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*Environment and Urbanization* 2006; 18; 407

DOI: 10.1177/0956247806069624

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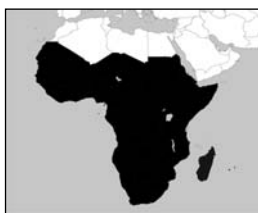
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# From HIV prevention to HIV protection: addressing the vulnerability of girls and young women in urban areas

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Richard Mabala is a Tanzanian who is currently working as Section Head of Youth, Protection and HIV/AIDS at UNICEF, Ethiopia, after a career as teacher, university lecturer, NGO activist and facilitator in the fields of participatory development, gender, education and human rights. He is also a writer of everything from children's books to satirical columns. His work has led him increasingly to the conviction that the solution to many development problems lies in an integrated and resourced approach to the capacity development and empowerment of young people, based on their own participation and protection. Such an approach would have gone far to arrest the spread of the HIV/AIDS epidemic that continues to cut a fatal, but largely preventable, swathe through a whole cohort of youth in Africa.

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1. Stillwaggon, E (2006), *Aids and the Ecology of Poverty*, Oxford University Press, Oxford.

2. Stillwaggon looks in detail at how disease and parasites that

**ABSTRACT** This paper argues that there is a need to revisit prevention methodologies with regard to HIV/AIDS, especially in relation to urban areas. Unlike in other epidemics, where it was recognized that the physical and social environments had a key role, HIV/AIDS has become the terrain of moralists, who insist that individual behaviour drives the epidemic and who pour millions of dollars into individual behaviour change programmes. This is done regardless of the obvious truth that HIV/AIDS flourishes in a situation of poverty, compounded by inequity and lack of social cohesion, and that those most affected by an epidemic are precisely those who are affected by that environment. In the case of HIV/AIDS in Africa, these are adolescent girls and young women, especially in urban areas. The paper also looks at how the physical environment (including the effects on the immune system of malnutrition, helminths and bilharzia) and social environment affect the vulnerability of adolescent girls and young women, who have often migrated to town, live and work in squatter areas, are isolated, and are victims of sexual exploitation and abuse. The very high number of orphans that existed before HIV/AIDS, and that has increased further as a result of the epidemic, compounds the situation. The highest number of child-headed households is in informal settlements in urban areas, which have the most sexual abuse and the highest HIV prevalence. This paper builds on the above to highlight the inadequacy of current behaviour change interventions, quite apart from the fact that the most vulnerable are not even reached by these interventions. It argues for deliberate and systematic attention to be paid to these girls and young women, to ensure that they are identified, included and allowed to participate in developing the protective environment and safe spaces in the community, in schools and in livelihoods which will enable them to protect themselves from HIV infection. This requires addressing the underlying and basic causes, including the impact of globalization, for the continued spread of the epidemic.

**KEYWORDS** gender / girls / HIV/AIDS / protection / poverty / urban areas / vulnerability

## I. INTRODUCTION

"The microbe is nothing, the terrain everything." (Louis Pasteur)

A combination of environmental and economic factors has made Africa almost a laboratory for the spread of the AIDS retrovirus,<sup>(1)</sup> and in the context of HIV/AIDS, insufficient attention has been paid to both the physical and the social terrain in which disease is transmitted.<sup>(2)</sup> These may be acknowledged in the introduction to documents and strategies to

address the epidemic, but they are then ignored in the activities and in the budget. This is because the almost exclusive emphasis on sexual behaviour change has blinded us to the need to address the terrain and those groups most affected by that terrain.<sup>(3)</sup> Yet at the age of 12, except for those infected through parent to child transmission (and sexual abuse), almost no adolescent girls are HIV+. Six years later, in high-prevalence countries, 10–20 per cent are infected. If this was any other disease, or maybe if different population groups were the most infected, such infection rates would trigger emergency measures.

## II. WHY THE FOCUS ON URBAN GIRLS AND YOUNG WOMEN?

Sub-Saharan Africa is the only region in the world where HIV infection rates are higher among women than among men. Young women and girls aged 15–24 (those who have only recently become sexually active) are two and a half times more likely to be infected than males in the same age group.<sup>(4)</sup> The gap is larger still in Southern Africa, where in Zambia and Zimbabwe girls and young women make up close to a staggering 80 per cent of all young people aged 15–24 who are living with HIV/AIDS.<sup>(5)</sup>

In sub-Saharan Africa, HIV/AIDS is very gender and age specific. The UNAIDS update of 2004<sup>(6)</sup> estimated that 78 per cent of those living with HIV are young women. Statistics from 2003 estimated that among young women aged 15–29, as many as 58 per cent of deaths can be attributed to HIV, and among young men, 43 per cent.<sup>(7)</sup>

Although the figures in Table 1 are a bit out of date, the ratios are still important:

- prevalence rates for boys are generally lower than national prevalence rates;
- prevalence rates for girls are much higher than those for boys (2–4 times higher), and the highest estimates are significantly higher than those for the general population; and
- even where there has been a serious decline in prevalence rates, the differential ratios continue, as the figures for Uganda show.

**TABLE 1**  
**The impact of HIV/AIDS in Eastern and Southern Africa**

Country	Prevalence rates 2002 (%)		
	All aged 15–49	Girls aged 15–24	Boys aged 15–24
Botswana	38.8	30–45	12.9– 19.3
Kenya	15	12.4–18.7	4.8–7.2
Lesotho	31	24.8–51.4	11.3–23.5
Malawi	15	11.9–17.9	5.1–7.6
Mozambique	13	10.6–18.8	4.4–7.8
Namibia	22.5	19.4–29.2	8.9–13.3
South Africa	20	20.6–30.8	8.6–12.8

SOURCE: UNAIDS (2002), *Epidemiological Fact Sheets*, UNAIDS, Geneva.

flourish in poor living conditions increase the susceptibility of populations to HIV/AIDS. The demands of space mean that it is not possible to pay attention to her argument in detail, but it should go hand in hand with the analysis of the social environment. See reference 1.

3. See reference 1, page 83.

4. Although, according to statistics, boys are equally sexually active, if not more so.

5. UNAIDS (2004), "Facing the future together", Report of the Secretary General's Task Force on Women, Girls and HIV/AIDS in Southern Africa, UNAIDS, page 12.

6. UNAIDS (2004), "Epidemic update", UNAIDS, Geneva.

7. Estimated from United Nations statistics (2003) quoted in: National Research Council and Institute of Medicine (2005), *Growing up Global: The Changing Transition to Adulthood in Developing Countries*, Panel on Transitions to Adulthood in Developing Countries, edited by Cynthia Lloyd, Committee on Population and Board on Children, Youth and Families, Division of Behavioural and Social Sciences and Education, Washington DC, The National Academies Press, Washington DC, page 174.

“Wherever the HIV epidemic begins . . . it is inexorably heading towards the poorest, youngest and least powerful segment of society – composed of individuals with limited social and economic assets – unable to avoid, mitigate the effects of, or leave unsafe relationships . . . Hundreds and millions of girls and young women living in the path of HIV have had no or limited benefit from schooling, feel unsafe in their communities, face a significant risk of sexual coercion and – having few or no assets or livelihood prospects – have been compelled to exchange sex (inside and outside of marriage) for money, gifts, food and shelter. These girls, whose conditions and images are increasingly evoked in policy circles, are only on the edges, at best, of current HIV protection, care and support, and treatment programmes.”<sup>(8)</sup>

8. Bruce, J and A Joyce (editors) with contributions from N Haberland, E Chong and M Grant (2006, forthcoming), *The Girls Left Behind: The Failed Reach of Current Schooling, Child Health, Youth Serving and Livelihoods Programmes for Girls Living in the Path of HIV*, page 1. For copies or permission to cite, contact Judith Bruce at [jbruce@popcouncil.org](mailto:jbruce@popcouncil.org).

### a. Urban areas

While the above figures show that adolescent girls and young women in both rural and urban areas are the most affected, this paper looks at the urban context because:

- prevalence rates among girls and young women are much higher in urban areas. In Eritrea for example, it is three times higher and in Ethiopia, almost six times higher;
- infection rates are very high. For example, in young pregnant women aged 15–24 in capital cities in Southern Africa, the rates are: Botswana 32 per cent (2003), Lesotho 27.8 per cent (2003), Swaziland 39 per cent (2002), South Africa 24 per cent (2002), Zambia 22 per cent (2002) and Malawi 18 per cent (2003); and
- a higher proportion of urban populations are young (see below).

## III. BASIC PREMISES

Before looking at the specific issues facing adolescent girls and young women in urban areas, it is important to identify and clarify certain basic premises.

### a. Sickness and epidemic

There is a world of difference between individual sickness and epidemic. An epidemic is not just an increased number of individuals suffering from one disease but rather:

“Epidemics have their deepest foundations in ‘normal’ social and economic life. This is because pathways of infection are mapped on to social, cultural and economic relations between groups of human beings . . . An HIV/AIDS epidemic reveals many of the fractures, stresses and strains in a society. HIV/AIDS is but a symptom of the way in which we organize our social and economic relations.”<sup>(9)</sup>

This does not mean that we cannot combat HIV/AIDS, but rather that we have to understand and combat it in ways that go far beyond an obsession with individual behaviour. It requires that we recognize the deep roots of susceptibility and vulnerability to HIV/AIDS.

9. Barnett, T and A Whiteside (2002), *AIDS in the Twenty-First Century: Disease and Globalization*, Palgrave Macmillan, Basingstoke, pages 65–66.

## b. Susceptibility and vulnerability

**Susceptibility: germs and worms.** Africans are not being infected in such numbers because they are more sexually promiscuous. UNAIDS statistics show that more Americans than Africans start having sexual relations at an early age, and America and Britain have some of the highest teenage pregnancy rates in the world.<sup>(10)</sup> Rather, the health and immune status of many Africans have already been undermined, thereby making them susceptible to HIV/AIDS.

- “Those with TB, a history of malaria, untreated STDs, undernutrition, lack of essential micronutrients, worms or bilharzia are more susceptible to every infectious disease, including HIV.
- HIV positive persons suffering from these conditions are more likely than otherwise healthy individuals to transmit HIV.
- HIV at the individual level may be due to sexual activity or mother-to-child transmission, but HIV at the population level (the epidemic) is due to conditions that favour HIV transmission or that make a population more susceptible to infection.”<sup>(11)</sup>

Analyses and strategies have concentrated on how HIV makes people susceptible to other diseases (opportunistic infections) rather than how other influences on health status make people susceptible to HIV. For example, little attention has been paid to genital schistosomiasis, which has the same effects as STIs, including genital lesions, thereby promoting susceptibility to HIV. The species of schistosomiasis most associated with genital infection is most common in sub-Saharan Africa. In one area of Tanzania, where 63 per cent of people were infected with schistosomiasis, 37 per cent of women and girls over 15 had schistosomiasis in the lower reproductive tract.<sup>(12)</sup> As Stillwaggon wryly comments:

“In the HIV literature and in global AIDS policy, there is a great deal of attention paid to the notion of risk behaviours. It is clear from the data we have about schistosomiasis and other parasites that one of the riskiest activities in Africa is to be a little girl or boy who gathers water for the family in a slow-moving stream, or helps with the family laundry at creek side or bathes or plays in fresh water. When he or she grows up, that child will have a much higher risk of sexual transmission or acquisition of HIV because of schistosome infection than a healthy person with similar sexual behaviour. AIDS policy needs to address the mundane risks of growing up in sub-Saharan Africa . . . that burden people with sickness and make them more vulnerable to HIV.”<sup>(13)</sup>

Stillwaggon concludes that the high prevalence of schistosomiasis could be one of the reasons for differential prevalence rates among young women in Yaounde and Kisumu.<sup>(14)</sup>

**Vulnerability: inequity not iniquity.** Although there is a lot of truth in the common generalization that poverty causes AIDS, it is often used in a profoundly unanalytical, and therefore disempowering, manner. Since poverty is the cause of all the other factors contributing to the spread of HIV/AIDS, there is little one can do except exhort the poor to behave better, with the threat that, if they don't, it's their own fault if they become infected. Poverty needs to be unpacked and linked to other factors. As stated in a Toolkit developed by UNAIDS and the World Bank:

10. See reference 1, page 22.

11. Kelly, M (2005), “AIDS, education and the MDGs”, Paper presented to the International Students' Conference against AIDS, Lusaka, July 2005.

12. Quoted in Stillwaggon (2006), see reference 1, page 55. She gives further evidence relating to how malaria and other parasites, as well as malnutrition, increase susceptibility.

13. See reference 1, page 57.

14. Research into HIV spread in African cities found a prevalence of 4 per cent in women in Yaounde but 32 per cent in Kisumu. Yet both women and men were reported to be more sexually active in Yaounde. Although there was a higher rate of male circumcision in Yaounde, none of the factors could explain the high prevalence among teenage girls. See UNAIDS (1999), “Fact sheet on differences in HIV spread in African cities”, UNAIDS, Geneva.

15. Adeyi, O, R Hecht, E Njobvu and A Soucat (2001), *AIDS, Poverty Reduction and Debt Relief: A Toolkit for Mainstreaming HIV/AIDS Programmes into Development Instruments*, UNAIDS/World Bank, Geneva.

16. Panos (2003), *Missing the Message*, The Panos Institute, London; also see reference 9.

17. Marais, H (2005), *Buckling. The Impact of AIDS in South Africa*, University of Pretoria, Pretoria, page 9.

18. Quoted in Stillwaggon (2006), see reference 1, page 70.

19. See reference 1, page 80.

“Among the issues needing attention is the combined effect of poverty and income inequalities in social transactions . . .”<sup>(15)</sup> (author’s emphasis)

It is this inequality, both in terms of income inequality and of unequal power relations, as well as the lack of social cohesion,<sup>(16)</sup> which are the prime causes of the spread of HIV, particularly among girls and young women. This is not suggesting that wherever there are serious inequalities, epidemics occur. However:

“Severe inequalities appear to be a pre-condition for epidemics as eviscerating and apparently unremitting as those experienced in Southern Africa, where intersecting forms of inequalities define social relations . . . the overlap of gender and socioeconomic inequalities is especially harsh in South Africa where many women depend on social grants, remittances from male partners and other kin, and other inconsistent and informal sources of income. All this has further weakened women’s economic status, aggravating gender inequalities and exacerbating their exposure to HIV risk. Research in Mamdeni, for example, has shown a close correlation there between exceptionally high infection levels, transactional sex and job losses in the female intensive textile and garment industry. Driven by relative poverty, many women and girls find themselves using sex as a commodity in exchange for goods, services, money, accommodation and other basic necessities; transactional sex reflects the superior economic position and access to resources men generally enjoy.”<sup>(17)</sup>

All 25 countries that rank lowest on the Human Development Index are in sub-Saharan Africa. In those with a relatively higher income, distribution of income is very unequal. In South Africa, the top 10 per cent of the population receives more than 47 per cent of the income. Botswana and Zimbabwe have the highest Gini coefficients (the most unequal income distribution) in Africa and two of the highest HIV prevalence rates.<sup>(18)</sup>

“In countries of medium and low development, the strongest correlations are found to be between HIV prevalence and change in calorie consumption and Gini coefficients. The more severe the decrease in nutrition and the more unequal the distribution of income in a country, the higher the rate of HIV.”<sup>(19)</sup>

However, the common analysis paradigm for the spread of HIV/AIDS emphasizes *risk before and vulnerability after*. On the one hand, the epidemic is fuelled by individual risk behaviour. Thus, Thailand is cited as the best example of containing the spread of the epidemic. Sex workers in brothels were identified as the high-risk group, and a 100 per cent condom use programme was introduced. As a result of this, Thailand, which threatened to have sub-Saharan Africa rates of infection, has kept the infection rate very low. On the other hand, the acronym OVC (orphans and vulnerable children) was born, which emphasized the growing vulnerability of children, largely through orphanhood but also through the multiple impacts of HIV on families and communities, as adults sickened and died. This gives the impression that vulnerability is only post facto, an impact of the epidemic rather than one of the key

causes. Yet vulnerability is a primary cause. Even the example of Thailand can be interpreted differently. Sex workers were the *most vulnerable* group that was protected through the condom campaign. Thus, HIV prevention has to move from the risky individual behaviour paradigm to recognize and address vulnerability effectively, with particular emphasis on the most vulnerable.

### c. Gender and generation

Inequality and inequity fall hardest upon both women and young people. The role patriarchal and gender relations play in the spread of HIV/AIDS is clear. As stated by Stephen Lewis, UN Special Envoy for HIV/AIDS:

“There has rarely been a disease so rooted in the inequality between sexes. Gender is at the heart of the epidemic, and until governments and the world understand that, it will be very difficult to overcome it.”<sup>(20)</sup>

The role age plays has been given less attention. More than 60 per cent of Africans are under the age of 24. About 25 per cent are adolescents.<sup>(21)</sup> Yet the most forgotten group are young people. Based on a review of children involved in armed conflict, it was found that:

“The costs of not focusing on adolescents are enormous: massive rights violations committed against adolescents, with long-term consequences for them and their communities as they attempt to endure and recover from an armed conflict. Perhaps, worst of all, adolescents’ strengths and potential as constructive contributors to their societies go largely unrecognized and unsupported by the international community, while those who seek to do them harm, such as by recruiting them into military service or involving them in criminal activities, recognize and utilize their capabilities very well.”<sup>(22)</sup>

The sad irony of this quotation is that it could apply to all young people, who often have neither place nor space in their societies, in governance, in community affairs, in civil society and faith-based organizations – and they have little or no access to livelihoods and resources. HIV/AIDS is a clear example of the enormous costs of not focusing on them.

“**Genderation**” – **disempowered and invisible.** If women are a disempowered majority and young people an invisible majority, girls and young women stand at the interface of gender and generation. They have far less power and resources than older women and are even more invisible than adolescent boys and young men. One area of invisibility is the paucity of data on girls and young women. They have no autonomous place of their own. First, they are subsumed into youth:

“The English language fosters blindness to, and neglect of, the distinctive experiences of adolescent girls. Paradoxically, just at this stage when gender roles diverge sharply, language homogenizes gender. Males and females are ‘boys and girls’ as children, and ‘men and women’ as adults. In between, gender differences dissolve into androgynous appellatives: adolescent, teenager, young adult, young person. This linguistic lumping together of male and female adolescents masks the inequities of their experience.”<sup>(23)</sup>

20. Stephen Lewis, in an interview with the news agency Irin (2001).

21. The percentage is almost certainly higher in urban areas.

22. Lowicki, J (2000), *Untapped Potential: Adolescents Affected by Armed Conflict*, Women’s Commission for Refugee Women and Children, New York.

23. Mensch, B S, J Bruce and M E Greene (1998), *The Uncharted Passage: Girls’ Adolescence in the Developing World*, Population Council, New York, page 2.

Second, they are subsumed into households:

“The scarcity of data on adolescent living arrangements partly reflects the difficulty of obtaining data on families, as opposed to households, and the tendency to define household status, wealth and well-being according to characteristics of the nominal head of household usually identified as the eldest adult male.”<sup>(24)</sup>

Finally, they are subsumed into the health system. Their particular needs, even when they are pregnant, are not given specific attention. Even national AIDS statistics usually talk about the 15–49 age group, in which case the high rates of infection among adolescent girls and young women are subsumed into and hidden by the overall rate.<sup>(25)</sup>

This invisibility not only affects the national and global levels, for example in policy making etc., but also right down to local organizations. In most initiatives of the urban poor, adolescent girls and young women scarcely figure, and their protection issues are not addressed.

#### IV. VULNERABILITY TO/FROM HIV/AIDS IN URBAN AREAS

“When I was 14, the house owner always followed me when I went to have a shower. I told my mother but she just said: ‘... my daughter, what can we do? Where can we go if he kicks us out? Just do your best.’ In the end he raped me.” (Girl in Dar es Salaam, quoted in workshop for young people out of school, 2001)

“Here you are not allowed to say ‘no’. If you refuse, you are raped.” (Girls from Mukuru, Nairobi, to Edwina Orowe, a UNICEF youth intern, who was asking why they all had babies by the age of 16 [2004])

“We always use condoms with our clients. The problem is when the clients go home and we have to sleep on the street. If you sleep alone, you are raped. So you must have a boyfriend to protect you. And because he is a ‘boyfriend’, he will never use a condom.” (Two 15-year-old girls in Dire Dawa, Ethiopia, to author [2001])

##### a. Vulnerability to HIV/AIDS

**Poverty and inequality.** A World Bank study of 72 countries showed that high urban rates of HIV infection were associated with low national income and unequal distribution of income. This is particularly true of young women for whom low wealth is associated with earlier sexual experience, multiple sex partners, lower chances of condom use at last sex, increased chances that first female sex is non-consensual, and a higher odds ratio for females having traded sex and having physically forced sex.<sup>(26)</sup>

This situation is aggravated by the low social cohesion that often accompanies rapid urbanization. The first nationally representative household HIV survey in South Africa, found that:

“Women were more at risk (17.7 per cent prevalence) than men (12.8 per cent). Young women in particular were found to be considerably more prone to HIV infection than young men. Among 15–24 year

24. See reference 23, page 13.

25. A second problem with these statistics is that they assume that transmission through sexual contact only starts at the age of 15. However, all research shows that many girls have had sex, including being sexually abused, and become infected before this age.

26. Hallman, K (2004), “Socioeconomic disadvantage and unsafe sexual behaviours of young women and men in South Africa”, Policy Research Division Working Paper No 190, New York Population Council, quoted in Bruce and Joyce (2006), see reference 8, page 105.

olds, HIV prevalence was twice as high among women. As elsewhere in sub-Saharan Africa, HIV prevalence was found to be higher in urban than in rural areas, but finding that it was highest in urban informal settlements (an average of 21 per cent but as high as 28 per cent in some locations) highlighted some of the socioeconomic dimensions of the epidemic."<sup>(27)</sup>

A long-term study carried out in Carletonville, South Africa, where the infection rate is nearly 60 per cent, found that for all, living in a squatter area raised the chances of exposure to infection.<sup>(28)</sup> It also noted that all the risk factors are associated with low levels of social cohesion, poor women and relatively better-off men. Poverty in fact compels women to prioritize risk. And as Satterthwaite points out:

"It is now common for between a quarter and a half of a city's population to be living in squatter settlements or in other developments that have never received official approval."<sup>(29)</sup>

**Migration.** A common feature of adolescence and youth is migration, very often to urban areas. This explains the very high proportion of adolescents in urban areas.

From the figures in Table 2, it is interesting to note first, the high proportion of a very narrow age group in urban areas (higher than 40 per cent in several countries) and second, the particularly high proportion of adolescent girls, who outnumber the boys in all countries except Nigeria. Even these are probably underestimates, as domestic workers are often not counted and sex workers do not register.

27. Shisana, O (principal investigator) and L. Simbaya (2002), "Nelson Mandela/HSRC study of HIV/AIDS: South African national HIV prevalence, behaviour risks and mass media household survey 2002", HSRC, MRC, CADRE, ANRS, Pretoria, quoted in Marais (2005), see reference 17, page 32.

28. See reference 9, page 155.

29. Satterthwaite, D (2002), *Coping with Rapid Urban Growth*, RICS, London.

**TABLE 2**  
Percentage of girls and boys aged 15–19 living in urban areas

Country	Urban percentage	
	Girls	Boys
Benin	47	46
Cote d'Ivoire	45	42
Ghana	37	31
Guinea	41	40
Mali	41	37
Nigeria	30	33
Togo	44	35
Ethiopia	22	16
Kenya	22	16
Rwanda	21	19
South Africa	53	Omitted
Uganda	19	18
Zambia	42	36
Zimbabwe	35	29

SOURCE: Bankole, A, S Singh, V Woog and D Wulf (2004), "Risk and protection: youth and HIV/AIDS in sub-Saharan Africa", Alan Guttmacher Institute, New York, Appendix.

30. Erulkar, A, T Mekbib, N Simie and T Gulema (2004), *Adolescent Life in Low-income and Slum Areas of Addis Ababa*, Population Council/Ministry of Youth Sports and Culture, Addis Ababa.

31. Adefrsew, A (2003), "Study on child sexual abuse and exploitation in Shashemenae and Dilla towns", Forum for Street Children, Addis Ababa, pages 33–40. Anecdotal evidence would suggest that the figure is now higher.

32. See reference 7, page 313.

33. See reference 1, page 82.

34. See reference 30.

35. TVT Associates/The Synergy Project (2002), *Children on the Brink*, UNAIDS, UNICEF and USAID, page 8.

Country studies bear out these figures. A study of adolescent life in low-income areas of Addis Ababa<sup>(30)</sup> found that over one-third of the sample had migrated into Addis, and far more girls (43 per cent) had migrated than boys (29 per cent). Other research<sup>(31)</sup> found that 20 per cent of the domestic and sex workers had been trafficked. Similarly, in Kenya, the probability of migrating rises sharply for both men and women from around the age of 15, with young women migrating at higher rates than men, from the ages of 15–20.<sup>(32)</sup> Such large-scale migration creates conditions that encourage the spread of many different diseases, including HIV. In general, they crowd into urban slums and informal settlements where water supply, sanitation and other infrastructure have not kept up with the rapid population increase.<sup>(33)</sup>

There are many reasons for their migration. Many come, or are sent, in search of (better) education and life opportunities. In some cases, the migration is a planned move to relatives, but it is also, very often, a leap in the dark, especially as many are running away from conditions in their home areas. Thus, the Ethiopian study found that, while 43.9 per cent migrated in search of educational opportunities and 25.5 per cent in search of work opportunities, 25 per cent had migrated because of the threat of marriage.<sup>(34)</sup>

**Orphanhood.** As stated in the first section, the dominant paradigm states that the crisis of orphanhood is almost entirely the work of HIV/AIDS. However, the reality is that:

- Orphaned children are a very significant proportion of the child population. For example, in countries affected by war (such as Rwanda, the DRC and Angola), orphans constitute 13–14 per cent of the children. Even in Southern African countries where HIV/AIDS is the primary cause of orphanhood, significant percentages of the child population have been orphaned by other causes. In Mozambique, this is 10 per cent, in Lesotho 8 per cent, and in Swaziland and Zambia 7 per cent.
- This translates into large numbers of often very vulnerable children. For example, in Ethiopia, there are 4.6 million orphans, of which only 500,000–800,000 have been orphaned by HIV/AIDS. Nearly 4 million have been orphaned by other causes.
- About 55 per cent of all orphans are aged 12–17.<sup>(35)</sup> These adolescent orphans usually receive the least attention.
- Because of the effects of orphanhood, including abuse and mistreatment, it is very likely that a larger percentage have migrated to urban areas.

**Isolation.** Isolation is, of course, connected to migration. In several pioneering studies of adolescent girls in urban areas, the Population Council has clearly shown their vulnerability. First, the assumption that adolescents are living in families with both their parents is not true (Table 3).

In Uganda, Cote d'Ivoire and Rwanda more than one-third of adolescent girls are not living with either parent (many of them orphans), and in all the other countries except Kenya, more than one-quarter are living apart from their parents. More than half of urban adolescent girls, at a very vulnerable age, are not living with both parents. This may be for good reasons, such as attending a better school but, given the prevalence of sexual abuse, young girls living away from their parents, even if

**TABLE 3**  
**Percentage of girls aged 10–14 not living with both parents\***

Country	Percentage living with one parent (urban)	Percentage living with no parent (urban)	Percentage living with one or no parent
Cote d'Ivoire	23	41	64
Ethiopia	29	30	59
Kenya	32	22	54
Mozambique	29	30	59
Namibia	34	31	65
Rwanda	25	45	70
South Africa	31	29	60
Tanzania	37	28	65
Uganda	29	43	72
Zambia	23	30	53

\* This table also removes the false distinction between single orphans and children in single parent families.

SOURCE: Bruce, J and A Joyce (editors) with contributions from N Haberland, E Chong and M Grant (2006, forthcoming), *The Girls Left Behind: The Failed Reach of Current Schooling, Child Health, Youth Serving and Livelihoods Programmes for Girls Living in the Path of HIV*, page 6. For copies or permission to cite, contact Judith Bruce at [jbruce@popcouncil.org](mailto:jbruce@popcouncil.org).

they live with relatives, are at the least very vulnerable. In 1996, in the Western Cape, family members were the perpetrators in 60 per cent of reported sexual abuse cases. In addition:

“Child sex abuse has been reported more frequently in cases involving children from socially deprived and dislocated family backgrounds, children living without one or both of their biological parents, children whose primary care giver is absent or unavailable, children placed in the care of more distant or unrelated persons, children placed in foster care and children who perceive their family life as unhappy.”<sup>(36)</sup>

Socially isolated girls (and family is a key aspect of connectedness) are six times more likely to have been forced to have sex than socially connected girls.<sup>(37)</sup> Among unmarried girls aged 10–19 in two low-income areas in Addis Ababa,<sup>(38)</sup> it was found that:

- 13 per cent felt they had a place to meet safely with friends (compared to 47 per cent of boys);
- 32.1 per cent had had sex at times they did not want to;
- the first experience of sex for 24.8 per cent of the girls was forced; and
- 14 per cent said that they had been raped.

In the same study, migrant girls were consistently more disadvantaged (with respect to schooling and education, shelter, working for pay, and threat of an unwanted marriage) than native girls living in the same

36. Mullen, P E and J Fleming (1998), “Long-term effects of child sexual abuse”, *Issues in Child Abuse Prevention 9*, Australian Institute of Family Studies, Melbourne, quoted in Centre for AIDS Development, Research and Evaluation – CADRE (2004), *Child Sexual Abuse, HIV and AIDS in South Africa: A Review*, CADRE, Johannesburg, page 9.

37. Hallman, K and J Diere (2005), “Social isolation and economic vulnerability: adolescent HIV and pregnancy risk factors in South Africa”, poster presentation at the Annual Meeting of the Population Association of America, Boston, MA, quoted in Bruce and Joyce (2006), see reference 8.

38. See reference 30.

neighbourhoods. Finally, in such situations of vulnerability, even if a girl is not raped, she is not the one to decide whether or not to have sex, as she may be sent out to “find the evening meal” by those with whom she is living.

In another study, it was found that social isolation was associated with a higher risk of early sexual experience among boys and girls, and with greater risk of coercive or economically motivated sexual encounters and lower negotiating power in sexual relationships for girls only. In this respect, while wealth gave greater connectedness to girls, they were still more isolated than boys. Girls in the highest wealth quintile were more socially connected than poor girls, but were still less socially connected than boys in the poorest income group. Social connectedness across income categories for girls was significantly correlated with having experienced sexual coercion.<sup>(39)</sup>

**Exploitation.** Isolation is also connected with exploitative working conditions. In Kenya, about one-third of employed girls aged 15–19 are household or domestic workers. Poor rural families often enlist their urban relatives to take in their daughters, or broker employment for them in other households.<sup>(40)</sup> Very often, they depend on the remittances from their children.<sup>(41)</sup>

In such situations, the lines are often blurred between children engaged “voluntarily” in domestic work and those who have been trafficked. In Ethiopia, young domestic workers (girls aged 10–14 who constituted 12 per cent of the adolescent population in the same areas) worked, on average, 62 hours a week for less than US\$ 8 a month. Ninety-six per cent of them had migrated (or been migrated) to Addis Ababa. They were more likely to have no education and work in exploitative and dangerous conditions.<sup>(42)</sup> In fact, their continuing exploitation depends on their isolation for, once they are in the city, unless they are rescued by relatives or others, they have no alternative but to accept such exploitation or find alternative sources of income that put them at risk of even further exploitation, such as working in bars or on the streets. For example, it is estimated that 25 per cent of sex workers in Cape Town are children, half of whom are aged 10–14.<sup>(43)</sup>

Even if they manage to escape the world of sex work, there are still few opportunities open to them, and they are expected to use sex as a way of seeking advancement.

“High unemployment in poor countries and the absence of adequate social protection schemes force many (particularly women) to engage in informal sector activity as a survival strategy. In many countries, structural adjustment programmes and neo-liberal economic policies have caused significant socioeconomic dislocation, resulting in an expansion of the sector . . . People working in this sector may be more susceptible to infection. They tend to be relatively youthful . . . Furthermore, women in informal enterprises are more likely than women in affluent households to have to resort to risky survival strategies such as sex for cash in order to supplement household income.”<sup>(44)</sup>

**Abuse.** While, isolation is a key factor in abuse, it seems to be endemic, especially in urban areas. In South Africa, it is estimated that for those under the age of 15, sexual abuse is taking over from mother-to-child transmission as the major reason for HIV prevalence. Denny<sup>(45)</sup> goes as

39. See reference 8, page 9.

40. Khan, Arjmand Banu and Ann Leonard (2002), *Skills Training and Beyond: Expanding Livelihood Opportunities for Adolescent Girls and Young Women in Kenya*, Population Council, Nairobi, quoted in Bruce and Joyce (2006), see reference 8, page 8.

41. During a community visit to a village on the main road in Iringa region, Tanzania, which is famous for sending its girls to domestic employment in urban areas, the villagers insisted they had forbidden their children to go. But it was clear from the discussion that they could not survive without the remittances from these children they claimed to have “forbidden” (personal observation).

42. See reference 30.

43. Molo Songololo (2000), “The trafficking of children for purposes of sexual exploitation”, Cape Town, quoted in Bruce and Joyce (2006), see reference 8, page 8.

44. See reference 9, page 267.

45. Denny, L (2001), “How best can South Africa address the impact of HIV/AIDS on women and girls?” Presentation to the Joint Monitoring Committee on Improvement of Quality of Life and Status of Women, available at <http://www.pmg.org.za/appendix/010925GSH.htm>.

far as to state that rape is now the most important public health problem for women, even more than HIV; it is estimated that one woman in 20 is raped every year.<sup>(46)</sup> The same applies to a lesser or greater extent everywhere, and recent research shows that rape increases the likelihood of HIV infection by 30 per cent, quite apart from all the other physical and psychological problems.<sup>(47)</sup> The evidence for the prevalence of sexual abuse and forced sex is overwhelming,<sup>(48)</sup> and evidence shows that poor urban girls aged 14–19 are much more likely than poor rural girls of the same age to report their first sexual experience as non-consensual (56 per cent versus 37 per cent).<sup>(49)</sup> Since HIV prevalence is already higher in urban areas, the possibility of infection from sexual abuse is also higher.

The final, and very visible, group of girls at risk are those who are living and working on the streets; they are often there because they have already been abused.

“Specialists working with children on the streets were of the opinion that poverty per se is not the only cause, although it certainly aggravates matters, but that abuse or rejection within families is the primary reason for the increase in street children and the consequent vulnerability to commercial sexual exploitation. The breakdown of traditional family values and the culture of the African extended family were frequently cited as the most compelling causes leading to a moral disintegration of society, again making children more vulnerable to sexual exploitation. Children escape physical and sexual abuse from home and from dysfunctional families affected by unemployment, substance abuse and criminality, and end up on the streets.”<sup>(50)</sup>

In a new participatory youth situation analysis carried out in Ethiopia, this emerged time and again.

**Education.** One remedy for such a dismal situation is ensuring that girls have access to education. UNICEF, the World Bank and others have argued that education is a “social vaccine”, the only vaccine available to inoculate children and young people against HIV/AIDS. It is argued that girls who stay in school start sex later (and are therefore more physically developed and less biologically vulnerable), and are more able to protect themselves when they do.<sup>(51)</sup> The fact that they remain in school also ensures that they do not have to resort to the dangerous forms of labour their peers have to.<sup>(52)</sup>

However, throughout the region, areas in and around school can be very unsafe places indeed. This is very well summed up in a report by Human Rights Watch in Zambia:

“The length of the girls’ commute to school is an important factor, since their risk of sexual abuse by minibus drivers or conductors, if they take transportation, or abuse by others along the road, if they walk, can be significant. The long distance to school . . . makes some girls stay in insecure, unsafe structures nearer to school during the week, which then exposes them to abuse by men who can walk in at will . . .”<sup>(53)</sup>

Even school environments are not always safe, with sexual abuse or exploitation all too frequent. Teachers themselves (also other workers in the school and fellow students) may prey on vulnerable girls . . . Most abuse is not reported and few teachers are penalized.

46. Given that rape is a global epidemic, the issue of susceptibility also needs to be considered here.

47. A 4-year research carried out by Dr Adrienne Wulfsohn in Johannesburg among 687 rape survivors, quoted in Healthlink 20 February 2003, quoted in Gender-AIDS@lists.healthdev.net on 21 February 2003.

48. See reference 8, pages 10–12; also see reference 7, pages 205–207. For South Africa, CADRE quotes several sources: see reference 36. In Tanzania, girls in Dar es Salaam revealed that their greatest fear of HIV/AIDS was from rape (personal discussions with girls when setting up out-of-school youth programme for UNICEF).

49. Hallman, K (2005) “Gendered socioeconomic conditions and HIV risk behaviours among young people in South Africa”, *African Journal of AIDS Research* Vol 4, No 1, pages 37–50.

50. UN ESCOR (1998), “Report of the Special Rapporteur on the sale of children, child prostitution and child pornography”, UN ESCOR Commission on Human Rights 54<sup>th</sup> Session.

51. Analysis of DHS reported that sexual initiation is later among young unmarried women enrolled in school at all levels of enrolment. See reference 7, page 200.

52. This, of course, depends on the ability of the parents to continue to send their daughters to school.

53. They are even more vulnerable if they are renting a room. If the parent/guardian is unable to pay the rent at any time, or does not send money for buying food, the girls are left with little alternative.

54. Human Rights Watch (2002), "Suffering in silence: the links between human rights abuses and HIV transmission to girls in Zambia", Human Rights Watch, New York, page 49.

'The laws are strict but there's no real attempt to find out what goes on', said Cosmas Musamali of ZIHP. The more likely outcome is that a teacher would be cautioned and possibly transferred."<sup>(54)</sup>

Therefore little attempt is made to ensure that school is safe and friendly for girls. Many girls then drop out of school because of their, or their parents', fear of harassment.

In conclusion therefore, whether marginalized or mainstream, in or out of school, living with parents or relatives, girls in urban areas are highly vulnerable to abuse, to exploitation, to being forced to engage in survival or transactional sex in order to access necessities, education or a decent life. These facts are well known, the casual nature of sexual harassment and abuse is witnessed everyday on the buses, on the streets, in the markets, and the figures for new HIV/AIDS infections clearly show the outcomes.

### b. Vulnerability from HIV/AIDS

"I am in primary school, but at night I have to come out on the streets to get money to feed my younger brother and sister. My parents died last year and the relatives came and took everything. I was left with a room and my brother and sister. I don't get any help from anyone." (Girl to Jo-angelina Kalambo, UNICEF youth intern in Tanzania, investigating the situation of girls [2000].)

However, as the vicious interaction between vulnerability and infection continues, further vulnerability manifests itself everyday, as more children become orphans due to the demise of parents, many of whom were infected because of earlier vulnerabilities. In some countries, HIV/AIDS increasingly is becoming the major cause of orphanhood, and the number of orphans is huge. According to *Children on the Brink*,<sup>(55)</sup> 17 per cent of children have been orphaned by HIV/AIDS in Botswana and Zimbabwe, 13 per cent in Lesotho, 11 per cent in Swaziland and Zambia, 6 per cent in the Central African Republic, 5 per cent in Mozambique, 4 per cent in Burundi and 3 per cent in the Democratic Republic of Congo and Rwanda. Even 3 per cent of all children is a very large number.

Thus, there are very large numbers of orphans, many of whom are looking after their younger siblings, at the most vulnerable age and living in very difficult circumstances. This is summed up in the following quotation:

"The rapid assessment of the situation of orphans in Botswana tells a story . . . of orphan suicides, destitute children eking their living out of garbage dumpsites, and a growing number of child-headed households. In a context of intense social and economic pressures, orphans are increasingly reported to be mistreated and abused by care givers; deprived of their inheritances by opportunist relatives and neighbours; forced to drop out of school to perform domestic labour or bring home wages; pressured into entering commercial sex work, and vulnerable to sexual abuse."<sup>(56)</sup>

The Nelson Mandela/HSRC Study of HIV/AIDS found that 3 per cent of households were headed by children aged 12–18. The highest number of child-headed households was found in urban informal areas (4.2 per cent), areas which were also noted as having the highest HIV

55. See reference 35, page 8.

56. Rajaraman, D (2001), "The future of the nation: HIV/AIDS and orphans in Botswana", unpublished paper quoted in Barnett and Whiteside (2002), see reference 9, page 9.

prevalence.<sup>(57)</sup> Population Council research in Ethiopia and Kenya also found that orphaned girls are almost three times more likely to have ever traded sex for money, goods or favours than non-orphaned girls (6 per cent versus 15 per cent).<sup>(58)</sup> They are thrust into adulthood, heading households and caring for the chronically ill, under constant pressure to “keep the cooking pots going” in the absence of other female adults.

From the above, we can see that, apart from increasing numbers of orphans, many migrate to urban areas. A large number live in urban informal settlements, where they are most vulnerable to HIV infection. Thus, the failure to address vulnerability among adolescent girls and young women is leading to ever-increasing rates of vulnerability that, unless addressed effectively, will continue to fuel a particularly vicious circle.

## V. CONVENTIONAL RESPONSES TO THE EPIDEMIC

If there is a malaria epidemic in low-lying areas, it does not make sense to concentrate on a prevention programme in villages high in the mountains, 500 kilometres away. Yet national AIDS strategies, in an attempt to be comprehensive and satisfy every possible stakeholder, usually become a *pilao*, to which every kind of ingredient is added with little prioritization in addressing the most critically vulnerable and affected. As a result:

“In the absence of any sense of priority, the activities that tend to get done are those with political support and those that are the least controversial. Those likely to have the largest impact on the epidemic – prevention among those most likely to pass HIV to others – are the lowest on the political agenda.”<sup>(59)</sup>

It is for this reason that this paper concentrates on the most vulnerable adolescent girls and young women; not just because they are “those most likely to pass HIV to others”, but because they are the ones who are most likely to have HIV passed to them.

“One West African country prepared a highly consultative and strategic plan that pre-supposed a highly generalized epidemic . . . However, data indicate that . . . HIV prevalence in the general adult population is 1.8 per cent and . . . the epidemic has been stable for approximately a decade . . .

In contrast . . . rates among sex workers are exceptionally high – 78 per cent and 82 per cent in the two largest cities . . . Furthermore, a recent study estimated that 75 per cent of infections among sexually active men in the capital were acquired from sex workers. Yet a recent World Bank review indicated that only 0.8 per cent of this country’s AIDS investments were aimed at sex work interventions.”<sup>(60)</sup>

Sex workers are controversial, and girls are invisible, with neither voice nor vote. Both suffer from negative perceptions towards them, as is also shown in the dominant paradigm.

**Behaviour Change Communication (BCC): the dominant paradigm of the dominant.** The emphasis on individual behaviour change has reached hegemonic status,<sup>(61)</sup> and BCC consumes by far the largest part of the prevention budget. No speech, no policy is complete

57. See reference 27, Shisana and Simbaya (2002), page 15.

58. See reference 26.

59. See reference 9.

60. World Bank (2005), *The World Bank’s Global HIV/AIDS Programme of Action 2005*, IBRD/World Bank, Washington, page 15.

61. Unfortunately, it also shows racial bias, based as it often is on some kind of belief about African sexuality. See reference 1 for a very good analysis of this, page 157.

without a reference to BCC. Among young people, this has largely been pushed by media campaigns, youth centres and peer education (it is so much better when young people tell other young people to change their behaviour!). It is centred on the famous formula of ABC, (Abstain, Be faithful, use a Condom) with particular emphasis on A, while providing C for those who are too weak or stupid to A. Under pressure from the religious right in America, even the C is increasingly discouraged. However, this paper has no intention of entering the A v C debate, as both are dependent on many other factors. As the secretary-general's report states:

"There is nothing inherently wrong with the ABC messages. Yet they do not go far enough. Specifically, the 'ABC' approach makes no distinction between the different needs of men and women, and fails to offer African girls real options that are attuned to the reality of their daily lives."<sup>(62)</sup>

62. See reference 5.

Abstinence is unrealistic in an environment where boys are encouraged to be sexually active and girls are kept in ignorance about their sexuality, or when sexual activity is coerced or women and girls have to resort to sex as a matter of personal survival or survival of their families.

Being faithful only works if partners play by the same rules (or played by those rules before they became faithful to one another, or tested negative before becoming faithful.) Research in two urban areas (Ndola and Kisumu)<sup>(63)</sup> has shown that adolescent and young wives are significantly more infected than sexually active adolescent girls and young women outside marriage – and that the rate of HIV among their husbands is much higher than the rate of HIV among partners of unmarried girls.

63. See, for example, reference 8, page 15.

Condom use is almost invariably a male decision, and many men remain reluctant to use them. In addition, the marketing of condoms has led many people to associate condom use with commercial or casual sex. Thus, many girls prefer physical infection to infection of their reputations, and condoms may be used at the start of a relationship but are quickly discarded as the relationship moves beyond a "one night stand".

Above all, the ABC formula does not address the vulnerabilities set out in this paper, and because it does not, ABC is both gender-biased and stigmatizing. It does not recognize that many people become infected through no fault of their own, and implies that a person is HIV+ because they could not "change their behaviour". Also, it is largely a male strategy – girls rarely have the option to abstain or use a condom.

This helps explain why urban adolescents are the most knowledgeable about HIV/AIDS, the most targeted by interventions on HIV/AIDS, but still the most infected by HIV.

**Coverage – Genderation.** Even as the epidemic moves to younger ages:

"Most conventional youth initiatives give their primary attention to both boys and girls well past sexual maturity. And even though, under the ILO convention, children are allowed to work full time from age 15, in most countries banks cannot conclude a contract . . . until they are at least 18. Given the vulnerabilities that emerge from poor adolescents, especially girls, this attention is likely to be too little too late."<sup>(64)</sup>

64. See reference 8.

In fact, the Population Council argues that age 12 may be the last time to reach the most vulnerable girls before poverty-linked mobility (for work/marriage) sets in. Then, because most interventions are dominated by Western or middle-class expectations that adolescent girls are in school, with family support and reliable access to media,<sup>(65)</sup> the interventions are designed to reach precisely such a group, and the more vulnerable girls are left out.

**Youth centres and peer education.** The most common, and often very effective, HIV prevention methodology is multi-purpose youth centres and peer education. Young people prefer to be taught by their peers, and it is clear that they need their own spaces where they can meet and carry out their own activities. However, vulnerable adolescents and young women are the very people who are never reached by these interventions. For example, in Addis Ababa, it is the older boys who attend youth centres. The girls, especially the younger ones, benefit very little, and the most invisible, such as adolescent domestic workers, hardly benefit at all (Table 4).

Of the adolescent domestic workers (who formed 12 per cent of adolescents in two low-income areas of Addis Ababa), only 1 per cent had been to a youth centre in the previous year, and only 6 per cent had been reached by a peer educator.<sup>(66)</sup> In Kenya, only 11 per cent of boys and 6 per cent of girls residing in youth centre catchment areas were even aware of the centres.<sup>(67)</sup>

In fact, a study of 15 of the largest youth-serving organizations, which tracked over 10,000 contacts over a 6-week period through the centres and peer educators, found that:

- nearly 60 per cent of the contacts were with boys/men, where older boys/young men dominated; three of the organizations had 30 per cent of their contacts with men over the age of 24; adolescents under the age of 15 received minimal attention;
- 90 per cent of the 10–19 year olds attending were in school, although the majority of Ethiopian adolescents are out of school;
- only 3 per cent of female contacts were married, despite the fact that the vast majority of girls in Ethiopia get married during adolescence, and the vast majority of girls' sexual activity during adolescence takes place in the context of marriage (94 per cent);
- less than 0.5 per cent of all contacts were with girls aged 10–14 living

65. See reference 8, page 1.

66. See reference 30.

67. See reference 8, page 54.

**TABLE 4**  
Percentage adolescents accessing youth centres/peer education in Addis Ababa

	All adolescents (%)	All boys (%)	All girls (%)	Boys aged 10–14 (%)	Boys aged 15–19 (%)	Girls aged 10–14 (%)	Girls aged 15–19 (%)
Youth centre	11.9	20.3	7.2	10.5	27.2	3.9	9.0
Peer education	19.6	26.5	15.1	18.3	32.3	12.7	16.5

SOURCE: Erulkar, A, T Mekbib, N Simie and T Gulema (2004), *Adolescent Life in Low-income and Slum Areas of Addis Ababa*, Population Council/Ministry of Youth Sports and Culture, Addis Ababa.

68. Mekbib, T, A Erulkar and F Belete (2005), "Who are the targets of youth programmes: results of the capacity-building exercise in Ethiopia", *Ethiopian Journal of Health Development* Vol 19, No 1, pages 60–62.

69. See, for example, the Burkina Faso coverage exercise: Batebie, Z S, C Meyers, G Mireille and L Salif (2005), "Exercice de couverture des activités des paires éducateurs au Burkina Faso: rapport final", Population Council and UNFPA, in Bruce and Joyce (2006), see reference 8.

70. See reference 30.

71. USAID, UNAIDS, WHO, UNICEF, CDC, US Census Bureau (2004), *Tanzania HIV/AIDS Indicator Survey 2003–04*.

apart from their parents – despite the fact that in Addis Ababa, 37 per cent of girls aged 10–14 do not live with either parent; and

- although 85 per cent of Ethiopian adolescents live in rural areas, all programmes were operating in urban areas.<sup>(68)</sup>

Coverage exercises in other countries produced similar findings.<sup>(69)</sup> In Mauritania, boys and young men represent 82 per cent of visitors to youth centres. Similarly, the average age of those attending youth centres in Ghana is 18; it is 21 in Zimbabwe (with almost nobody below the age of 18); and in Kenya, 86 per cent of those who attend are over the age of 20, with an average age of 24. Twenty-six per cent of those who attend are over the upper limit of 24.

The Ethiopian study found that peer education programmes conventionally prioritize peer-to-peer support for unmarried, potentially sexually active adolescents, while married women constitute the most uninformed sub-group on issues relating to STI/HIV/AIDS (Table 5).<sup>(70)</sup>

It is, therefore, not surprising that preliminary findings from a recent study carried out in Tanzania<sup>(71)</sup> show declining prevalence rates for boys but not for girls, since the girls have not been reached by the interventions. As with many other gender interventions, the analysis of the problem may be gender sensitive, but the intervention becomes male-biased (and often generation-biased). Many interventions reach the girls long after they have become (or been forced to become) sexually active, if they ever reach them at all.

## VI. DIFFERENT DIRECTIONS

### a. Identification and inclusion

As noted earlier in this paper, there is little research into this large population group and, even in surveys, there is little disaggregation to

**TABLE 5**  
Exposure to HIV/AIDS information in the last year

	Boys	Girls	Never-married girls	Ever-married girls
Heard any HIV message in last year	53.2	41.6	46.3	30.1
Attended HIV/AIDS lecture in school	37.8	23.3	25.7	9.9
Attended HIV/AIDS lecture outside school	23.6	21.0	29.3	9.1
Attended a drama on HIV/AIDS	20.2	14.9	17.3	9.1
Heard a radio spot about HIV/AIDS	29.1	23.7	27.5	14.3
Received HIV/AIDS information from health care provider	13.8	16.7	16.1	18.2

SOURCE: Erulkar, A, T Mekbib, N Simie and T Gulema (2004), *Adolescent Life in Low-income and Slum Areas of Addis Ababa*, Population Council/Ministry of Youth Sports and Culture, Addis Ababa.

allow a deeper understanding of the issues of adolescent girls and young women. There is a need to build on the pioneering work of federations of urban poor in different countries, or the action research of the Growing Up in Cities programmes, to carry out vulnerability mapping of girls, engaging the girls themselves in the evaluation of vulnerability, determining their priorities for addressing that vulnerability, and participating in the implementation. It would also be good to follow the example of Plan International, which divides the children into different groups (children aged 6–12, adolescents in school, and adolescents out of school) in order to ensure that the different priorities of each age group are identified and addressed.

**The protective environment.** It is interesting that a recent book on the local actions needed to meet the MDGs hardly talks about the HIV/AIDS goal.<sup>(72)</sup> In one sense, this is correct because, as argued in this paper, addressing the causes of urban poverty and inequity also addresses HIV/AIDS. At a conference for Youth of the Great Lakes, the Kenyan group identified “slum clearance” as the most important strategy for addressing HIV/AIDS in their country. Without addressing people’s living conditions, which includes addressing the susceptibility and vulnerability of adolescent girls and young women, other strategies will not work. This is why the paper argues that HIV protection is as important as prevention. For example, some of the efforts identified by the *World Report on Violence and Health* that are very relevant for girls and young women include:

- a modification of the physical environment, such as improving street lighting to create safe routes for children and youths on their way to and from school;
- training for police, health and education professionals and employers to make them better able to identify and respond to different types of violence; and
- community policing to create partnerships between police and groups at community level.<sup>(73)</sup>

We could add proximity of water points and schools, which reduces the exposure of girls to sexual harassment and abuse on the way to and from school, including on public service vehicles; also girls’ access to meaningful livelihoods, which means they do not have to resort to transactional or survival sex. If girls and young women were given the space to provide their own analysis, they would no doubt identify many more interventions.

**“Safe spaces” instead of “safe sex”.** For the most at-risk girls, social capital and security come first on their list of priorities. Yet, community-mapping exercises in Kenya, Durban and Burkina Faso<sup>(74)</sup> show that:

- males can identify considerably more safe spaces than females in all age groups;
- the youngest (aged 10–14) are often the most affected by the lack of safety; this was particularly true in Kwa Zulu–Natal, where none of the girls of this age could identify a place in the community where they felt better than “somewhat safe”;
- “genderation” affects a person’s understanding and experience of safety; girls in the South African context are primarily concerned with bodily integrity (rape and harassment), while boys focused on crime

72. Satterthwaite, D and T Bigg (editors) (2005), *How to Make Poverty History: The Central Role of Local Organizations in Meeting the MDGs*, IIED, London.

73. WHO (2002), *World Report on Violence and Health*, WHO, Geneva.

74. See reference 8, page 128.

and property (robbery); adult women focused on broader community development, health and lack of resources;

- the radius of movement for girls, and their definition of community, are often different from those of boys; and
- sexual abuse and assault in the public space are major issues for women; communities often watch without caring or intervening.

Girls need a safe place apart from family (if they have one) and school (if they even go to school), where they can meet, learn, provide support to one another, etc. Landgren, in her paper on the protective environment, also identifies the need for:

“Actual or virtual settings in which children can talk about and seek respite and help from violence, exploitation and abuse that happens within the family and community.”<sup>(75)</sup>

Sufficient “girl friendly”, community-based facilities are crucial, as the radius of safety and mobility for the most vulnerable girls – married and unmarried – is highly limited. Existing community structures, youth organizations<sup>(76)</sup> and faith-based organizations are best placed to provide such facilities.

There is also a need to promote community dialogue on sensitive issues such as adolescent domestic workers and other workers in the informal sector (fair wages, safety or protection, time off and education) in order to create safe spaces for them too, such as Sunday domestic workers clubs<sup>(77)</sup> with voluntary service options, orientation on legal rights, and the establishment of rescue centres for girls in abusive employment situations.

**Participation.** Many contributions to *Environment & Urbanization* have described the struggles of the urban poor to take control of their own lives by participating in the analysis, planning and implementation of development in their areas, and what is possible once they take the initiative to promote their own development.<sup>(78)</sup> Such initiatives have also forced a deeper analysis of power relations within communities, with at least a gender disaggregation. There is now a need to disaggregate urban initiatives to include the young invisible and disempowered. How many organizations have a specific space for young people, and particularly young girls, in their ranks or their thinking?

The participation of children and young people is very important, both in developing child friendly cities and in empowering young people to protect themselves against HIV/AIDS. Women’s involvement in community development may now be accepted, but not that of children. However if this is recognized, urban development will go in new directions:

- Women friendly policies are also often child friendly, but sometimes they conflict; for example, when children are taken out of school to lighten the burden of work at home, and are sent out to engage in activities that make them vulnerable. This is not only sex work but may include, for example, selling foodstuffs until late at night.<sup>(79)</sup>
- A focus on children draws attention to their special vulnerability to disease, pollution and other environmental hazards, with a corresponding need for new risk standards, policies and regulations. (HIV/AIDS should be added to the list. New standards, policies and regulations to address the susceptibility and vulnerability of adolescents to HIV/AIDS are desperately needed.)

75. Landgren, K (2005), “The protective environment: development support for children”, in *Human Rights Quarterly* 27, Johns Hopkins University Press, Baltimore.

76. In one consultation in Zimbabwe, all the leaders, elders and parents who were consulted identified the fact that HIV/AIDS, teenage pregnancy etc. were on the rise because young people were meeting inappropriately. Only the young people pointed out that there was no space for them in their communities where they could meet “appropriately”, where they could be protected and mentored.

77. This can also be good for employers of domestic workers, as some of the skills taught would actually improve their domestic service while simultaneously developing their own solidarity, learning life skills and rights etc. The Sunday clubs could be run in collaboration with the employers.

78. Other volumes have shown how even children can play a key role if given the same chance. See, for example, *Environment & Urbanization* (2002), Vol 14, No 2, October; also Landsdown, G (2005), *Innocenti Insight: The Evolving Capacity of the Child*, Save the Children, UNICEF.

79. The bracketed comments in this quotation are the author’s.

- Because children have the longest future of any group in society, they direct policy making towards long-term planning. (This is very true in the way young people analyze HIV/AIDS.)
- At the same time, children's rapidly developing bodies and minds must be nourished and protected in the immediate present, or a failure to meet their needs will have long-term consequences. The longer that societies postpone investment in the well-being of children, the higher the costs for remediation, and some forms of psychological and physical damage may be irreparable.<sup>(80)</sup>

In addition, we could also add that participation is protection in its own right.

- The practice of participation develops capacity and enables children to develop their psychosocial skills and protect themselves more effectively in risky situations.
- Participation builds solidarity. It empowers the vulnerable to act together for their benefit. When adolescents and young people are given the chance to participate, they become the protectors of their younger siblings.
- Participation in political and civic processes, for example local councils, enables the presentation of views that would not otherwise be heard – usually the point of view of the vulnerable, including their protection issues. For example in Brazil,<sup>(81)</sup> young people identified dangerous areas and took action to address the situation. This also includes participation in the media.

**Forms of participation.** As seen in the coverage exercises mentioned above, unless specific steps are taken to reach out to vulnerable girls and young women, they will still not be reached. Thus, there is a need to rethink current youth-serving efforts with a specific gender and generation focus,<sup>(82)</sup> for example by having adolescent girls-only youth clubs/centres, or girls-only days/activities/hours at the clubs. The girls could also have their specific identity, leadership and activities at the centre (including recreational and sporting activities, many of which favour boys over girls).

## b. Opportunities for development

**Education.** The first priority is, of course, to ensure that more girls go to school. However, schools themselves need to become safe spaces by addressing the culture of sexual harassment and abuse in and around them. Local adults often know what is happening but still do not consider it a priority to address the behaviour of pupils, taxi drivers, teachers and traders who prey on these girls. This can be a very simple initiative. For example, in a TANESA/Ministry of Education initiative in Tanzania, pupils selected a guardian from among the teachers who was then trained to support the girls and, as a result, the incidence of sexual harassment (and even schoolgirl pregnancy) dropped significantly.

There is also a need to address the curriculum to ensure that instead of being given a diet of behaviour messages, pupils are given adequate information at an early enough age and the psychosocial life skills to put that information into practice.<sup>(83)</sup>

Finally, given the large number of adolescents in urban areas who are

80. Chawla, L (2002), "Insight, creativity and thoughts on the environment: integrating children and youth into human settlement development", *Environment & Urbanization* Vol 14, No 2, October, pages 11–22.

81. See the example of Barra Mansa, where a participatory budget council of children aged 9–15 is elected and given a small budget to implement their priorities. See Guerra, Eliana (2002), "Citizenship knows no age: children's participation in the governance and municipal budget of Barra Mansa, Brazil", *Environment & Urbanization* Vol 14, No 2, October, pages 71–84.

82. As with so many gender issues, the analysis of gender difference is often excellent, but when translated into action, the actions become gender blind at best and biased at worst.

83. These are skills such as assertiveness, self-esteem, coping with emotions and stress, critical and creative thinking, negotiating and conflict resolution skills, resistance to peer pressure, communication, relationship building and empathy. Except in a few countries, these are scarcely taught, despite evidence that they are effective.

out of school and working, alternative forms of flexible educational opportunities need to be found that combine life skills and livelihoods with other educational requirements.

**Livelihoods.** Girls and young women usually have very few employment opportunities open to them (in most cases, for a girl with little or no education, the only opportunities are domestic work or working in a bar). Thus, where they do get employment, they are once again subjected to a culture of sexual abuse and exploitation. At the same time, it is important to keep a sense of proportion. For example, in many textile factories it is clear that most of the workers are young women (some under-age), that the wages they are paid are very low, and that they are vulnerable to sexual harassment. However:

“Concerns about child labour and exploitation have generated a negative attitude towards girls’ work, and have even inadvertently created some bad outcomes for girls. Efforts to improve working conditions for boys and girls in regulated industries may actually force children into more hazardous employment. A recent study in Bangladesh tracked children after they were dismissed from modern-sector, albeit illegal, jobs; many of these children were found to be working in dangerous situations, in workshops where they were paid less, or as prostitutes.”<sup>(84)</sup>

The textile industries in Lesotho are a case in point. The girls were receiving minimal wages but now that most of the factories have closed, the girls have nowhere to go. Similarly, in Thailand, the authorities could have tried to close down all the brothels, thereby putting thousands of women out of work and putting an end to their (and their families) expectations.<sup>(85)</sup> Instead, they initiated the 100 per cent condom campaign and enforced it with visits by health inspectors to brothels. In other words, they protected the girls while they looked for alternatives.<sup>(86)</sup> Of course, this does not address the causes that made them turn to sex work in the first place, but as an African proverb states: *“If a hen strays into the forest, you first drive the fox away”* – protection first.

**Self-employment for the most vulnerable.** Given the massive unemployment in the formal sector, much attention is now being paid to promoting self-employment and entrepreneurship through livelihood schemes among traditionally disadvantaged groups. This has been taken up by many NGOs and goes beyond training, to encompass access to financial services, access to markets, the creation of safe spaces, the empowerment of young women, and the protection and promotion of rights among other goals. By adopting an integrated approach to addressing the needs of young women, these programmes are trying to address simultaneously many of the traditional disadvantages that these women have faced in making the transition to adult work roles and responsibilities.<sup>(87)</sup> However, these programmes face two problems, as detailed below.

**Coverage.** The Population Council investigated youth livelihood programmes in Guatemala, India, Bangladesh, Kenya, Ethiopia and South Africa, in which youth-serving and livelihood programme managers all asserted that they served the most vulnerable youth and low-income adolescent girls. However, in each case it was revealed that, in practice, vulnerable adolescent girls played a very small role, if any, in their programmes, be they financial literacy, livelihoods training, microfinance or savings. For example, in an inventory of programmes in Durban

84. See reference 23, pages 38–39.

85. One girl said that she wanted to give up sex work but she needed to work for another three months so that she could buy her family a tractor.

86. In the 1990s, more than 80 per cent of all infected persons were sex workers and their clients. Infection through sex workers is now down to less than 5 per cent. See UNAIDS (2002), “Thailand country profile: HIV/AIDS situation in Thailand and national response to epidemic”, UNAIDS, Bangkok.

87. See reference 7, page 339.

KwaZulu–Natal metro area, 23 organizations providing services at community level were interviewed.<sup>(88)</sup> Of these:

“Only three had a significant engagement with or provision of significant social support to vulnerable adolescent girls<sup>(89)</sup> – this in a setting where almost 17 per cent of girls aged 20–24 were already living with HIV, and girls’ HIV rates outnumbered boys two to one in 2002.<sup>(90)</sup> Only one programme incorporated livelihoods, youth, gender and HIV/AIDS, and in this programme the livelihoods component consisted of clubs that only met occasionally to undertake beadwork – an oversaturated market with very poor economic returns. Three programmes had entrepreneurship training and one had financial services education, but none of these programmes served adolescents.

So even where there is a huge array of youth-oriented services, a mature HIV epidemic and a reasonably robust donor base, very little is reaching the most vulnerable females. In order to include those females, programmes must be specially tailored.”<sup>(91)</sup>

**Empowerment model.** Second, the Population Council’s experience with adolescent programmes suggested a very high interest in savings on the part of girls across many regions as a way of establishing identity, as a way of protecting their small resources in a place outside the household, and as a beginning to their learning about the economic world. Conclusions from a Population Council programme, Tap and Reposition Youth (TRY) were that:

“A microfinance minimalist model without a voluntary savings option – dependent on an expanding base of group loan taking for sustainability – can actually increase the risks to vulnerable girls whose first demand is for social support, mentors, voluntary easily accessible savings and emergency funds, support in times of crisis, and low-risk livelihood and employment opportunities. A phased model has a better chance of protecting girls, by allowing them to begin with entry-level savings clubs and to select their level of risk as they become increasingly ready to access more demanding economic options.”<sup>(92)</sup>

Finally, there is a need to see the community work done by adolescents in a different light. It is unrealistic to expect all peers to function as volunteers. This is not to undervalue volunteerism but rather to recognize “social entrepreneurship”, whereby young people put their talents in the service of the community and are given financial recognition for doing so. This is also another way of ensuring that marginalized girls, who cannot afford to volunteer, become part of the programme.

**Supporting the girls: youth–adult participation.** There is a critical difference between the movement for children’s rights, including rights to participation, and the movement for women’s rights, in that women have an actual or potential political power that children lack<sup>(93)</sup> (which is maybe why Nelson Mandela recommended lowering the voting age). Therefore, if young people are to successfully address their vulnerability and participate actively in their communities, they need a partnership with supportive adults. It is not only governments that have marginalized young people. They have no space in civil society organizations either (or United Nations agencies for that matter!). Apart from a very few

88. The criteria for the interview were that the organization had at least one of the following programme orientations: adolescent youth issues; HIV/AIDS; gender; economic empowerment; safety.

89. Swan, N J and K Hallman (2002), “Adolescent livelihoods programme situation, Durban, South Africa: a situation analysis”, mimeo.

90. Shisana O, T Rehle, L C Simbayi, W Parker, K Zuma, A Bhana, C Connolly, S Jooste, V Pollay et al. (2005), *South African National HIV Prevalence, HIV Incidence, Behaviour and Communication Survey*, HSRC Press, Cape Town.

91. See reference 8, page 110.

92. See reference 8, page 112.

93. See reference 81.

organizations like Plan International and IPPF (which has young people on the board), young people are often peripheral to these organizations, even organizations which claim to be working for young people.

Yet civil society organizations are key to addressing the vulnerability of girls and young women. In addition, in a growing number of countries, federations formed by groups of the urban poor are demonstrating new ways to develop programmes that are transforming the lives of thousands of their member households – for instance, through negotiating upgrading or developing new urban neighbourhoods. They have done so at a unit cost that is far lower than the programmes of governments or international agencies.<sup>(94)</sup>

Thus, if civil society organizations addressing HIV/AIDS, and others including organizations of the urban poor, would turn their attention to addressing the vulnerability of the younger members of their societies, they would add immeasurably both to the issues that brought them together and to the response to HIV/AIDS. Even if it was housing or sanitation or other issues that brought them together, it is meaningless unless their daughters and sons are protected from HIV/AIDS.

**Governance.** Such interventions can only be effective with the involvement of accountable local government institutions (and, more distantly, national government as well). Once again, it is a question of changing focus so that addressing girls' vulnerability is included in the agenda, and all policies have an adolescent focus. This includes addressing the issue of safe spaces right from the source. Many girls migrate to urban areas and become even more vulnerable because of abuse or mistreatment in the rural areas, or because of trafficking rings that encourage them to migrate with promises of educational or employment opportunities. In fact, the "broker", as the trafficking go-between is called in Ethiopia, is more dangerous – and maybe more pervasive – than the sugar daddy.

**Raising awareness leading to action.** The movement towards a different paradigm has begun. Communication for social change rather than individual behaviour change, communication that:

- turns upside down the lines of communication. Instead of the vulnerable and marginalized being the targets of other people's communication, they become the communicators. This is linked to the idea of participation as protection where, by being given the chance to communicate their world view, their issues and their challenges, the vulnerable (in this case adolescent girls and young women) are able to change the environment in which they live; and
- recognizes and addresses the social causes of people's behaviour: the inequity, disruption and lack of social cohesion identified in this paper.<sup>(95)</sup>

The relevance of the above to the situation of adolescent girls and young women is very clear. They certainly own no process, are largely unheard, are not given the chance to become agents of their own change, have not been asked for their views and, as a result, the outcomes do not look at the constraining factors that dominate their lives. Therein lies the challenge to grassroots and civil society organizations, especially those that have used similar methodologies in their own struggles for equity in other areas.

Even BCC could be redirected to more societal issues such as stopping

94. D'Cruz, Celine and David Satterthwaite (2005), "Building homes, changing official approaches: the work of urban poor federations and their contributions to meeting the Millennium Development Goals in urban areas", Poverty Reduction in Urban Areas Series, Working Paper 16, IIED, London, 80 pages.

95. This fact was recognized as long ago as 1999 by UNAIDS in the development of their communication framework. They noted that there was a need to change direction, to focus on social contexts, including government policy, socioeconomic status, culture, gender relations and spirituality.

the culture of silence about sexual abuse, outlawing property grabbing by relatives, child marriage etc., all of which makes girls more vulnerable. Similarly, workplace interventions should be less concerned with the sexual behaviour of employees in their free time and more concerned with ensuring gender equity in the workplace.

**Globalization.** Together with all the emphasis on local action, one cannot lose sight of the fact that the local situations that make adolescent girls and young women so vulnerable are conditioned by the globalized economy. On the one hand, continuing debt burdens, inequity in terms of trade, and so on, severely constrain the abilities of governments to address the issues raised in this paper. On the other hand and, more specifically, even in the sphere of HIV/AIDS, the priorities and prejudices of the donors (and allies in governments) have a detrimental effect on the response. In general, donors want short-term results, or evidence that action is being taken. Thus, individual behaviour change programmes not only suit the prejudices of the powerful but also pander to them with the massive billboards that line the roads on which the powerful travel. Second, smaller, or more local, organizations (and young people's organizations) lack the visibility and institutional capacity to compete with the internationals. This is very unfortunate, as an effective response depends on them.

## VII. CONCLUSION

Leaders at all levels are very fond of using words such as "crisis", "emergency" and "disaster" when talking about HIV/AIDS, and yet there are few signs that it really is treated as an emergency. If there is a cholera outbreak, immediate steps are taken to clean up the environment in order to stop the spread of the disease, yet adolescent girls are growing up and becoming infected in a very dirty environment indeed. Yet we do not see any emergency allocation of funds to address the problem where it is most acute. Nor do we see a re-evaluation of development priorities to address the problem.<sup>(96)</sup> An emergency response would require identifying and protecting the most vulnerable to the disease.

On the other hand, AIDS differs from rapid-onset emergencies. It is best characterized as:

"... a development crisis emerging over a long period of time and requiring sustained attention and energy to tackle it. A great deal of additional funding is required, not only over a few years but over decades. In this context, rather than an emergency response, there needs to be a clear long-term strategy."<sup>(97)</sup>

This strategy lies in transforming the conditions that create the vulnerability. This can only be achieved by ensuring that every sector addresses effectively issues of poverty and inequity and their impact on adolescent girls and young women. And nowhere do the local and the global have to work more closely together.

96. For example, 20 years after HIV/AIDS emerged in their countries, very few education ministries have a comprehensive HIV/AIDS and life skills programme in their schools. The usual pretext is that the syllabus is overcrowded, but in emergencies, the syllabus has to be revised. In the words of a Ministry of Education circular in Zimbabwe, "We cannot continue to teach our children for the grave."

97. See reference 16, page 57.

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