developing countries under neoliberalism and globalisation have given rise to new forms of production. While arguably generating employment, this has resulted in highly exploitative conditions of work. To increase their 'competitive advantage' in the international market and to present themselves as attractive to investors, developing countries have adopted policies to cultivate so-called 'flexible labour markets'. Kabeer has described this as "*the ease with which labour can be drawn in and expelled from production in response to changing profitability considerations.*"<sup>62</sup> The need for flexibility, especially in contexts of urbanisation and industrialisation, has also involved a move towards more irregular, casual, informal and insecure forms of employment as well as a reversal of existing labour rights and legislation. Multinational and national corporations have increasingly outsourced and subcontracted production activities that had previously been carried out within the formal economy to the informal economy to reduce labour costs and obligations required under formal employment regulations.

Women's large-scale entry into paid work across the developing world thus, coincides with high rates of informalisation of labour markets and the economy, especially in urban centres. Most economists have approached the market as a neutral arena, where gender discrimination is seen as an unfortunate residual result of individual prejudices of employers. Elson challenges this assumption and argues that labour markets are hierarchical institutions that are "bearers of gender" and "reinforce gender inequality".<sup>53</sup> There is a clear trend demonstrating that women dominate those urban industries/sectors characterised by low wages, semi-skilled, short-term and contingent work. For instance, women represent almost one third of the manufacturing labour force in developing countries, and almost half in some south and east Asian countries, especially in export-oriented textile and garment industries. Standing called this

process the 'feminisation of flexible labour', where women tend to be segregated into the most exploitative and casual forms of labour within increasingly informalising economies.<sup>54</sup> This is seen more and more in urban contexts with rapid migration and precarious livelihood conditions. For example, most of the jobs held by women in the garment, textile and food processing sectors in Dhaka, Bangladesh are part of the informal economy and most of these women are breadwinners. In sub-Saharan Africa, 84% of women's non-agricultural employment is informal.<sup>55</sup> There is a vast body of empirical research that documents the nature of working conditions for most of these women in the developing world. This includes: low wages, delay or non-payment of wages/bonuses, long working hours, deadline pressure, precarious or non-existent job security and medical insurance, sexual harassment, health and safety hazards, draconian work discipline, use of intimidation tactics and violent measures to quell dissent, restricted toilet/lunch breaks in the name of assembly line efficiency and absence of nursery facilities.

The outsourcing of production has also resulted in the rapid emergence of home-based work in the urban poor areas of developing countries. This is dominated by women and children, who, because it is almost impossible to regulate the conditions of work in such arrangements, are made particularly vulnerable; pay is largely piece-meal and below minimum wage, there are no opportunities for women's mobility outside the household and because workers are dispersed, it is very difficult to unionise. Elson calls women engaged in home-based work (often problematically categorised under self-employment) "disguised wage workers" and points out that their employers seek to avoid "risk-reducing arrangements such as job security and social insurance benefits."<sup>56</sup> Researchers like Eschle, Braunstein, Mehra and Gammage and Chen explain how home-based enterprises in urban poor contexts, which form an integral part of manufacturing industries (clothes,

textiles, shoes, carpets, electronics), subsidise the costs of production for urban industry by providing capital (space, tools) and by eliminating the costs of factory-based work such as complying with basic job/social security regulations.<sup>57</sup> This also means that national governments boost economic growth figures by failing to ensure good labour conditions, instead relying on women's cheap and irregular employment. This literature also deconstructs the notion of 'nimble fingers'<sup>58</sup> and brings out the gender stereotypes which underlie the preference for women workers in export-oriented manufacturing industries, namely that flexible labour is justified given women's reproductive responsibilities and the male breadwinner ideology which views women's income as secondary to the household.

Besides sub-contracted home-based work, women in urban areas engage in a wide range of self-employed activities in the informal economy such as street vending, domestic work, sex work and waste-picking. Domestic work is a large and growing sector of employment, especially for women. According to the latest ILO estimates, domestic workers represent 4-10% of the total workforce in developing countries. In Latin America, there are an estimated 7.6 million domestic workers, who represent 5.5% of the urban workforce.<sup>59</sup> Not surprisingly, women constitute a big majority of domestic workers, and are concentrated in cleaning and care services, while men tend to have the better paying jobs as gardeners, drivers, or security guards. Three quarters or more of domestic workers worldwide are female: ranging from 74% in Belize to 94% in Israel.<sup>60</sup> In Latin America, 12% of the female urban workforce, compared to 0.5% of the male urban workforce, is engaged in domestic work.<sup>61</sup> Domestic workers provide essential services that enable others to work outside the home, thus facilitating the functioning of the labour market and the economy.

For many urban women, street vending is a significant occupation. Although finding reliable data

in this sector is difficult, there are certain studies that demonstrate a high concentration of women in street vending due to its low entry costs and flexible hours. Women constitute more than two thirds of street traders in the main cities of Benin, Côte D'Ivoire, Ghana, Mali, and Togo, and more than half in Kenya, Madagascar, Senegal, and South Africa.<sup>62</sup> Women also form a majority of street traders in some cities in Asia and Latin America, including Hanoi (79%), Ho Chi Minh City (67%), and Lima (65%).<sup>63</sup> In only a few countries where cultural norms restrict women's economic activities do women account for 10% or less of street vendors. Most female street vendors earn less than men. Another significant employment source for many poor urban women is sex work, which may be their main profession or complement another job. In both street vending and sex work, women face numerous risks of violence and abuse. Women in Informal Employment: Globalizing and Organising (WEIGO) argues that national governments and development organisations, need to stop looking at the informal economy as a problem and recognise its crucial role, often the largest part of most national economies in developing countries. Eviction of urban slums in these contexts can have a devastating impact on women's means of livelihood, as location is critical for different forms of women's self-employment. Poor urban working women in these contexts contribute significantly to the urban economy, under conditions that are devoid of any form of social or legal protection, while being often exposed to violence and abuse.

It is difficult to obtain data on the economic value, types of work, and the numbers of girls and boys and young women and men involved in the urban informal economy. Also the crucial role of unpaid care work needs to be studied more in mainstream economic analyses. The following study of low-income adolescents in Kibera, Kenya provides a snapshot of information about the paid urban informal sector work of young women and men.

**Table 9:** Patterns of work amongst adolescents, by sex<sup>65</sup>

		Boys (n=193)	Girls (n=147)
Type of work	Domestic worker	1.3	49.1
	Building/construction	21.6	0.5
	Hawking food/consumables	14.3	4.6
	Porter/carrying loads	16.3	0.0
	Tradesman	15.6	0.0
	Tailoring/dressmaking	1.0	17.6
	Cook/waiter/barmaid	6.3	6.5
	Salesperson	8.3	2.8
	Laundry/washing clothes	0.0	8.8
	Hairdresser	0.0	8.3
	Carwash	3.3	0.0
	Other <sup>(a)</sup>	12.0	1.8
	No of hours in paid work in the last week	Less than 10 hours	23.6
10 to 39 hours		19.5	42.6*
40 to 60 hours		30.9	23.4
Over 60 hours		26.0	10.6
Conditions of paid work	Work for family member	9.0	13.9
	Work for non-relative	81.4	75.0
	Self employed	9.6	11.1
Through whom paid work was acquired	Relative	30.9	41.7
	Friend	35.5	31.5
	Inquiries/self	25.5	17.6
	Other <sup>(b)</sup>	8.1	9.2
Control of earning and sharing with others	Keep all earnings for self	34.6	33.8
	Keep some, give some to others	61.1	62.0
	Give all earnings to others	4.3	4.2
Able to decide how earnings are used	No	10.2	18.2*
	Yes	89.8	81.8

*Notes*

Differences between groups significant at \*p<0.05; \*\*p<0.01; \*\*\*p<0.001

a 'Other' types of paid work include factory or farm workers, security guards, sportsmen, teachers

b 'Other' sources of paid work include brokers, former employer, current employer, etc.

The same study also noted that while boys were involved in longer hours of paid work, girls worked considerably longer hours in unpaid care work such as house cleaning, cooking and washing. On average, girls did 17 hours per week of unpaid work compared to boys' eight hours in unpaid care work.<sup>66</sup> While the data discussed above is a micro-study, it does point to the relationship between paid work and unpaid care work and gender norms.

### Unpaid care work

Unpaid care work constitutes one of the fundamental concepts of feminist analyses. Unpaid care work refers to all the work that is done in the home or the community caring for others, including food preparation, cleaning, childcare and looking after the ill. The dominant sexual division of labour results in women across the world performing a highly disproportionate amount of unpaid care work in the household. Unpaid care work makes up a key component of the care economy which refers to all the activities both paid and unpaid that contribute to providing care. In mainstream economics, unpaid care work is invisible and its contribution to what is called the 'productive economy' is completely unaccounted for. This is significant in terms of urban poor women, as labour market institutions fail to acknowledge the contributions of those engaged in unpaid care work. This is reflected, for example, in how parenting duties are represented as 'liabilities' or in the lack of nursery facilities in most urban paid employment opportunities for women living in poverty.

Feminist economists have argued that the unpaid nature of women's care roles ensures the reproduction and sustenance of the labour force. This subsidises the cost of production of goods under capitalism.<sup>67</sup> This becomes particularly relevant in the context of neoliberalism, structural adjustment policies and the financial crisis. Studies reveal how the effects of cuts in public funding and privatisation

of health, education, water, social security and welfare services have been borne largely by women due to their traditional care roles. For instance, cuts in health services have meant an increased burden on women to look after the sick and closure of public nurseries has increased obstacles to women's paid work. It has also made women's access to education or health services more difficult. This is particularly significant in the context of urban slums which are densely populated, and where any kind of access to housing, safe drinking water, sanitation, drainage, public transport, health and education is very important for poor women. Regressive taxation policies that involve the taxing of basic consumption goods such as food has also had an adverse impact on the urban poor, as they spend a significant proportion of their income on food. Increasing food prices affect women the most, as they are often the first to sacrifice their own nutrition needs for the sake of family.

Urban women belonging to marginalised and poor groups have thus subsidised economic growth. They not only work under exploitative work conditions in paid employment (as discussed earlier), but also mitigate the consequences of cuts in public services. Sassen terms this process the "feminisation of survival"<sup>68</sup> and Chant calls it the "feminisation of responsibility and obligation."<sup>69</sup> This is to indicate how women have shouldered disproportionately the burden of urban poverty. The findings of a study based on a data set of middle income semi-industrialised economies with varying degrees of export orientation indicate that across countries, and over time within countries, there is a positive link between gender wage inequality and growth.<sup>70</sup>

Another key aspect of the unpaid care work literature is critical analysis of the notion of the household as a single unit. It introduces the question of power relations and inequality within the family unit.<sup>71</sup> A key contribution of feminist literature on women's paid employment is the argument that

women's access to income does not necessarily imply greater control by women over their income or decision-making processes.

The unfair expectation on women to largely shoulder the responsibility of unpaid care work continues to be an impediment to women's meaningful participation in the labour market. It either completely prevents them from participating in any form of paid employment, or acts as a 'double burden' when they are engaged in paid work. This is not to deny that paid employment can facilitate certain possibilities of subversion and empowerment for poor women, an idea explored in the next section.

The next sections consist of data analysis of youth labour and education trends. It contains gender-segregated regional and country analysis of youth population and employment. Given the importance of education for accessing decent paid employment opportunities, this is followed by a look at regional and country trends of youth education, segregated by sex.

## Youth labour trends – by region

It was not possible to gather data disaggregated by urban and rural areas for youth labour trends.

**Table 10:** Youth population 1998, 2008, 2009 (millions), age group 15-24<sup>72</sup>

Region	Total population			Female			Male		
	1998	2008	2009	1998	2008	2009	1998	2008	2009
North Africa	35.8	42.7	42.6	17.7	21.0	21.0	18.1	21.6	21.6
sub-Saharan Africa	120.6	158.4	162.2	60.4	79.0	80.9	60.2	79.4	81.3
South Asia	263.4	313.9	317.8	126.9	150.9	152.8	136.5	162.9	165.0
South East Asia & the Pacific	100.4	109.1	109.3	49.8	53.7	53.8	50.6	55.4	55.6
Latin America & the Caribbean	98.6	104.8	105	49.1	52.1	52.2	49.5	52.7	52.8

In 2010 almost 90% of young women and men in the world were living in developing economies, with the three Asian regions of South Asia, South East Asia and east Asia accounting for more than half (55%) of the world youth population. Despite these seemingly large numbers, overall there is a slowing down of youth population growth.<sup>73</sup> The ILO report does not provide precise numbers to demonstrate this slowing but refers to this as “a clear sign that the developing world is nearing the final stage of the demographic transition.”<sup>74</sup> While most world regions have a roughly equal number of young women and men as demonstrated in Table 10, the South Asian region has a surplus of young men and the ratio of females to males has been declining over the years. This is a reflection of the cultural bias and preference for sons and the practice of sex-selection. None of the ILO studies referred to for this research indicated any implications of the demographic shift for young South Asian women’s access to employment.



A new group of girls at a Community Centre in Mumbai

Prashanth Viswanathan/Bloomberg/ActionAid

**Table 11:** Youth employment 1998, 2008, 2009 (millions), age group 15-24

Region	Total population			Female			Male		
	1998	2008	2009	1998	2008	2009	1998	2008	2009
North Africa	10.4	12.2	12.4	3.0	3.4	3.3	7.4	8.8	9.1
sub-Saharan Africa	60.1	80.1	82.1	26.5	35.9	36.9	33.7	44.3	45.2
South Asia	117.4	131.6	132.8	34.6	37.4	37.3	82.8	94.3	95.6
South East Asia & the Pacific	48.0	47.9	48.2	20.8	19.8	19.7	27.2	28.1	28.4
Latin America & the Caribbean	45.7	47.4	46.1	16.3	18.1	17.7	29.3	29.2	28.4

In all world regions, youth employment has increased annually. While the employment numbers for both young women and men are increasing, there is great disparity in employment for young women and men. According to Table 11, the South Asian region has the highest disparity in employment between young women and men, followed by Latin America and the Caribbean. In South Asia, the region with the largest gap in the engagement of young women and men in

the labour force, 64% of young women neither work nor study, while only 5% of young men are in the same position. In Latin America 34% of young women are 'inactive' and 7% of men. One of the reasons for the 'inactivity' of South Asian girls in the labour market is attributed to early marriage and/or childbearing; other factors include that formal employment is not an option and that maybe self-employment is their route to employment and discriminatory inheritance laws.

**Table 12:** Youth unemployment 1998, 2008, 2009 (millions), age group 15-24 – regional

Region	Total population			Female			Male		
	1998	2008	2009	1998	2008	2009	1998	2008	2009
North Africa	3.7	3.7	3.8	1.5	1.5	1.5	2.3	2.2	2.3
sub-Saharan Africa	9.4	10.8	11.1	4.5	5.0	5.2	4.9	5.7	5.9
South Asia	11.4	14.6	15.3	3.4	4.4	4.6	8.0	10.2	10.7
South East Asia & the Pacific	6.7	8.1	8.3	3.0	3.5	3.7	3.7	4.5	4.6
Latin America & the Caribbean	8.4	7.9	8.8	4.1	4.0	4.5	4.3	3.9	4.3

Globally, between 1998 and 2008 the number of unemployed youth increased by 3% to 74.1 million.

This increase is attributed to the higher population growth rate of employable youth to the jobs available.

**Table 13:** Youth unemployment rate by sex and region 1998, 2008, and 2009, age group 15-24 – regional

Region	Total population %			Female %			Male %		
	1998	2008	2009	1998	2008	2009	1998	2008	2009
North Africa	26.5	23.3	23.7	32.6	30.3	31.7	23.7	20.2	20.3
sub-Saharan Africa	13.5	11.9	11.9	14.5	12.3	12.4	12.7	11.5	11.6
South Asia	8.9	10.0	10.3	8.9	10.6	10.9	8.9	9.7	10.1
South East Asia & the Pacific	12.2	14.5	14.7	12.4	15.2	15.7	12.1	13.9	14.0
Latin America & the Caribbean	15.6	14.3	16.1	20.1	18.2	20.4	12.9	11.7	13.2

There are numerous structural reasons behind the persistently high unemployment rates for urban young women and men including lack of sufficient and relevant education or training, youth not being considered reliable and trustworthy (girls will get pregnant and leave), higher densities of youth in cities as they migrate from rural areas, pro-poor job growth not keeping up with population growth, young people's limited social capital networks compared to older counterparts.

Besides early marriages and other patriarchal norms, another factor that denies girls and young women access to employment is the fear of violence and sexual assault. Violence and the fear of violence can lead to a culture in which an adolescent girl is afraid to go outside her home – and sometimes afraid to stay in it for fear of violence at home. Even when employment opportunities are available, they can be under highly exploitative conditions, as discussed earlier.

**Table 14:** Youth employment-to-population ratio, by sex and region 1998, 2008, and 2009, age group 15-24 – regional

Region	Total population %			Female %			Male %		
	1998	2008	2009	1998	2008	2009	1998	2008	2009
North Africa	29	28.5	29	17	15.9	15.7	40.7	40.7	42
sub-Saharan Africa	49.9	50.6	50.6	43.8	45.4	45.6	55.9	55.8	55.6
South Asia	44.6	41.9	41.8	27.3	24.7	24.4	60.7	57.9	57.9
South East Asia & the Pacific	47.8	43.9	44.0	41.9	36.8	36.7	53.7	50.8	51.1
Latin America & the Caribbean	46.3	45.2	43.9	33.2	34.8	33.9	59.3	55.5	53.7

The youth employment-to-population ratio is the share of youth who are employed as a proportion of the youth population. The overall numbers have stayed constant for North Africa, sub-Saharan Africa, and

South Asia. There was a noticeable downward trend in South Eastern Asia and the Pacific in 2008 and 2009 which is attributed to the financial meltdown of 2008.

## Youth labour trends – by country

**Table 15:** Economically active population – Total and economically active population, age group 15-19 (thousands) – Ghana, India and South Africa<sup>80</sup>

Country	Year	Total			Female			Male		
		Total pop.	Active pop.	Activity rate %	Total pop.	Active pop.	Activity rate %	Total pop.	Active pop.	Activity rate %
Ghana	2000	1,883.8	753.5	40	922.6	371.8	40.3	961.2	381.7	39.7
India	2001	100,216	32,390	32.3	46,276	11,400	24.6	53,940	20,990	38.9
South Africa	2003	5,370	509.7	9.5	2,689.2	230.7	8.6	2,680.8	279	10.4
	2008	5,152.5	465.3	9	2,556.2	209.7	8.2	2,596.4	255.5	9.8

The economically active population comprises all persons of either sex, and above a certain age, who are the labour for productive activities during a specified time period. It includes all persons who fulfil the requirements for inclusion among the employed (employees or self-employed) and the unemployed. The activity rate refers to the percentage of the working age population that is economically active – employed or unemployed.<sup>81</sup> The decreasing rates of economically active youth populations do not include youth in educational institutions.<sup>82</sup>

Girls and young women who are employed and unemployed are counted as active. Those working in the informal economy are also part of the economically active population. However, this data does not consider girls and young women's unpaid care work as employment.<sup>83</sup> Thus, girls and young women who are engaged full time in unpaid care work and so not seeking other work are missing from such youth labour force analysis.

In all three countries in Table 15, there are more economically active men than women. Counting differences in the actual numbers of women and men in the three countries, there is a significantly higher percentage of economically active men than women in India. There is a small difference between the percentage of economically active men and women in South Africa for both years.



Accra, Ghana

**Table 16:** Economically active population – Total and economically active population, age group 20-24 (thousands) – Ghana, India and South Africa

Country	Year	Total			Female			Male		
		Total pop.	Active pop.	Activity rate	Total pop.	Active pop.	Activity rate	Total pop.	Active pop.	Activity rate
Ghana	2000	1,600.8	1,121	70	837.8	590.3	70.5	763.1	530.6	69.5
India	2001	89,764	48,211	53.7	43,443	15,468	35.6	46,321	32,743	70.7
South Africa	2003	4,460.7	2,184.8	49	2,319.4	1,058	45.6	2,141.3	1,126.8	52.6
	2008	4,784.8	2,553.4	53.4	2,415.1	1,157.7	47.9	2,369.8	1,395.7	58.9

In Table 16, for the 20-24 cohort, the greatest discrepancy in the economically active population, as mentioned earlier, is between young women and men in India. The same discriminatory gender role

stereotypes apply here as well. For Ghana, in this cohort, the activity rate of young women and men is equal. In South Africa, young men have a higher activity rate than young women.

## Education – by region

**Table 17:** Education by region, age group 15-24<sup>84</sup>

Region	Youth (15-24 years) literacy rate (%) 2005-2010*		Number per 100 population 2010		Primary school participation				Secondary school participation			
	Female	Male	Mobile phones (a)	Internet users (b)	Net enrolment ratio % 2005-2010*		Activity attendance ratio % 2005-2010*		Active enrolment ratio % 2005-2010*		Activity attendance ratio % 2005-2010*	
					female	male	female	male	female	male	female	male
Africa	79	70	53	13	77	80	67	70	30	36	33	35
South Asia <sup>(a)</sup>	85	72	59	8	-	-	79	83	-	-	46	55
South East Asia <sup>(b)</sup>	99	99	74	30	-	-	96**	96**	68	66	66**	64**
Latin America & the Caribbean	97	97	98	34	95	95	93	93	76	71	75	70

### Notes

\* Data refer to the most recent year available for the region during the period specified in the column heading

\*\* Excludes China

(a) Mobile phones – Figures for whole population, not age group indicated in table heading. The number of active subscriptions to a public mobile telephone service, including the number of prepaid SIM cards active during the past three months. Data from the International Telecommunications Union, Geneva.

(b) Internet users – Figures for whole population, not age group indicated in table heading. The estimated number of Internet users out of the total population. This includes those using the Internet from any device (including mobile phones) in the last 12 months. Data from the International Telecommunications Union, Geneva.

Education is a fundamental human right which is gradually becoming a reality for girls and boys and young women and men in many countries of the world. Worldwide, the literacy rate for youth (15-24) increased from 83% to 89% between 1990 and 2009. Yet, in 2009, 127 million young people lacked basic reading and writing skills. Nearly 90% of all illiterate youth live in just two regions: South Asia (65 million) and sub-Saharan Africa (47 million).<sup>85</sup> Table 18 indicates that literacy rates for young women and men ages 15-24 in the identified world regions range between 70–97%.

In 2010, the global school age population of ages 5-29 was 3 billion. UNESCO<sup>86</sup> (2012) estimates that 28% of this total resides in south and west Asia, another 28% in east Asia and the Pacific, 15% in sub-Saharan Africa and 9% in Latin America and the Caribbean. Research identifying the total global school age population for 1990 and 2000 was not obtainable.

Net enrolment ratio is the ratio of the number of girls or boys of official primary or secondary school age enrolled in school to the number of boys and girls of official primary or secondary school age in the population. There is a closing of the gender gap in

primary school enrolment for girls, signalling that many countries are reaching the target of gender parity in primary school enrolment. However, in both Africa and South Asia literacy rates and enrolment in primary school are still lower for girls than for boys. Seventy two million children of primary school age are not attending school, of which over 39 million or 54% are girls.<sup>87</sup> The secondary school net attendance ratio for both girls and boys in Africa and South Asia is a lot lower than for girls and boys in South East Asia and Latin America and the Caribbean. At 30%, girls in Africa have the lowest net enrolment ratio for secondary school.

According to UNESCO’s recently released World Atlas on Gender Equality in Education there are four factors that underlie and shape educational policies and practices in all countries.<sup>88</sup> These factors are the impact of population growth on the demand for education, the relationship between levels of national wealth and investment in education, the extent to which national governments are committed to their state education systems, and how such commitment takes on a legal basis in the form of compulsory education policies.

**Table 18:** Education by country, age group 15-24 – Ghana, India and South Africa <sup>89</sup>

Region	Youth (15-24 years) literacy rate (%) 2005-2010*		Number per 100 population 2010		Primary school participation				Secondary school participation			
	Female	Male	Mobile phones (a)	Internet users (b)	Net enrolment ratio % 2005-2010*		Activity attendance ratio % 2005-2010*		Active enrolment ratio % 2005-2010*		Activity attendance ratio % 2005-2010*	
					female	male	female	male	female	male	female	male
Ghana	79	81	71	9	77	76	75	74	44	48	42	42
India	74	88	61	8	94	97	81	85	-	-	49	59
South Africa	98	97	100	12	90	89	-	-	-	-	-	-

Notes

\* Data refer to the most recent year available for the country during the period specified in the column heading

\*\* Excludes China

(a) Mobile phones – Figures for whole population, not age group indicated in table heading. The number of active subscriptions to a public mobile telephone service, including the number of prepaid SIM cards active during the past three months – International Telecommunications Union, Geneva.

(b) Internet users – Figures for whole population, not age group indicated in table heading. The estimated number of Internet users out of the total population. This includes those using the Internet from any device (including mobile phones) in the last 12 months – International Telecommunications Union, Geneva.

While the net enrolment and attendance ratios for South Africa were not available from the source for Table 18, UNESCO has total secondary gross enrolment ratio data (see Table 19).<sup>90</sup> This indicates that girls have a slightly higher gross enrolment ratio than boys and overall, most girls in South Africa are enrolling into secondary school education.<sup>91</sup>

**Table 19:** South Africa – total secondary gross enrolment ratio

	2007		2008		2009	
	Female	Male	Female	Male	Female	Male
South Africa	97.89	93.52	94.93	91.30	96.03	91.60

The youth literacy rate and primary and secondary school participation rates for Ghana, India and South Africa reflect the regional trends discussed earlier. Of the three countries, South Africa has a much higher youth literacy rate than either Ghana or India. India, however, has higher net primary enrolment than the other two countries. India has made great advances in increasing the enrolment of low-income girls in primary schools with some changes in policy and the introduction of cash incentives for girls to complete secondary school. Secondary school enrolment and attendance ratios for girls and boys in both India and Ghana are still low.

The data on mobile phone and Internet users in Tables 17 and 18 is for the whole population. It is included here due to its importance in youth culture and its power as a medium of communication and organising for young women and men. None of the data for the number of mobile phone and Internet users is available disaggregated by sex and age or by rural and urban areas. However, the 2011 ICT facts and figures report indicates that 45% of the world’s Internet users are below the age of 25. In the developing world, 30% of young women and men under the age of 25<sup>92</sup> use the Internet. This also means that 70% of young people (1.9 billion) under the age of 25 do not have access to the Internet.<sup>93</sup> Detailed information about mobile usage was not available.



Prashanth Vishwanathan/Bloomberg/ActionAid

School children from Alexandra Township, South Africa

## Section 3

# Women's sexual and reproductive health rights in urban areas

### Re-politicising the SRHR debate

To understand the meaning and value of sexual and reproductive health rights (SRHR), it is important to trace the history and debates surrounding the same. In the development discourse, SRHR emerges as significant during the International Conference on Population and Development (ICPD) at Cairo in 1994. Population control and reproductive health have different focuses, the former being related primarily to pro-creation and the latter to sexuality. The population control narrative sees the increase of people as the problem for economic and environmental problems, and concentrates on reducing fertility through use of modern contraceptives.<sup>94</sup> This approach has been heavily criticised by feminists, as it frames women as fertility 'factors' and 'problems', rather than as actors. Also this biomedical and top-down demographic approach does not take into consideration the gendered relations of power that determine women's control of their fertility in their diverse local contexts. These 'technical' methods have often resulted in a violent invasion of women's bodies by the state and development actors, the starkest manifestation being the forced sterilisation of poor women in countries such as India. The Cairo conference marks an international shift to the reproductive health perspective, which argues that it should be concerns over women's health and bodily autonomy that drive development interventions, not demographic population politics. This perspective brings attention to issues of maternal mortality, unsafe abortion, child marriage, access to and informed choice of contraception, sexuality education, female foeticide, gender-based violence, sexual harassment and abuse.<sup>95</sup>

This has been further enhanced by feminists by introducing the question of sexuality into the agenda. They have argued that development work should focus on all aspects of women's sexuality, not just

their reproductive health, which reinforces gender stereotypes. Cornwall & Jolly in their seminal bulletin *Sexuality Matters* showed how sexuality closely intersects with issues of health, work, poverty and education.<sup>96</sup> They also pointed out how women's sexuality, issues of their pleasure and leisure are seen as a 'luxury' in mainstream development, and when addressed are limited to a reductive health issue approach. They argue that these issues are integral to enabling women to have empowering control over their lives and bodies and to challenging patriarchal gender constraints. This reproductive and sexual health perspective is then linked to a rights approach that calls for the recognition, promotion and protection of sexual and reproductive rights.<sup>97</sup> The concept of sexual and reproductive health rights, to quote Muller, "draws on human rights principles of freedom and entitlement. It also draws on the feminist principle of a woman's right to control her own body, that is, her right not to be alienated from her sexual and reproductive capacity, and her right to the integrity of her physical person."<sup>98</sup> There is, however, not an international commitment to sexual rights, as there is to reproductive health issues as enshrined in the Cairo declaration.

The contribution of HIV and AIDS treatment action groups and Lesbian, Gay, Bisexual, Transgender, Queer groups (LGBTQ) has been integral in promoting a rights approach to SRHR. The LGBTQ movement have introduced many pertinent issues to the SRHR agenda, bringing the question of fulfilment of sexual rights to the forefront. The queer movement challenged the world view that promotes heteronormativity<sup>99</sup> as the normal or preferred sexual orientation, a view often reinforced by development programmes. It has also argued against the binary concept of gender as male and female, which dominates development discourse and argued for gender to be seen as a diverse spectrum of different possibilities and sexualities.<sup>100</sup> It is critical of

development interventions which puts people into defined categories of “Men who have sex with Men (MSM)” and so on.<sup>101</sup> The queer movement has also brought attention to the potential and limitations of the human rights discourse. Sharma argues that identity and rights-based approaches need to be placed within the framework of intersectionality.<sup>102</sup> Intersectionality examines how the multiple and diverse aspects of our biological, social and cultural identities, such as gender, sexuality, class and race interrelate and can lead to multiple oppressions. Sharma also brings to attention how the way in which “rights are articulated and claimed might not address underlying inequality and norms”, such as the norm of heteronormativity. These questions present many challenges to mainstream policy formulation around SRHR.

However, despite these new ideas and trends, there has been slow progress on SRHR, even with regard to the Cairo conference.<sup>103</sup> There was huge disappointment in 2000 when the UN general assembly rejected inclusion of SRH in the MDGs – four of the goals are related to SRH, but none explicitly address it, having key omissions such as violence, unsafe abortions and family planning. The SRHR debate also links back strongly to the dominant neoliberal model discussed in the previous section. The public spending cuts and privatisation of the health sector which accompanied structural adjustment programmes in many developing countries have had a massive impact on women’s access to SRHR, without displaying any clear indication of a positive link and often pushing up costs.<sup>104</sup> User fees, even if very nominal, further reduced access to and affordability of SRHR services for women, especially for those without an independent income. Similarly, they were less likely to be able to participate in private insurance and pre-payment schemes.<sup>105</sup> Studies have also focused on the role of the pharmaceutical industry in contributing to the lack of access to essential medicines for SRH, especially for developing countries. The strong pharmaceutical and corporate

lobby in global health negotiations and initiatives has repeatedly derailed fulfilment of SRHR.<sup>106</sup> Rising fundamentalism, socio-cultural stigmas around women’s sexuality and right to pleasure, criminalisation of abortion, homophobia and HIV transmission are amongst some of the other major factors affecting women’s SRHR.<sup>107</sup>

All the above discussed factors make young women in urban poor areas a particularly vulnerable group, especially due to: the stigma attached to young women’s sexuality in most cultural contexts; lower social status due to their age; and greater patriarchal control over their bodies. Girls and young women living in poverty in cities face steeper challenges than their male peers in acquiring knowledge and skills to live healthy and productive lives in cities. Young girls and women in slums are more likely to have a child, be married or head a household than their counterparts in non-slum areas. For example, in Uganda 34% of young Ugandans in slums areas head a household compared to 5% in non-slum areas.<sup>108</sup> A study of adolescent in Kibera, Kenya noted that of 369 girls, 16% had children. Most of them were married. Sixty-three per cent of the girls said the pregnancy was unwanted. Seventy-three per cent of them said the pregnancy was an accident and the majority of them said they did not know about or where to get family planning support.<sup>109</sup> In another study of 153 married 15-19 year-old adolescent girls in an urban slum in Dhaka, 128 revealed that they had children before they were emotionally or physically ready. This was largely due to strong social pressures and a desire to enhance the relationship with their husband and in-laws for marital and economic security.<sup>110</sup>

There are multiple challenges in the urban context with regard to accessibility, availability and acceptability of SRHR. While there might be more facilities for integrated SRH services in urban than in rural areas, they are not always accessible to women living in slums. Once the data on higher health levels in

## The work of Jhpiego in Kenya

An interesting initiative with regard to SRHR and health services in urban slums is the work of **Jhpiego** in Kenya, an affiliate of John Hopkins University, which has been working in Kenya since the 1970s. Jhpiego has implemented two large programs in the slums of Nairobi, Kenya in the past several years and is a founding member of the Nairobi Urban Health Poverty Partnership, a collaborative effort designed to demonstrate the variety of interventions that must be addressed to foster sustainable improvements to health in urban slums. Jhpiego's innovation lies in linking health care providers with the communities they serve. By working with health care providers and slum residents to identify and address their needs, Jhpiego has mobilised the slum communities to actively engage in improving the quality and accessibility of health care. Jhpiego has trained more than 200 slum-based health care providers serving a client base of over 120,000 people. Some of the strategies used include:

**Building a Referral Network:** Working with non-governmental and faith-based organisations, Jhpiego has led the effort to create an extensive referral network so that providers can direct clients to the correct health facility, and community members can easily access the services they need.

**Training and preparing service providers:** To maintain a successful referral network, timely provision of quality service by the doctors, nurses, midwives and community health workers is a key factor. Jhpiego has developed a thoughtful, comprehensive approach that strengthens providers' technical capacity to respond to the unique needs of patients (including people living with HIV) and increased access to high-quality health care

**Equipping the facilities:** Jhpiego has improved the services offered at health clinics by equipping them with basic infection prevention supplies such as disinfectants, soap, gloves, buckets, trash bags, basins and individual hand towels.

**Peer Education:** Young people have been trained by Jhpiego to counsel their peers on safe sex practices. This has empowered them with knowledge regarding HIV, dispelled myths and has increased the community's respect for people living with HIV and their families.

**Ongoing Support Groups:** Jhpiego created and/or strengthened support groups for women living with HIV and for young pregnant women.

**Community Mapping:** Jhpiego worked with community groups to create maps and directories that visually show the geographic nature of health risks and opportunities in the slums. The community health mapping and services directory exercises have provided a forum for girls to explore and discuss the reality of health in their communities.

An inspiring learning point from Jhpiego's programs in the slums is the overwhelming support from the communities, often creating mechanisms for action on a host of other issues. For example, youth peer educators who were trained by Jhpiego worked in their communities to reduce the violence in the aftermath of the January 2008 elections. Another group started a new non-profit organisation called Expert Patient Trainers International, which is made up of 'expert patients' – people living with HIV – who build on their personal experience to train health care providers on how to offer more sensitive, client-focused HIV services.

urban areas is disaggregated, it becomes clear that the urban poor face health risks often as high and sometimes higher than rural residents.<sup>111</sup> Building effective services around family planning, safe pregnancy and delivery, safe abortions, Sexually Transmitted Infection (STI) testing, violence against women and safe sex counselling, prevention of child marriages, integration of youth friendly SRH approaches does not feature prominently in the urban planning and governance agenda.<sup>112</sup> The opinions and voices of urban poor people, especially of young women and sexual minorities are not reflected or sought in the planning and implementation of urban SRH facilities. A study shows that the participation of the community in SRH provisions was limited merely to participation in service delivery and management,<sup>113</sup> and did not extend to design of policies, legislation and allocation of budgets. Safe public transport, water, sanitation and drainage in slums, affordable food prices, tenure security and comprehensive sexuality education are other factors connected to realisation of SRHR in urban slums.<sup>114</sup>

The poor quality of SRH facilities also dissuades women from actively using these services.

An analysis of survey data from 23 sub-Saharan African countries showed that access to and quality of maternal health-care for urban poor women is more similar to that of rural women than urban non-poor women.<sup>115</sup> The participation of men in realising women's SRHR is also integral, especially for addressing the challenge of acceptability of the issue. A study on the incorporation of male reproductive health services into female-focused family planning programmes in Bangladesh reached the interesting conclusion that it does not discourage women from attending clinics. It actually increased take-up of services from both sexes. An added benefit was that service providers increased their technical knowledge about male reproductive health problems, particularly with regard to STIs and Reproductive Tract Infections. Overall, the intervention increased use of facilities. This in turn also decreased the costs of treatment.<sup>116</sup>

The next sections present regional and country trends through analysis of existing SRH data. It covers age-segregated maternal birth rate, maternal mortality ratio and contraceptive prevalence rate, and HIV-prevention among young people.



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Hatima Bhano, Beharmpada, Mumbai

## Sexual and reproductive health – by region and country

**Table 20:** Births by five year age group of mothers, major regions 1995-2010 – regional

Number of births by 5-year age group of mothers (thousands) <sup>117</sup>						
Region	Age group 15-19			Age group 20-24		
	1995-2000	2000-2005	2005-2010	1995-2000	2000-2005	2005-2010
Africa	24,041	25,917	26,110	40,206	44,376	47,840
South Asia <sup>(a)</sup>	38,342	34,782	31,230	69,452	71,725	74,905
South East Asia <sup>(b)</sup>	5,322	5,573	5,358	15,837	16,127	15,514
Latin America & the Caribbean	10,833	10,655	9,759	17,233	17,183	16,403

### Notes

(a) Includes: Afghanistan, Bangladesh, Bhutan, India, Iran, Maldives, Nepal, Pakistan and Sri Lanka.

(b) Includes: Brunei, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand, Timor-Leste and Vietnam.  
China is not included in the data for South East Asia.

**Table 21:** Births by five year age group of mothers 1995-2010 – Ghana, India and South Africa

Number of births by 5-year age group of mothers (thousands) <sup>118</sup>						
Country	Age group 15-19			Age group 20-24		
	1995-2000	2000-2005	2005-2010	1995-2000	2000-2005	2005-2010
Ghana	434	431	425	835	900	970
India	28,868	26,481	24,388	51,994	54,119	56,963
South Africa	926	867	740	1,479	1,584	1,615

Tables 20 and 21 above have been included in this paper because young mothers between the ages of 15-25 are the constituency of interest to ActionAid for the development of the new programme for urban girls and young women living in poverty. In the research for this data it seems that most countries have a commitment to reducing the number of pregnancies and thus births for the 15-19 cohorts due to concerns about the ability of girls to stay in and complete their schooling as well as the dangers to their health of pregnancies at a young age. There is also a concern about HIV infections in young girls, which are high in many African countries.<sup>119</sup> However,

once the girls are 18 years or older, they are not seen as a constituency of concern for reproductive health programmes in the same way. This is primarily due to the fact that they are no longer considered children but adult women of marriageable and reproductive age.

It was not possible to obtain data for either the regions or the countries about the number of births by young women disaggregated by urban and rural areas for either the regions or the countries. It would be important to understand if the trend of falling birth rates in the 15-19 age group as demonstrated for Ghana, India and South Africa in Table 21 above is similar in both rural and urban areas or not. This data

also does not indicate the marital status of the mothers. Data on child marriage and births was not explored for this research.

Estimated crude births are available for Ghana, India and South Africa (see Table 22). The crude birth rates for these three countries from 1950 to 1995 indicate a decline. The crude birth rate refers to the number of births over a given period divided by the person-years lived by the population over those years. It is expressed as the number of births per 1,000 population. This data for the crude birth rate is estimated for the whole population and not just the cohorts used in Table 21.

Table 23 identifies consolidated data for maternal mortality and contraception prevalence rate by any method and by modern methods from 1990-2010. This data is useful for a comparison with the country-specific data in Table 24.

**Table 22:** Estimated crude birth rate<sup>120</sup>

Country	1950-1955	1970-1975	1990-1995
Ghana	45	46	38
India	43	37	30
South Africa	43	38	27

**Table 23:** Maternal mortality ratio and contraceptive prevalence rate aged 15-49, 1990-2010 – regional<sup>121</sup>

Region	Maternal mortality ratio per 100,000 live births, 2008	Contraception prevalence rate, women aged 15-49, any method 1990/2010*	Contraception prevalence rate, women aged 15-49, modern method 1990/2010*
sub-Saharan Africa <sup>(a)</sup>	638	25	19
Asia and the Pacific <sup>(b)</sup>	193	67	61
Latin America & the Caribbean <sup>(c)</sup>	85	73	67

*Notes*

\* Most recent data available. Years separated by '/' reflect the earliest and latest years sourced for this column of data.

(a) Includes only UNFPA programme countries, territories or other areas: Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Comoros, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Senegal, Seychelles, Sierra Leone, South Africa, Swaziland, Togo, Uganda, United Republic of Tanzania, Zambia, Zimbabwe.

(b) Includes only UNFPA programme countries, territories or other areas: Afghanistan, Bangladesh, Bhutan, Cambodia, China, Cook Islands, Democratic People's Republic of Korea, Fiji, India, Indonesia, Iran (Islamic Republic of), Kiribati, Lao People's Democratic Republic, Malaysia, Maldives, Marshall Islands, Micronesia, Mongolia, Myanmar, Nauru, Nepal, Niue, Pakistan, Palau, Papua New Guinea, Philippines, Samoa, Solomon Islands, Sri Lanka, Thailand, Timor-Leste, Tokelau, Tonga, Tuvalu, Vanuatu, Vietnam

(c) Includes only UNFPA programme countries, territories or other areas: Anguilla, Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bermuda, Bolivia (Plurinational State of), Brazil, British Virgin Islands, Cayman Islands, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Montserrat, Netherlands Antilles, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago, Turks and Caicos, Uruguay, Venezuela (Bolivarian Republic of).

**Table 24:** Maternal mortality ratio and contraceptive prevalence rate aged 15-49, 1990-2010 – Ghana, India and South Africa <sup>122</sup>

Region	Maternal mortality ratio per 100,000 live births, 2008*					Contraception prevalence rate, women aged 15-49, any method 1990/2010*						Contraception prevalence rate, women aged 15-49, modern method 1990/2010*					
	1990	1995	2000	2005	2008	1993	1998	1999	2004	2006	2008	1993	1998	1999	2004	2006	2008
Ghana	630	540	500	400	350	20.3	15	22	-	24.2	23.5	10.1	10.6	12.8	-	15.7	16.6
India	574	470	390	280	230	40.7	-	48.2	53	56.2	-	36.5	-	42.8	45.7	48.5	-
South Africa	230	260	380	440	410	-	56.3	-	59.9	-	-	-	55.1	-	59.8	-	-

*Notes*

\* Data from the MDG Indicators. <http://mdgs.un.org/unsd/mdg/Data.aspx>

The maternal mortality ratio is a critical indicator of a country's commitment to health care spending that affects women's health and life choices. The country level data in Table 24 for Ghana and India reflects global trends of declining maternal mortality ratios in most countries in recent decades. In the last almost 20 years both Ghana and India have managed to reduce their maternal mortality ratios. In Ghana the reduction is by about 45% and in India about 60%. South Africa has seen an increase in its maternal mortality ratio by 56% in the same period. This is an alarming trend and is due to two major health concerns of girls and women in South Africa. First, there is a decline in abortions performed in state institutions as facilities have been closed. Recent data indicates that between 2005 and 2007 there was a 44% increase in deaths due to abortion and pregnancy-related sepsis. A total of 598 women lost their lives. Eighty-nine per cent of women who died from abortion and were tested for HIV were found to be sero-positive. There is concern that this number might be underestimated because there were another 58 deaths associated with abortion where AIDS was considered to be the cause of death. According to health department figures, choice of termination of pregnancy services may be in decline and this could be a factor in promoting unsafe abortion practices and an increase in septic abortion mortality. This needs further investigation.<sup>123</sup>



Child-headed household outside their tin shack in Silver City. South Africa

Giselle Wulfschlag/Panos Pictures/ActionAid

In all three countries, the last 15 years have seen a rise in the contraception prevalence rate among married women between the ages of 14-49 by either any method or modern methods. Data for unmarried women was not available. It was also not possible to locate the contraception prevalence rate for girls and young women in the 15-25 year cohort.

**Table 25:** HIV prevention among young people (aged 15-24) – regional<sup>124</sup>

Region	Estimated adult (aged 15-49) HIV prevalence (%), 2009	HIV prevalence amongst youth (%), 2009			Percentage who have comprehensive knowledge of HIV, 2005-2010*		Percentage who used condom at last higher-risk sex, 2005-2010*	
		Total	Female	Male	Female	Male	Female	Male
Africa	3.9	1.9	2.7	1.1	33	24	51	33
South Asia <sup>(a)</sup>	0.2	0.10	0.1	0.1	34	17	38	22
South East Asia & the Pacific	0.2	0.1	0.1	0.1	-	24**	-	-
Latin America & the Caribbean	0.4	0.2	0.2	0.2	-	-	-	-

*Notes*

\* Data refer to the most recent year available during the period specified in the column heading \*\* Excludes China

At almost 4%, Africa has a much higher HIV prevalence rate for the 15-49 age group compared to South Asia, South East Asia and the Pacific, and Latin America and the Caribbean. For young people between the ages of 15-24 in Africa the total HIV prevalence rate is almost 2%, again much higher than for the other regions. At 2.7% African girls and young women have a very high HIV prevalence rate compared to the 1.1% for African boys and young men. A higher percentage of boys and

young men have a comprehensive knowledge of HIV (33%) compared to 24% for girls and young women. Two points are worth noting. First, 33%, though higher than for girls and young women, is still a low percentage of comprehension across the age group. Moreover, it highlights that other factors are at play, beyond knowledge, in reducing HIV prevalence for women, including sexual violence and challenges for young women and girls in negotiating safe and wanted sex.

**Table 26:** HIV prevention among young people (aged 15-24) – Ghana, India and South Africa<sup>125</sup>

Country	Estimated adult (aged 15-49) HIV prevalence (%), 2009	HIV prevalence amongst young people (%), 2009			Percentage who have comprehensive knowledge of HIV, 2005-2010*		Percentage who used condom at last higher-risk sex, 2005-2010*	
		Total	Female	Male	Female	Male	Female	Male
Ghana	1.8	0.9	1.3	0.5	28	34	28	46
India	0.3	0.1	0.1	0.1	20	36	22	37
South Africa	17.8	9.0	13.6	4.5	-	-	-	-

*Notes*

\* Data refer to the most recent year available for each country during the period specified in the column heading

Both Ghana and South Africa reflect the overall African HIV prevalence rate trends for adults between 15-49 years as well as in youth between 15-24 years of age. However, South African overall figures are almost 10 times higher than Ghana's.

In both Ghana and South Africa girls and young women have a much higher rate than boys and young men. Girls and young women in South Africa are three times more likely to be HIV positive than boys and young men.

## Pathways of women's empowerment

Previous sections analysed the literature on overall structures and policies underlying women's access to and the quality of paid employment, education and SRHR. In this section, that analysis is linked with the literature on experiences of urban women living in poverty across the developing world with regard to economic, social and sexual empowerment. As mentioned before, the idea of intersectionality is important here; it argues that women's experiences of being marginalised are closely connected to other forms of discrimination based on race, class, caste, age, religion, nationality and so forth. For instance, women concentrated in the informal economy in precarious conditions of work or denied access to education and SRH services are largely from racial, ethnic, religious, sexual minorities and from the lower class or caste. It is also useful here to clarify what is implied by empowerment. The ActionAid Human Rights-Based Approach (HRBA) conceptualises empowerment as follows:

*Empowerment includes giving people living in poverty the power to: build critical awareness of their situation (conscientisation); organise and mobilise for individual and collective action, with us supporting and strengthening organisations and movements; monitor public policies and budgets; develop communication skills and platforms and respond to vulnerability and needs through rights-based approaches to service delivery.*<sup>126</sup>

Similarly, Kabeer believes that women's empowerment is fundamentally linked to being able to exercise power when marginalised, and that this involves both individual and collective transformative change processes that touch different aspects of women's lives.<sup>127</sup> The capacity to exercise choice depends on a person's resources, ability to set and

act upon goals, and willingness to seek achievements. The following excerpt captures the idea of women's empowerment well:

*It touches on women's sense of self-worth and social identity; their willingness and ability to question their subordinate status and identity; their capacity to exercise strategic control over their own lives and to renegotiate their relationships with others who matter to them; and their ability to participate on equal terms with men in reshaping the societies in which they live in ways that contribute to a more just and democratic distribution of power and possibilities.*<sup>128</sup>

To understand the wide spectrum of poor urban women's experiences, the lens of "geography of gender", coined by Townsend and Momsen is a useful concept.<sup>129</sup> The concept refers to how gender ideologies and practices vary across contexts, and lead to regional variations in how the gendered division of labour takes place. For instance, at a broad level, it can be said that the patriarchal system governing women's position in South Asian societies is very different from those in Latin America or Africa. Context (social, economic, cultural and political), plays a crucial role in how women can access opportunities of paid work and SRHR. Context creates multiple 'gendered structures of constraint'<sup>130</sup> at both the local and global level. Gender constraints include formal and informal norms, values, practices, kinship relations and forms of regulation that underlie women's position in a particular society. These contribute to determining what forms of paid employment, education and SRH services are available. It also determines how accepted and recognised it is for women to participate in paid employment or use SRH services in particular urban settings. For example, in areas where women's mobility is highly regulated, home-based paid work

would be more prevalent. The conflicting positive and negative effects of paid work, education and SRHR access on women's empowerment can be partly attributed to whether the context that women find themselves in creates enabling or disabling possibilities.

With regard to feminist and non-feminist research on the empowering potential of women's paid work, findings have been very diverse, fragmented and contradictory; making it is very difficult to reach any generalised conclusions. However, certain trends are partly discernible, although in no way should they be seen as absolute. Most studies on women's self-employment, especially within home-based enterprises have revealed low chances for improving women's position.<sup>131</sup> Home-based enterprises which limit women's mobility have been seen by some feminists as another aspect of the gendered nature of labour markets, which employ the 'flexible' labour of women, while allowing men to retain their power and privilege in the public sphere.

The research on the experience of poor urban women engaged in wage labour across developing countries has concentrated mainly on export-oriented production and manufacturing. In many of these studies, women have expressed a greater sense of control over their lives. Women workers have attributed importance to their work, not just because of the income generated, but because of a wide range of factors which include: greater recognition/respect from husbands and other family members; more strategic decision-making powers in the household, as well as with respect to personal choices of health and relationships; some independence of purchasing power; opportunities for mobility and exposure to new ideas and experiences; and enhancement of social status.<sup>132</sup> These findings are in no way universal, and there have also been documented cases of women's involvement in paid work meeting with resistance from family and community, sometimes taking violent

forms.<sup>133</sup> Kabeer argues that:

*Forms of work that take women into the public domain and outside the circle of kin-based control offer greater likelihood of the kinds of changes we associate with empowerment. They are more likely to promote women's voices in the domestic domain and their capacity to negotiate the terms of their relationships with husbands and other dominant members within their families. They are also more likely to give rise to new kinds of identities for women beyond those ascribed on the basis of their gender, a greater sense of their own agency and, in many cases, a greater awareness of their own individuality.*<sup>134</sup>

This has been especially so in the case of young unmarried women migrating from rural to urban areas for wage employment in factories. The escape from the control and surveillance of kinship and community relations, and the anonymity provided by urban life, have opened up certain spaces and possibilities of subversion and exercise of choice for these young women. This has not been universally true, as in certain regions and cultures, parents continued to regulate when, where and how long their daughters would work. A critical question with respect to women's engagement in wage labour has been what opportunities for emancipation it provides throughout their lives. It has been often observed across studies that the potential for empowering change through engagement in wage labour decreases during a woman's life-time, as traditionally assigned responsibilities of marriage, children and care set in.<sup>135</sup>

Women's education is also a key factor in the debates on women's empowerment and is believed to have a strong transformative capacity. Education has the potential to improve a woman's possibilities for paid work, her sense of self and confidence, her health and control over fertility and her children.<sup>136</sup> Feminists have, however, argued that education does

not automatically translate into empowerment. Mainstream development has largely taken an instrumental approach to women's education stating how investing in girls' education has a host of spill over benefits for issues such as child nutrition, population control, poverty and very importantly, economic growth.<sup>137</sup> Feminists have strongly criticised this stance arguing that women's education should be promoted as a powerful mode of empowerment not as a panacea.<sup>138</sup> It needs to be valued and promoted on the basic principle that women are also human beings and deserve the right to education.<sup>139</sup> In the urban context especially, skills acquired through education can open up numerous employment and income prospects for women (such as jobs in the service sector). Education which encompasses comprehensive sex education is very significant in contributing to women's desire and demand for quality SRH services and to informed choice.<sup>140</sup> Studies have also pointed to the different forms of education (formal, informal, vocational) that need to be provided to engage young urban women, given their numerous paid work and care responsibilities and the threat of sexual harassment/abuse on streets. Research has also disproven the notion that access to and cultural acceptability of girl's education is always better in urban areas. A study conducted by Delhi University's Women's Studies and Development Centre (WSDC) revealed that 31.25% of the urban girls, as compared to 7.14% of their rural counterparts, said that they had to drop out of school due to parental indifference.<sup>141</sup> Feminists working on education have also pointed to the gender hierarchies which underlie educational curricula and institutions and thus, reproduce gendered identities.<sup>142</sup> They have pushed for teaching materials, methods and course outlines that challenge gender stereotypes and encourage women's empowerment.<sup>143</sup>

There are different ideas about the effect of women's paid employment, education or SRHR access on power relations within the household. Women's engagement in economic activity,

particularly in wage labour, creates a significant challenge to patriarchal male authority in the household. The literature provides insights into various strategies of negotiation, bargaining and subversion, "wielding and yielding"<sup>144</sup> that women engage in with their husbands and other family/household members to be able to work or to access SRH services.<sup>145</sup> For instance, young women often use hidden tactics to access SRH facilities without the knowledge of their families, which can also involve unsafe and dangerous services. Then there is the issue of how women's engagement in paid employment has not resulted in a significant change with regard to their disproportionate responsibility for care work and household chores. Men have displayed what Pearson calls "extraordinary resistance" to contributing equally to household work.<sup>146</sup> Continuing to fulfil their traditional domestic 'duties' has also been the factor through which women have negotiated their involvement in paid work/education and men have continued to retain their sense of dominant masculinity. However, cases do exist where men have taken up some household work.<sup>147</sup>

The literature on women's experiences of paid employment, education and SRHR, while discussing individual expansion of women's bargaining power, also gives considerable attention to empowerment through collective action. It has been more difficult for women to engage in collective action with respect to paid work due to various factors ranging from having fewer options than men in the labour market, to restraints imposed by domestic responsibilities, to cultural perceptions about 'docility' and 'feminine' behaviour. The ever-increasing feminisation and informalisation of the labour force concentrating women in casual, dispersed, isolated, part-time and irregular work has made it even more challenging for women to organise towards a collective consciousness of shared exclusion or exploitation. The stigma around women's sexuality makes it difficult for women to openly organise around SRHR issues. Nonetheless, women engage in diverse modes

of collective action to challenge patriarchal norms at various levels – the household, public sphere and the workplace. These include participation in mainstream trade union movements, formation of women’s wings within trade unions, creation of women’s only organisations, organising through non-governmental organisations or political parties/groups, mobilisation around identities beyond class such as shelter, community, nature of work and so on.<sup>148</sup> Collective action facilitates and creates conditions for broadening empowering possibilities through paid work and access to SRHR for women. Collective action for women’s empowerment is valuable, not just in terms of instrumental outcomes, but with regard to experiential value for women.<sup>149</sup> To quote Eduards, “*it can be a liberating, identity-shaping empowering process, a confirmation and strengthening of self.*”<sup>150</sup>



Prasanth Vishwanathan/Bloomberg/ActionAid

Protesting in downtown Johannesburg, South Africa

It cannot be stressed more that the nature of paid work itself is vital to how much women value paid employment and what pathways of empowerment are created. The literature lays emphasis on regular and secure work, humane work conditions and hours, magnitude and regularity of earnings or wage payment, fulfilling and non- alienating work, and the extent to which new ideas and horizons are opened up. It talks about building opportunities of work that do not involve “distress sale of labour” under extreme economic compulsion and includes discussions on providing universal social protection floors.<sup>151</sup> Some of the literature also suggests that development assistance such as cash transfers, asset development and micro-credit may have an impact on women’s economic and sexual agency.<sup>152</sup> State welfare schemes providing education, healthcare, shelter, water, legal rights and provision to urban women is also seen to have cognitive and relational impact on women’s economic empowerment, education and SRHR. SRHR is also key to the manner in which women can access paid employment opportunities. Having control over one’s reproductive health and sexuality can go a long way in removing barriers to women’s participation in the labour market, and also the nature of that participation. Similarly, women’s access to education and involvement in paid employment can generate conditions that enable women to demand or access SRHR. These inter-connections between economic and sexual empowerment have been further complicated by the emergence of forms of urban employment where women use their sexual or reproductive capacities as a source of livelihood, as in sex work or surrogacy. While having critical implications with regard to politics of health, race, ethnic identity and class, this has also thrown up many challenging questions about women’s autonomy and possibilities for empowerment.

## Case studies

The following section includes a description and assessment of three programmes geared to girls and young women living in poverty, which also focus on the areas of SRH and livelihood opportunities. They are: the Adolescent Girls Initiative (AGI) of the World Bank, Biruh Tesfa in Ethiopia and the Girl Hub/Effect of the Nike Foundation. The objective of exploring existing programmes is not to present best practices, but to assess the focus of the programmes, their effectiveness in working with girls and young women and the outcomes. By studying, analysing and critiquing these programmes, ActionAid seeks to understand the challenges that are faced in work on economic empowerment and SRHR amongst young women in poor urban contexts.

## Case study 1

### Adolescent Girls Initiative (AGI): an alliance for economic empowerment

#### 'Investing' in girls

The Adolescent Girls Initiative (AGI) was launched by the World Bank in 2008. Its overall focus is on school-to-work transition for low-income and vulnerable girls and young women. The AGI is included as a case study here because of the Bank's role in setting the global development agenda and for its ability to attract significant financial resources from national governments. Furthermore, the AGI has become a major player on the global stage and it is also linked to the Nike Foundation and the Girl Hub/Effect. According to Universalialia, an external evaluator, "the AGI has contributed significantly in raising awareness both inside and outside the Bank of the importance of the economic empowerment of adolescent girls and young women."<sup>153</sup> There have been, however, many strong critiques of the "smart economics" approach adopted by this initiative of the Bank.

AGI programme objectives include: to raise awareness of the need for economic empowerment of adolescent girls, both inside and outside the Bank; to strengthen the evidence and knowledge about what works in terms of interventions to ease the transition of adolescent girls and young women from school to work; to foster cross-country learning and knowledge exchange; and to set the stage for scale up and replication of successful pilot projects.<sup>154</sup>

Liberia was the first pilot in 2008 with a budget of US\$ 4.9 million. It was a joint initiative of the Nike Foundation and the World Bank. Today the AGI includes pilots in eight countries – Afghanistan, Jordan, Lao PDR, Liberia, Haiti, Nepal, Rwanda and South Sudan. Many of these are post-conflict countries. It is

not clear what criteria were used to identify the pilots for the initiative. Almost all the pilots are in urban areas except South Sudan and Lao PDR which also have urban areas in the pilot. The girls and young women are between 15-35 years old. The ages of the girls and young women in the pilots is determined by the conditions in each country. The eldest women (up to age 35) are in Lao PDR. Liberia has the highest number of mothers in the programme, about 60-70%.<sup>155</sup>

The AGI is premised on the belief that investing in a girl's education, health and wealth can have a positive impact on both her family's livelihood and that of the community as a whole. It recognises that while girls' primary and secondary school enrolments have risen over the decades, young women's labour force participation has stagnated and in some cases the gap has widened in comparison to young men. The AGI also recognises dangers to girls' lives due to pregnancy and hopes to assist girls and young women to stay in school, avoid early pregnancy and marriage, build capital assets and find jobs to gain economic independence. The AGI is about how girls and young women can benefit from economic development and increase Gross Domestic Product (GDP), not about what countries and their development priorities need to do for girls and young women.

The Bank's literature on the AGI (as available on their web site) presents an instrumentalist argument for gender equality for girls and young women. The literature and the approach argues that economic growth is good for gender equality and in the AGI it is positioning the contributions of girls' engagement in the paid economy as a way to reduce poverty and increase the GDP and thus uplift entire communities from poverty. There is little mention of the unpaid work that girls and young women do in the home and in family-owned businesses or income-generating initiatives. Neither is there any mention that while the AGI is increasing paid work for girls and young women, it could also be increasing their already large share of household responsibilities compared to that of other household

members. Further research is needed to see the AGI's effects on the daily life of girls and young women.

The fact that entrenched patriarchal attitudes and stereotypes regarding the roles and responsibilities of women and girls in the family and society are responsible for the discrimination against girls is not mentioned. Discriminatory practices such as child marriage, early pregnancy, child labour and undervaluing of girl children for education, are mentioned as factors contributing to girls' vulnerability; however, actions to change these norms do not explicitly inform the pilots. There is no mention of the violation of the rights of girl children and young women and the need to address structural inequality and change gender and power relations. There is very little that speaks to enabling and empowering girls and young women in their own right, delaying child marriage and early pregnancy or to reduce transactional sex. Rather, these are hoped for 'benefits' of the pilots.<sup>156</sup>

## The approach

The pilots are tailored to girls and young women in each of the countries so they vary in terms of the criteria, eligible ages and process of recruiting participating girls and young women, the kinds of training offered as well as options for paid work and job placement support. Overall, numerous studies, missions and assessments take place before agreements with national governments are finalised and the pilots begin. The pilots begin with vulnerability studies that assess: poverty level; literacy level; number of years of education; whether girls are in school, the paid labour force or neither; family support for participation in the programme; presence of someone in the family who can take over the participant's domestic responsibilities. In Port au Prince, Haiti, five 'quartiers' were identified as the locations for the pilot. Several criteria led to their identification. They included: proximity to the identified

employers and job opportunities; proximity to the training facilities (to limit commuting time for safety and financial reasons); and 'quarters' with particularly high levels of socio-economically vulnerable populations. Community organisations from the 'quarters' identified and selected the girls and young women for the pilot.<sup>157</sup>

Additional steps include research to identify the barriers to girls entering the labour force and labour market assessments to design training programmes that are tailored to labour demand. There AGI is also designed with a significant programmatic focus on impact evaluations. Currently, the impact assessments results are being generated on the baseline and the mid-term implementation of some of the pilots. In Liberia preliminary assessments show that young women who received the training were more successful in finding employment.<sup>158</sup>

## Programming

*The girls and young women enrol in training courses that last approximately six months. The courses include the following with variations based on local situations and needs:*

### Life skills training

This includes training to give girls practical decision making skills and information about health and finances. The focus here is on numeracy, literacy, their rights as workers, and behavioural skills such as leadership, confidence building, problem solving, communication, time and conflict management, job search techniques and interviewing. Training on SRHR includes biology, sexual practices, contraception, condom use, HIV/AIDS, and healthy relationships.

### Skills training, market demand and non-traditional trades

Labour market assessments indicated that there was a greater need for workers in areas other than occupations

traditionally seen as acceptable for women. This led to training in non-traditional occupations that challenges existing gender norms about appropriate work for women. For example, in Liberia, girls and young women were trained in job skills such as hospitality, professional driving, office and computer skills, professional cleaning/waste management, security guard services, and house and office painting. Preliminary results indicate that nearly 85% of these girls have successfully transitioned to work as graduates and have established or improved small businesses or been placed in wage employment.<sup>159</sup> In South Sudan courses such as tailoring and hairdressing are provided alongside driving instruction and woodwork and carpentry.

### Seed money, savings and self-employment

Most of the pilots teach girls and young women about budgeting, business skills and savings and credit circles. Some young women have launched micro-enterprises through this learning; however, this is recent and no data was available for an assessment of the success of micro-enterprises.

### Job placement assistance

There is a deliberate effort in all the pilots to support trainees to obtain work. Job placement support varies from Career Days with private sector representatives and coaching from professionals, to building links with local enterprises, government agencies and organisations to place girls in jobs, to the development of career centres to provide internship and job placements. For example, in Jordan the women in the pilot were all college graduates. They had not been able to get work because they were women. After their training, which included confidence building, inter-personal skills and requirements of job settings, they were given job vouchers as an incentive to look for work. The vouchers subsidised the wages of the young women for six months and it was hoped that after six months the employers would keep them on as permanent

employees. A quick survey conducted in May 2011 indicated that 57% of women with a wage voucher were expecting to continue working with the same firm after the expiry of their voucher.

## Partners

Depending on the country, the AGI's partners include government ministries and non-governmental organisations as implementers. These include the Ministry of Education (Afghanistan and Nepal) Gender (Liberia, Rwanda and South Sudan) or Planning and International Cooperation (Jordan) and non-governmental organisations such as Helvetas (Nepal) and BRAC (South Sudan). Donors to AGI include: Australia, Denmark, Norway, Sweden, the UK and the Nike Foundation. Total pledges to AGI stand at US\$20 million.

## Future plans

Currently there are no plans to expand to other countries. The Bank hopes to take the lessons learned from these pilots and mainstream them into existing national youth training and vocational programmes to make them more girl-inclusive. They feel that existing training programmes for youth do not sufficiently engage girls and young women as participants and do not address their needs.<sup>160</sup>

## Key challenges

*The recruitment of girls has not been equally successful everywhere. In some places recruitment strategies had to be redesigned and programming altered to deal with challenges such as:*

### Illiteracy

Since the AGI is designed for training for employment they needed girls and young women

with a sufficient level of literacy to be able to benefit from the training. In Liberia the pilot had to include literacy courses as they were not successful in attracting literate women to the training. In other places, recruitment drives used radio, posters and pamphlets in local languages and local networks to recruit girls and in still others, government institutions and administrative committees were used to identify girls.

### Safety issues

There is a high degree of insecurity in some of the neighbourhoods and ways had to be found for the girls and trainers to reach and leave the training facilities in safety. For example, the girls had to travel in groups. In some areas sexual harassment of both the trainers and the girls and young women is a major problem. In some places networks were established for peer support and for safety in travelling to and from the training.

### Dropping-out

Keeping girls and young women from dropping out of the training has been a challenge for some of the teams. Activities were developed to support girls individually and in groups through mentoring, counselling and tutoring. Girls also developed support networks between themselves. Since many of the pilots are in post-conflict countries, the pilots had to train mentors to deal with depression, stress and trauma so they could better support the girls and young women.

It is too early to speak of impact in an informed manner. Some of the girls and young women have finished training and are starting and have started their own micro-businesses and have jobs in both the female-dominated sectors as well as in non-traditional areas. One noteworthy uptake has been in Liberia where the Ministry of Women has opened an Adolescent Unit for girls and young women.

## Case study 2

### Biruh Tesfa, Ethiopia<sup>161</sup>

*Biruh Tesfa (Bright Future) was established by the former Ethiopian Ministry of Youth and Sports, now the Ministry of Women, Children and Youth with the Population Council. Its focus was on out-of-school, slum dwelling girls aged 10-19 who are rural-to-urban migrants, domestic workers and orphans. The objective of Biruh Tesfa was to address the social isolation of adolescent girls by building their social capital and increasing their involvement in activities by giving them access to basic literacy, life skills, and HIV and reproductive health information. The program was initially piloted from 2006 to 2008, in the high density low-income area of Mercato in Addis Ababa. It has been scaled up to 18 other urban areas including Bahir Dar, Debre Markos, Dessie, Gondar and Mekele. Today, the girls' ages range from 7 to 24.*

#### The approach

The programme is built on the idea of girls groups and mentors. Girls meet regularly in community facilities, usually of the local administration and under the guidance and support of female mentors. Female mentors are programme staff who are recruited by the kebele (local) administration and local leaders. Mentors range in age from 20 to 40 years, have a minimum of 12 years of education, are residents in the project site, and are known and recognised members of the community. In addition, preference is given to those who have previous experience in programs related to youth, HIV/AIDS, reproductive health, literacy or other development programs. Mentors are trained for one week using a curriculum that includes life skills, HIV/AIDS, reproductive health, and gender issues, including gender-based violence. Additionally, the Ministry of Education provides materials on basic literacy and numeracy.

The programme area is then divided up between the mentors. Mentors go house to house and conduct an informal listing of household members, including by sex, age, and schooling status and they also inquire about non-relatives and domestic workers. Once the girls are identified, the mentors request their participation in the programme. Mentors are responsible for following up on girls in the programme, absenteeism and negotiations with employers.

#### Partners

There are numerous national and international partners including government ministries and departments such as the Ethiopian Ministry of Women, Children and Youth, the Women's Bureaus in the different cities, Kebele administrations in the cities, Handicap International, Nia Foundation, Organization for the Prevention, Rehabilitation and Integration of Female Street Children (OPRIFS) and the YWCA. Donors include: UNFPA, USAID/PEPFAR, Nike Foundation, United Nations Foundation, DFID, George and Patricia Ann Fisher Family Foundation and individuals.

It was not possible to obtain information about the precise budget of Biruh Tesfa. Currently, Biruh Tesfa is managed under a cooperative agreement with USAID. The mentors' wages are pegged to the government pay scale. Modest renovations are provided to government structures/meeting spaces at roughly US\$500 per site. Each girl receives an ID card with her picture, four exercise books, pens and pencils, four bars of soap, a packet of underwear and locally produced re-usable sanitary napkins totalling US\$11.75/year per girl.

#### Programming

Girls' groups meet at existing community halls and facilities, donated by the local administration at a time that is convenient for them; usually around 3pm. Meetings are held three to five times a week

depending on the girls' ages and occupations and they meet from one to one and a half hours at a time. Groups are formed for girls at different ages, such as 7-10, 11-15 or 16-24 years, and of various educational levels including those who have never been to school, those with some reading and writing ability, and those with good reading ability. Literacy and numeracy training is tailored to each group's level and all groups receive life skills which include how to be safe and avoid sexual harassment and assault, confidence building, communication skills, hygiene, HIV/AIDS, STDs and reproductive health education. The curriculum is about 30-33 hours and tailored to the different age groups. Girls and young women receive non-formal education via the Education Bureaus of the country. The objective of the non-formal education is to bring their education up to the formal level so that those that are interested can join the formal education system. For others it is a way of getting access to more skills and knowledge to assist them in their current or future work. Financial literacy includes how to handle cash, save, budget, and not to be cheated by customers or others.

All girls receive an ID card with their photo and some basic materials needed for their education. Girls are also provided free medical support including check-ups and treatments through government health facilities. As many of participants are young, from rural areas and have never had a health check-up before, they often need the mentors to accompany them to the health facilities.

Biruh Tesfa has partnered with Handicap International and with Ethiopian Women with Disabilities National Association (EWDNA) and expanded its work to include girls and young women with disabilities. About 400 girls with disabilities are participating in Biruh Tesfa. Members of EWDNA are role models, assist with facilitating recruitment and provide meeting space accessible to girls and young women with disabilities by constructing ramps. They provide girls and young women with crutches, wheelchairs and

accompaniment to and from sessions.

Thousands of girls and young women have benefited from their engagement with Biruh Tesfa. The following chart provides a breakdown of who the girls are and their ages.

**Table 27:** Characteristics of Biruh Tesfa membership (percent distribution), March 2011 (n=31,590)<sup>162</sup>

<b>Age group</b>	7 to 10	12.2
	11 to 14	18.4
	15 to 19	54.0
	20 to 24	15.4
<b>Orphan hood</b>	Both parents dead	14.3
	Father dead	22.5
	Mother dead	8.8
	Both parents alive	54.4
<b>Educational attainment</b>	None	48.8
	1 to 4 years	33.9
	5 to 8 years	14.0
	9+ years	3.3
<b>Occupation</b>	Domestic worker	30.2
	Daily labourer	27.4
	Unemployed	22.3
	Other	20.1
<b>Migrant to the area</b>		64.3
<b>Disabled</b>		1.3

## Key challenges

The most difficult challenge of the programme has been how to support girls and young women to be safe from sexual harassment and assault. While the implementers of Biruh Tesfa recognised that girls and young women need safe spaces, slums tend to be high density places with almost no available space. Rather than a safe space as such, the girls and mentors meet in 'official' spaces such as the kebele (local government) offices and community halls. There

is usually a police post nearby and the fact that the girls become known as coming and going from this 'official' space gives them some protection. Their link with Biruh Tesfa affords them some protection as it raises their visibility and they are not anonymous anymore. The other point of protection is the mentor. Girls have regular and easy access to their mentors and the mentors live in the same neighbourhoods as the girls they are mentoring. If the girls are facing harassment in the homes where they are domestic workers, they talk with the mentors and the mentors intervene with the employers and/or other members of the households.

### Lessons from Biruh Tesfa

Biruh Tesfa used to have a skills development/training programme with Nia Foundation. Each year about 40 girls enrolled in Biruh Tesfa, mainly domestic workers and orphans, were trained in the beauty industry – hairdressing, skin and nail care, so that they could have other means of livelihoods, make a bit more money and become independent women. This training has now been cancelled because many of the girls were not able to obtain employment. According to Annabel Erulkar of the Population Council, training programmes need to be complemented by a job placement programme. She says the transition to productive paid work is difficult and the training programmes need to give that thought well in advance of beginning any skills development. In her opinion this has been a major failing of youth training programmes.<sup>163</sup>

Linked to this discussion is the larger question of possible livelihood options for low-income urban girls and young women. Another point raised by Erulkar was that in most cities low-income boys and young men are engaged in a wide range of jobs and work both in the formal and informal economy. While it is true that gender norms restrict the options of paid productive work for many girls and young women, this is an area that needs further research and innovation.

In low-income urban areas girls, boys and young women and men frequently end-up working in the same areas of income generation as their parents. For example, many low-income women in towns and cities are petty traders. Biruh Tesfa is accepting this as the reality of many low-income residents and is teaching skills such as financial literacy to the girls and young women in the programme so that they can work successfully in petty trading. In Ethiopia, girls and young women working as petty traders make double the salary of a domestic worker, about US\$ 5-6 a month. However, there is need to think of job-oriented, placement-linked opportunities which breaks gender norms.

### Conclusion

While Biruh Tesfa has done a remarkable job of assisting thousands of girls and young women who migrate to the cities from rural areas because they are orphaned, escaping marriage, or are seeking work and schooling, the fundamental reality of why girls migrate is not likely to change in the near future. As long as there is a need for cheap domestic labour in the cities and forced marriage of girls in rural areas, girls will continue to migrate to cities. Biruh Tesfa can only hope to assist some girls while many others will continue to live in isolation and servitude. While the programme is still relatively new – only six years since the start of the initial pilot – it has had a great impact in both Ethiopia and internationally. Biruh Tesfa has raised the visibility of these particular girls and young women, has become a best practice and is considered a model programme for girls and young women who are its focus. Its institutional and cultural impact in the country is yet to be determined. The government of Ethiopia is committed to the programme and considers this as part of its commitment to the realisation of the MDGs. A longitudinal study is planned for Mekele and a study on the impact on HIV/AIDS is yet to be published.

## Case study 3

# Girl Hub/Girl Effect

### Introduction

The Girl Effect and Girl Hub is a campaign of the Nike Foundation. The campaign was created with the United Nations Foundation and the Adolescent Girls Coalition. The Nike Foundation also works very closely with NoVo Foundation. To date the NoVo Foundation has contributed US\$117 million to the Girl Effect/Girl Hub and is also engaged in shaping the campaign. The founders of NoVo Foundation – Peter and Jennifer Buffett are the son and daughter-in-law of Warren Buffett, an American billionaire. The NoVo Foundation was established in 2006 with a grant of US\$1 billion from Warren Buffett.

The Girl Effect is a marketing campaign, including videos, posters and buttons designed by Nike's very successful marketing experts. The Girl Effect defines itself as follows: "It's when the 600 million adolescent girls in the developing world get a chance to grow into healthy mothers, active citizens and educated members of their societies – and transform their families, communities and nations along the way."<sup>164</sup> The attractive and accessible social marketing material of the Girl Effect argues for supporting girls' education and health care as a case of investment rather than as a right. Nike Foundation states that the losses from women's potential contributions to GDP are due to lack of education, poverty and teen pregnancy but, "it isn't a social issue." It throws out a lot of numbers about the loss of national revenue because women do not 'work'. For example, "India loses \$383 billion dollars in potential lifetime income because of teen pregnancy."<sup>165</sup> For Nike the issue is not patriarchy and related gender role stereotypes that deny girls and women their human rights to education, health, safety and life choices. It is all a matter of "smart economics."<sup>166</sup> Harcourt critiques this instrumental and reductionist approach to gender justice and women's rights.<sup>167</sup> She asserts that the lack of any analysis of the impact on women of

macro-economic policies resulting from the multiple crises of food, finance, energy, climate and of structural injustices in the global market is a 'dangerous' and serious gap in this approach.

It relies on the essentialist view that women are innately more nurturing than men, and that women's natural strengths lie in the home as the 'chore-doer' and 'caretaker'. Rather than attempting to increase men's domestic workload, the girl effect calls on women to carry the dual burden of housework and wealth creation. This problematically reinforces perceptions about 'women's work' and 'men's work' by claiming that women make better homemakers. It also fails to address the structural factors that underlie men's apparent disinterest in the health and education of their children.<sup>168</sup>

Critics have also pointed out how Nike uses stereotyped images of girls and women for its own advertising purposes, while maintaining poor work conditions in its factories, many of which include a large number of young women garment workers.<sup>169</sup>

The Girl Effect does not present any analysis as to why girls are neglected, abused, isolated and exploited. Nor why existing programming for kids and youth are not benefiting girls and young women. Statements such as "Invest in a girl, and she will do the rest...with your help" are misleading and obscure the complex and multi-dimensional social forces that perpetuate the oppression of girls and women.

### Financing

The Nike Foundation in its 2005 International Women's Day press release states, "Nike Inc. will continue to target giving three per cent of NIKE Inc.'s pre-tax profit to non-profit organisations and community partners around the world. NIKE Inc. has infused the Foundation with approximately \$20 million

(in cash and land donation) for the work ahead. Going forward, NIKE, Inc. will direct a portion of Nike's annual giving target of three per cent to the Foundation to support its mission."<sup>170</sup>

## **The Girl Hub – implementing the Girl Effect**

According to the Nike Foundation, the "Girl Hub's job is to unleash the Girl Effect". The Girl Hub is envisioned as a catalytic model complementing partnerships with Nike's marketing and branding expertise.

Currently, the Girl Hub is defined by the strategic partnership between the Nike Foundation and DFID. Established in February 2010 for a three year period, it aims to assist decision makers and donors to focus on addressing low-income and vulnerable adolescent girls and to involve girls and their communities in programme design to learn better how to meet their needs. It intends to combine DFID's development expertise and global reach with Nike Foundation's experience of working with adolescent girls. Nike is interested in increasing the scale and impact of its campaign.

In the last two years the Hub has spent £2.9 million from its budget of £15.6 million. DFID's contribution includes a grant of £11.6 million with additional in-kind support of £1.2 million. Nike Foundation has committed to funding £800,000 plus £2 million in in-kind support.<sup>171</sup>

Staff of the Girl Hub in London are involved in ensuring that DFID's funds are also allocated to adolescent girls, including for secondary school completion, preventing violence against girls and women, direct economic assets to women and increasing the age of first birth and marriage. The reorientation of DFID toward attempts to focus work on girls and young women also includes the Challenge Fund which funds new programmes and provides funding to develop projects that would empower girls economically.<sup>172</sup>

## **The focus**

Nike Foundation focuses on vulnerable adolescent girls that live on less than US\$2 a day. The Foundation is working with 10-19 year old girls. Their current focus is on four countries: Rwanda, Northern Nigeria (the office was in Kano but currently is in Abuja), Ethiopia and India. The first Girl Hub was opened in the UK in the basement of DFID. The second was established in Ethiopia (DFID's largest bi-lateral programme) the next in Kigali, Rwanda. India's Hub will be established in 2013.

The Rwanda programme is being scaled up with the support of President Kagame who has been highly supportive of the Hub's focus on girls. This also provides the Girl Hub an opportunity to explore the potential of scaling up in an enabling environment.

## **Programming**

The examples below provide some idea of what the programming looks like on the ground. In Rwanda, the Girl Hub launched two initiatives. One is the 12+ campaign (with girls from 10-13 years old), which focuses on reproductive health. It began with a nine-month pilot with 2,000 girls and will be scaled up shortly. It seeks to increase girls' knowledge about sexual and reproductive health, including HIV/AIDS, and hopes to roll out the HPV vaccine to prevent certain types of cervical cancer. The girls also meet together for fun and to have girl-only spaces where they can talk and support each other or get support from the mentors – senior girls or women.

The second initiative is the branding of the Girl Effect in Rwanda. It is driven by insights of the girls themselves. They design the work and the messages and girls are the role models. So far the initiative has started a radio show by, about and for girls, as well as a girls' magazine. In both programmes they are also working with the parents of the girls as a means of engaging the girls.<sup>173</sup>

In Ethiopia the focus has been working with Berhane Hewan, a group focusing on rural Amhara girls. Their objective is to work with girls and their communities and demonstrate the importance of girls and thus try and delay their marriage by one year. They also work with young mothers and girls who are married. Groups of girls meet together as: girls in school, girls out of school, first time mother's club, girls with children and girls married without children. They are also separated into different age cohorts.

In both Rwanda and Ethiopia most of the work of the Girl Hub is in rural areas though it is expected to expand to urban areas. In both cases a concerted effort is made to reach out and identify the most vulnerable girls in the communities. Girls are asked to identify other vulnerable girls. Posters in health centres and schools are used initially to recruit girls. Girls groups are used as a vehicle of mutual support and to prevent violence against them.

## **A critical evaluation of the Girl Hub**

In March 2012 the Independent Commission for Aid Impact (ICAI), an independent watch dog responsible for scrutinising UK aid, completed an assessment of the DFID and Nike Foundation partnership in the Girl Hub. It gave the Girl Hub a failing grade on all counts such as in its overall performance, realisation of its objectives, its delivery, impact and learning. Specifically, it states there is a lack of clarity about the Hub's focus, how it was to achieve its big picture goals, its accountability, financial management and planning, how impact was to be achieved and demonstrated, and said that it was a "good time for DFID to re-evaluate whether and, if so, how this model should be continued and made sustainable."<sup>174</sup> The report continues by stating there was no clear way to assess those aspects that make the Girl Hub different, that insufficient attention was given to how to choose amongst opportunities and to make the best use of resources, and there are serious deficiencies in

governance. It also states there were no policies for child protection and for financial transparency and against misspending. It also advises DFID to ensure thorough pre-grant due diligence for all potential partners. Despite this, there are plans to roll this out in other countries, such as India.

Given the searing assessment of the Girl Hub by ICAI and the fact that its campaign is more slick than substantive in terms of girls' rights and equality, to truly empower girls in their own right rather than for increasing the GDP, the Girl Hub will need to step back and reflect on its objectives and implementation strategy.

## Key learning

*The case studies discussed above provide some key learning for ActionAid and its new programme on young urban girls and women.*

### **Girls' and women's rights-based approach and a feminist perspective**

It is critical that the new programme is informed by a rights-based approach and has a clear feminist perspective that enhances the capacities and capabilities of the girls and young women and evident in how the programmes are articulated in their communities. This is important if the programming is to make substantive change in gender relations for this generation and the next. Not presenting and using this analysis to inform the programming will compromise the potential of the girls and young women to become empowered actors in their own lives.

### **Identifying and engaging the most vulnerable girls and young women**

As identified above, both the AGI and the Girl Hub/Effect had a difficult time in identifying girls and young women for their programmes. This is indicative of the powerlessness of girls and young women and the strength of patriarchal norms and economic disadvantages that control the lives of girls and young women. ActionAid will need to undertake vulnerability assessments to understand the socio-economic context of the communities they work in and to identify the girls and bring them into the programme.

### **Building girl networks and resilience**

Many low-income urban girls and young women face terrible physical, emotional and sexual abuse. Some have run away from home or have been orphaned, abandoned, neglected or exploited. They often provide cheap or free labour to their own families or the families of others, or cover the costs of their

survival through transactional sex. They are denied their human rights to care, education, health, play, rest, protection and their right to be heard. The experience of the programmes discussed above indicates that girls are each other's best support and that girls' groups/networks can afford protection from violence and abuse. Any new programme focusing on girls and young women would need to address the safety and protection of the girls and young women from any further violence, as well as consider how to support them to recover and gain their dignity and confidence, and how to provide or create safe spaces for girls and young women in their communities.

### **Skills development and livelihoods**

Research conducted by the World Bank for the AGI and the experience of Biruh Tesfa indicate that any skills development or training for livelihoods, formal or informal employment, must be complemented with a job placement or support component. Additionally, it is imperative that prior to beginning any training, a labour skills assessment is conducted in the communities where the girls and young women live and will work. Training adolescents and young women for non-existent work or unviable livelihoods will not only be a waste of resources, but also very costly in terms of the impact on the girls and young women themselves.

## Appendix

The research process for the Young Women's Urban Scoping Project involved an extensive exploration of global assessments and thematic focus documents produced by: UN agencies such as ILO, UNESCO, UNFPA, UNDP, UNICEF, UN-HABITAT, UN DESA, UN WOMEN, and WHO; the World Bank; as well as some sector-specific networks, for example, the Women in Informal Employment: Globalizing and Organizing (WIEGO) and on-line databases such as the website of the MDG indicators, LABOURSTA and the Global Urban Observatory's UrbanInfo.

Data was gathered for world geographical regions (Africa, South Asia, South East Asia, and Latin America and the Caribbean) and for Ghana, India and South Africa.

While considerable data is available on the thematic focus areas of this inquiry, it is often not disaggregated by urban and rural areas. The only disaggregated data was for total urban and rural populations by world regions and countries. It was not possible to obtain the total urban and rural population numbers disaggregated by sex. Sex-disaggregated data was provided by most of the agencies and databases for some key indicators associated with reproduction and primary and secondary education. Sex disaggregation was based on 'adult women' between the ages of 15-49. This was the case for data on maternal mortality and contraception prevalence rate of married women by any method or modern methods. It was not possible to obtain maternal mortality and contraception prevalence rates for young women between the ages of 19-25. It was also not possible to distinguish the maternal mortality and contraception rates for non-married women in this cohort. However, it was possible to obtain numbers for births by girls and young women in the 15-24 cohorts.

In the areas of education and labour, there is considerable data disaggregated by both age and sex. For education, the data ranges from pre-primary to tertiary levels, as well as for vocational and

technical training. Youth employment, unemployment, employment to population ratio and economically active population is measured for both girls and boys and young women and men between the ages of 15-24. Data related to HIV/AIDS for the 15-24 cohorts and disaggregated by sex is also available. Needless to say, data is not available for all countries or for all countries over the same time periods. It is worth noting that there is limited quantitative data for two areas of great importance to the lives of low-income urban girls and young women – the informal sector and the care economy. While the ILO has produced an assessment of their research on women and the informal economy, it does not refer to either girls or young women.<sup>175</sup> In fact the research acknowledges that "child rights represent a major gender issue given the disproportionate involvement of young girls in unpaid and paid domestic work...not to mention the sex industry".<sup>176</sup> Empirical data on the involvement of low-income urban girls and young women in the informal and care economy is easily available.

For a unique and recent statistical study on care and non-care work of adults see Budlender.<sup>177</sup> Despite the lack of empirical data for this age cohort (15-25), and as mentioned in the ILO document referred to above, it is well established and accepted that low-income urban girls and young women are significant contributors to the livelihood and survival strategies of low-income urban families and communities, usually at great cost to themselves. This cost includes loss of the right to education, health, and control over their physical safety and well-being.

The fact that this research is being done in 2012, proved to be a fortunate coincidence as it is just past the ten year mark of the MDGs, so a lot of data has been collected and published to assist with the global assessment of the achievements towards the MDGs and their targets.

Another area of difficulty in data collection was accessing data at the city level. While it is assumed that country census data includes data on education,

labour, SRH and HIV/AIDS for the 15-25 cohorts at the city level, it was not possible to locate this data in international data sets of the agencies mentioned above and in online databases.

To enable the implementation of the Habitat Agenda at the local and national level, UN-HABITAT has been collecting city-specific data through a collaborative project with cities, national ministries and universities called the Global Urban Observatory (GUO).<sup>178</sup> The data that is currently on the website and in the public domain is limited and the last year of data available is 2001. A lot of the data being collected is not useful for this research. Current data is not in the public domain but cities which are members of the GUO do have access to the data. How they use it or share it is determined by their agreements with the GUO.

Another global project for the creation and collection of urban indicators is the Global City Indicators Facility at the University of Toronto.<sup>179</sup> While some data is in the public domain, most of it is not. Additionally, most of the indicators do not disaggregate data by sex and there is no way of ensuring the accuracy of the information provided by member cities.<sup>180</sup> The Facility is in the process of identifying ways to verify the accuracy of the data and to develop additional indicators.

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