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THE HEALTH OF WOMEN AND GIRLS IN URBAN AREAS WITH A FOCUS ON KENYA AND SOUTH AFRICA: A REVIEW

Empowerment of Women and Girls

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It is well established that there is a global trend towards urbanisation and cities are growing due to an increase of existing urban populations, as well as migration. The World Health Organization (2010) estimates that by 2050, 70 per cent of the world's population will be living in towns and cities and one in three urban dwellers will live in slums – a total of one billion people worldwide. In Latin America, the Caribbean and the majority of countries in Africa women outnumber men in urban settings (Chant 2013). Since urbanisation trends in these low-income countries show increasing levels of urban poverty, it is important to understand how women fare, particularly in regard to their health. Indeed, the health of women and girls in contexts of poverty across the globe remains an area of concern within national and international development. Furthermore, with an increasing proportion of the world's people living in urban settings, the health conditions of people in densely populated, largely informal residential areas within and adjacent to the main metropolitan complexes deserves particular attention. As we near the target date for the Millennium Development Goals (MDGs), and policymakers' attention turns to setting the parameters of frameworks to guide and measure development progress, this is an opportune moment to review global progress on tackling the challenges posed by the intersections of gender, urbanisation and ill health.

The MDGs aim to make significant improvements in the lives of the poor, including dwellers in informal settlements, while promoting gender equality and empowering women and improving outcomes related to maternal and reproductive health, child health and AIDS, TB and malaria. The role of urbanisation in accelerating or compromising progress towards the MDGs was a focus of the WHO Commission on the Social Determinates of Health which ran from 2005 to 2008, prompting a number of important research papers that highlighted the structural issues affecting conditions in urban areas (for example, KNUS 2008). As we reach the endpoint of the MDGs, urban settings are once again coming under the spotlight (UN-HABITAT 2013; World Bank/IMF 2013).

This thematic review focuses on a range of health challenges faced in particular by women and girls living in low-income urban settlements in expanding cities in Kenya and South Africa. The review has been compiled as part of a larger body of work being conducted by the Institute of Development Studies (IDS) and its partners on gender and international development and financed by the UK Department for International Development (DFID). The review was preceded by a literature search (using keywords to reflect the thematic focus) of key databases of published literature, as well as a search for grey literature and documents describing interventions aimed at addressing these health challenges. An online discussion hosted by IDS gave a further indication of current debates and assisted in the identification of interventions.

The Knowledge Network on Urban Settings (KNUS) (2008) suggest that adopting a gendered approach to assessing health in urban areas has a number of beneficial effects. It can enable us to consider interventions that go beyond the health sector, for example the effects of improved urban safety on girls' ability to attend school. A gendered lens can provide a more nuanced and critical analysis of 'the household' within urban areas, in terms of composition and role in encouraging health. Furthermore, it allows us to think through how women and girls are involved in interventions to improve health in urban areas and the potential barriers to their participation. In this review we have purposefully searched for literature that would shed light on the experiences of women and girls with respect to the health challenges of low-income urban settlements. In considering gender equity, some scholars have argued for the need to understand how challenging urban conditions

interact with existing gender power imbalances to produce poor health outcomes among girls and women (Frye, Putnam and O'Campo 2008). Frye *et al.* (2008) argue that women and men occupy different spaces in urban settings that differentially influence health outcomes and may also entrench harmful gender norms. Women may be restricted in terms of their ability to move within urban spaces, either because they are confined to the home and expected to carry out care duties or other gender-specific household work, or because they do not feel able to move freely in the urban environment. The fear of violence may prevent them from moving safely in public spaces. This affects their ability to form the social ties and bonds that are important to people living precariously in informal economies (GRNUHE 2010). A lack of mobility has implications for access to public services and their health benefits. It has been argued that gender-specific needs should be taken into consideration in designing interventions to ensure that interventions do not continue to perpetuate existing gender inequalities (Frye *et al*. 2008).

The corpus of work on urban health is growing and consists of a range of disciplinary perspectives, from public health and epidemiology, to social science research. Several of the studies are context-specific, while others take a broader conceptual view. The evidence consistently shows that poor people living in informal settlements in urban areas face a disproportionate health challenge. Frye *et al*. (2008) argue that studies contributing a gendered analysis are still limited. The review focuses on four key areas: (1) identification of contextual factors and conditions that impact upon the health of women and girls in urban areas; (2) identification of particular health issues having a detrimental effect on the wellbeing of women and girls in urban areas; (3) a summary of interventions that have aimed to address the health challenges of women and girls in urban areas; and (4) the identification of gaps in knowledge. We limited the geographic scope to Kenya and South Africa.

The literature reflects a debate about the advantages and disadvantages of urban life, reflected in the terms 'urban benefits' and 'urban penalties'. City life is suggested to have its freedoms and pleasures, such as leisure opportunities, new relationships, anonymity and alternate ways of organising households, but this may come at the expense of social support networks. Cities, it is argued, also intensify certain risk factors for ill health and introduce new risks (WHO 2010b). The review revealed a clear emphasis in the urban health literature on the structural factors that cause illness and the social determinants of ill health as they pertain to gender and urbanisation. In low-income urban settlements, the health environment remains less than adequate, with overcrowded and substandard housing, patchy provision of water and sanitation, and poor access to affordable quality food or safe spaces for recreation. The reality of intra-urban inequality and its effect on health is a crucial factor for consideration.

The literature points to ways in which residence in low-income urban areas is thus associated with particular health challenges for women and girls, such as those linked to: sexual, reproductive and maternal health; alcohol use; non-communicable diseases related to poor diet, tobacco and sedentary lifestyles; as well as an ongoing high prevalence of infectious diseases such as HIV and TB. There is also concern about the mental health burden arising from the stresses of surviving on the economic margins in large cities characterised by high levels of crime and violence, and more fragmented access to social support. These disease burdens occur at the intersections of different axes of socially constructed inequality. The coexistence of these disease burdens, the 'co-morbidity' when people experience more than one of these health conditions at the same time, and the synergies evident with respect to

approaches to interventions come together to strengthen an argument for the need to consider ill health in low-income urban environments with a broad and holistic view.

With respect to the kinds of 'evidence' prevalent in the literature, the review revealed a bias towards quantitative biomedical research evidence with a narrow disease focus, which has dominated debates on urban health in developing countries, at the expense of qualitative as well as gender-focused analyses reflecting a broader range of the interconnecting health concerns of women and girls. The knowledge that appears to have dominated debates on urban health in developing countries is largely quantitative, whereas qualitative evidence, including experiential knowledge of poor and marginalised groups that live in informal settlements, has been less prominent. The bias in the existing body of knowledge on urban health in developing countries has thus to a large extent silenced the voices of the inhabitants of these areas in key decision-making processes. Indeed, it has been argued that relativist scientific knowledge and lay knowledge, although often marginalised in the health sector, are critical in decision-making as they capture contextual issues, which are critical for policy action (Theobald and Nhlema-Simwaka 2008). It has also meant that some important determinants of health have received less attention. Much of the existing evidence does not provide much insight on how gender inequalities interact with the health disadvantage of living in poor urban settings. Critics have argued that urban health studies often ignore the political and systemic nature of social stratification, instead studying the health impact of decontextualised and isolated characteristics of population groups (Frye *et al*. 2008; Muntaner, Lynch and Davey Smith 2003; Raphael and Bryant 2003; Williams 2003). Furthermore, the GRNUHE (2010) notes that existing research has focused mainly on average population health outcomes rather than on the distribution of health outcomes within an urban area (that is, urban health inequities). Furthermore, the literature has prioritised health risks associated with local hazards, such as shelter or water and sanitation, while overlooking the broader social and environmental health risks that exist in most urban settlements. In addition, GRNUHE (2010) has found notably little research evidence on the relationship between urban governance and urban health. Acknowledging the bias towards quantitative evidence in urban health research, Galea and Vlahov (2005: 357) have called for interdisciplinary studies, given the 'the complexity of causation and the diversity of mechanisms that may explain how characteristics of the urban environment may affect the health of urban populations'. They argue that theoretically informed efforts combining the perspectives of different disciplines and that use quantitative and qualitative methods where appropriate are more likely to provide more effective answers to the question of urban health.

The urban health literature calls for interventions that go beyond health sector responses to also address the social determinants of ill health. Interventions with a broad multisectoral emphasis (projects like Healthy Cities that engage stakeholders beyond the health sector and government), as well as interventions based on community leadership and participation that acknowledge power relations and governance, are given prominence in the literature. Our review has found in the literature some examples of interventions that seek to address the structural drivers of ill health while tackling participation and inequality. Yet few researchers point to policy or programmatic changes that are explicitly gendered. Frye *et al*. (2008) suggest that, given the paucity of evidence on gender and urban health research, a new approach is needed. They argue that researchers should:

- explicitly address gender as a structural cause of ill health;
- consider the gendered impact of urban spaces;

- collect data that enable gender-sensitive analysis and take account of intersectionality and the way that various forms of inequality can alter women's experience of living in low-income urban settlements;
- incorporate new methods that allow us to understand health problems rather than just quantify them;
- blend disciplines to avoid an apolitical and positivist analysis.

What then can be concluded about ways to address gendered aspects of health problems for poor women and girls in low-income urban settlements in Kenya and South Africa? A key issue relates to advocating interventions that can address some of the health problems in a holistic rather than an isolated way, and that attempt to consider the underlying structural factors that go beyond narrowly defined notions of health. A consideration of interventions prompts the question of levels of responsibility for addressing the health problems of poor women and girls in low-income urban settlements, from the level of international stakeholders, such as donors, to national governments and local municipalities. Infrastructural reform and accessibility of basic services are key, as also are cross-sectoral approaches that can appropriately support change on the ground. We would argue that women should not walk the road alone, and that interventions should focus on community involvement, including engaging men, and should see the urban poor as change agents and not just passive recipients of interventions and policy pronouncements. It appears that campaigning and advocacy at national and sub-national levels is necessary to point out gaps in implementation and to inform international action to avoid uncritical blueprint solutions. Moreover, women living in 'slum' areas are not a homogenous group and while they require the provision of integrated services, careful targeting might be needed to avoid marginalisation.

Finally, we would suggest that it is important to generate robust evidence and evaluate existing interventions rather than encourage a constant proliferation of standalone projects. However, 'evidence' should include the voices of women themselves and their experience of life in these settlements. Communication techniques can be powerful in making a range of evidence available, palatable and relevant. We would argue for a need to communicate issues in new ways and to seek accounts that also highlight the potentially positive features of urban living for women and girls. This might lead us to ask new questions, to see the challenges from different perspectives and to bring new life to a topic for jaded decision-makers.