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**Growing Up on the Edge:**
*The Well-Being of Children and Youth in the Slums of Sub-Saharan Africa*

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Growing up on the edge: The well-being of children and youth in the slums of sub-Saharan Africa

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Executive Summary

With estimates of the population of young urban dwellers exceeding 1 billion, the future of urban children and youth is central to development. While such children, particularly in developed countries, may benefit from a so-called 'urban advantage', with access to better schooling, high-quality healthcare, and the typically higher urban incomes of their parents, such opportunities are not within the reach of all children living in urban areas. Risks to child health and educational outcomes are often found to be higher and more severe for children living in urban informal settlements or slums. The physical conditions of many slum settlements pose a significant threat to health and well-being, and children are often particularly vulnerable to negative health outcomes resulting from the stresses and hazards of their surroundings. Socially, those living in slum settlements often experience severe deprivation and social exclusion, and face substantial insecurity in their day-to-day lives. Many child slum-dwellers live on the margins of urban life with little access to the advantages and benefits of city living. As they are home to a significant - and growing - number of children and youth, sub-Saharan Africa’s slums are areas in need of child-focused interventions to improve the lives of young slum residents. A child-centered approach to slum interventions, aimed at improving children’s rights, well-being, and participation in urban life, is an appropriate method to focus on these particularly vulnerable young people. Building on the experience, skills, and knowledge developed through previous projects and partnerships, CIDA can use its expertise to implement a child-centered focus through investments to improve health, education, and well-being in Africa’s slums.

Policy goals:

Children make up a significant portion of the poor urban population in sub-Saharan Africa and are often those most vulnerable to the environmental and social conditions of informal slum settlements. Adopting a child-focused approach to interventions in slums in sub-Saharan Africa provides an opportunity to improve the well-being of large groups of young people. This policy brief weighs out the evidence for an urban advantage or urban penalty for the young residents of Africa’s slums, and outlines the health and educational outcomes of children and young people in these settlements. It will conclude by emphasizing, based on existing data, the importance of a healthy and safe environment for children and youth growing up in poor urban areas of sub-Saharan Africa, and will recommend courses of action for CIDA and its development partners.

Significance of the issue being addressed:

This issue is significant as the population of children and youth living in informal urban
settlements in sub-Saharan Africa and in the developing world in general continues to increase. Urbanization in sub-Saharan Africa throughout the 20th century did not occur alongside significant economic improvements in most countries, and the number of children residing in slum conditions has risen significantly over the last decade. Children growing up in informal urban settlements may experience an urban advantage or an urban penalty with regard to their physical and emotional health, their surroundings and environment, and their access to key services, particularly education and health facilities.

Canada’s interest in the issue:

1. Children and youth make up a significant portion – greater than 1 billion – of the approximately 2.5 billion urban dwellers living in the developing world. More than half of the world’s children reside in urban areas. These urban children are likely to be a large segment of the urban slum dweller population, which is currently approximately 1 billion people. CIDA’s stated interest in securing the future of children and youth must focus specifically on these vulnerable young people.

2. Physical and ecological conditions in urban slum settlements are particularly poor, exposing children and youth to high levels of pollution and overcrowding; young people face an increased risk of environmental and contagious disease. These conditions are especially hazardous for children under the age of five, who are most likely to succumb to illness or death due to environmental and infectious disease. Child survival and improved child health can be increased through targeted interventions.

3. The social and psychological effects of living in slum settlements have important implications for young people’s physical and mental health, putting them at increased risk of gender-based or sexual violence, early and unsafe sexual activity, social exclusion, and poor reproductive health outcomes such as early pregnancy and childbearing and exposure to sexually transmitted infections, especially HIV/AIDS. Improvements in these areas will promote safe and secure futures for children and youth.

4. Lack of high quality school facilities in urban slum settlements reduces children and youth’s access to educational opportunities, limiting young people’s chances to gain experience and education. Access to a quality education will improve the likelihood of children and youth rising out of poverty.

Policy Recommendations:

- Governments and their partners in development, including CIDA, should focus on ensuring the health, well-being, and education of young people living in slum settlements when designing and rolling out interventions in urban contexts. Children and youth are some of the most vulnerable populations, particularly those living in slum settings. A focus on these vulnerable young people can lead to community-wide improvements.
Alongside CIDA’s current work on education, a continuing focus should be on improving access to and quality of primary and secondary education for the most vulnerable children living in informal urban settlements, particularly young girls who are often those most likely to be refused access to education. A lack of access to education is a significant barrier to inclusion and to actively engaging in communities.

Improvements in healthcare access and provision within slum communities must target those most vulnerable: pregnant women, infants and young children, and sexually active youth. Infants and young children are those most affected by poor sanitation and other conditions in slum settlements, leading to high rates of morbidity and low levels of child survival. Improvements to health systems to provide improved and easy access to quality care can improve health outcomes among young people. Access to information and services related to sexual and reproductive health will have important beneficial effects on the health of young adults as they transition into sexual activity. Access to condoms and other forms of contraception, as well as counseling and testing, can improve the likelihood that young people can begin a healthy and satisfying sexual life.

Investments in urban slum environments, in the form of improvements to sanitation, access to safe water, and in-situ upgrading programmes, should be made with children’s well-being, security, and needs in mind.

Efforts should be made to support adolescents and youth to allow access to opportunities and to make decisions that will set them on secure and safe pathways to adulthood. These opportunities should include access to quality primary and secondary education, life skills and entrepreneurship training, as well as community-based development and civic engagement opportunities. Improving access can help to break down barriers to young people’s inclusion in their communities and cities.

Collection of quality urban data, particularly data disaggregated by settlement to capture intra-urban differentials, must be encouraged and supported. Accurate data on children in slum settings will provide evidence for child-focused policies targeting those who are most at-risk. All children should be counted.

Efforts must be made to strengthen national and municipal-level frameworks to ensure the rights of children and youth are protected and improved in slum settlements. In line with CIDA’s other efforts on participatory approaches to working with children and youth, there should be a focus on building Child Friendly Cities within slum settlements across sub-Saharan Africa.
STATEMENT OF THE PROBLEM

With estimates of the population of young urban dwellers exceeding 1 billion, the future of urban children and youth is central to development. While such children, particularly in developed countries, may benefit from a so-called 'urban advantage' with access to better schooling, high-quality healthcare, and to the typically higher urban incomes of their parents, such opportunities are not within the reach of all children living in urban areas. Risks to child health and educational outcomes are often found to be higher and more severe for children living in urban informal settlements or slums than for children living in wealthier urban areas, and in some cases, children in rural sectors. This is likely due partially to education and healthcare services being particularly strained and because the physical and social environment may be especially harmful to children. The physical conditions of many slum settlements pose a significant threat to health and well-being, and children are often particularly vulnerable to negative health outcomes resulting from the stresses and hazards of their surroundings. Socially, those living in slum settlements often experience severe deprivation and social exclusion. Slum dwellers are frequently denied simple civil and human rights and face substantial insecurity in their day to day lives. Many child slum-dwellers are living on the margins of urban life with little access to the advantages and benefits of city living. As they are home to a significant number of children and youth, sub-Saharan Africa’s slums are areas in need of focused interventions to improve the lives of young slum residents. Putting child slum residents at the centre of the urban agenda and focusing on children’s rights and well-being in the slums will help millions of children have the chance to overcome urban inequalities and to secure safe and successful futures.

BACKGROUND: URBANIZATION IN SUB-SAHARAN AFRICA

The urban transition began later in sub-Saharan Africa as compared to other developing regions, and much of the continent remains in the process of transitioning from majority-rural to majority-urban population. Urbanization increased swiftly in many countries throughout the region following independence, when colonial restrictions on internal migration were lifted and urban populations began to expand. While Africa as a continent is still the least urbanized area
of the world, rates of urban growth are the highest, at 3.3% per year between 2005 and 2010 (UN-Habitat 2010a). Urban growth in sub-Saharan Africa is primarily driven by the growth of slum settlements, with slum growth rates in many countries matching or in some cases exceeding the urban growth rates (UN-Habitat 2008).

This rapid urbanization – particularly in combination with economic stagnation, as was the case throughout sub-Saharan Africa for much of the 20th century – has had a number of impacts on the development and expansion of African cities. Rapid urbanization puts a serious strain on infrastructure, especially in terms of provision of clean water, sewage systems, electricity, waste removal, transportation, and education and health services. It affects food supply and food security within urban communities. Rapid urbanization also often leads to inadequate and substandard housing, and the development of squatter settlements and urban slums.

CHILDREN & YOUTH IN AFRICA’S SLUMS
Data collection in slum settings is notoriously difficult, and most of the available data on slum dwellers is not disaggregated by age. UN-Habitat (2010b) estimates, however, that the bulk of those living in informal slums are young people under the age of 24. Approximately half of all the world’s children – more than 1 billion – live in urban areas around the world, the majority in the developing world (UNICEF 2012). The overall population of sub-Saharan Africa is youthful, with an increasing number born into or migrating to urban slum settlements. In some of Nairobi’s slum settlements, more than 30% of the population is under 15 years of age, with a
further 22% aged 15-24 years (Emina et al 2011). The population of 0-14 year olds in Ouagadougou’s informal settlements is approximately 39% of the total population (Rossier et al. 2012).

Despite being the least urbanized continent, there are twice as many urban children in Africa as in North America, with a large – and growing – number growing up in the margins of their cities (UNICEF 2002). Cities – and slums – across sub-Saharan Africa are growing primarily by natural increase, but as restrictions on mobility have eased in recent decades, greater numbers of families are migrating temporarily or permanently to urban areas, often with their children. Slum settlements are often the first entry-point into urban living for many rural to urban migrants. While some – roughly two million of the seven million urban newcomers per year – will eventually move to more formal urban housing, the remainder will remain “confined on the wrong side of the urban divide” (UN-Habitat 2010a: 33). Rather than benefiting from proximity to important urban services and new opportunities, slum residents, particularly young people, are often excluded and penalized. This has important implications for the well-being of urban children in slums, particularly in terms of education and health.

**CONDITIONS OF AFRICA’S URBAN SLUMS: HOW DO THEY AFFECT CHILD HEALTH?**

The proportion of slum dwellers in sub-Saharan Africa has decreased over recent decades – from 70% of the urban population in 1990 to 61.7% in 2010 – but the number of slum residents has increased in the same period, with approximately 213,000,000 estimated to live in slums in the sub-region (UN-Habitat 2012). It is estimated that each year, approximately 10 million people increase the urban population in sub-Saharan Africa, with two-thirds of these new additions living in slum settlements. This growth is driven partially
by internal migration (40%) but primarily by natural increase (60%), meaning the slum population of children and young people increases significantly each year (UN-Habitat 2010a).

While we have some sense of the prevalence of slum settlements in sub-Saharan Africa, they remain difficult to measure in many respects due to the variation of slums both between and even within countries. Slums vary significantly in their degrees of poverty and deprivation, making it difficult to accurately enumerate areas that may qualify as slum-like. UN-Habitat measures slum households by whether they experience one or more shelter deprivations (See Box 1); areas with significant numbers of slum households are then categorized as slums or slum cities.¹ Thus, informal settlements are typically characterized by their poverty, squalor, lack of security (both physical security and tenure security), and their scarcity of key urban services including sanitation and improved water sources (See Appendix A for further details on the indicators used to characterize slums). It is important to note, however, that not all slums – or slum residents – are equally deprived, nor do all the urban poor live in slum settlements.

### BOX 1: WHAT IS A SLUM?

According to UN-Habitat, while slums vary significantly by degree of poverty and deprivation, slum households can be described as those households which lack one or more of the following characteristics, also known as shelter deprivations:

- **Durable housing** of a permanent nature that protects against extreme climate conditions
- **Sufficient living space** which means not more than three people sharing the same room
- **Easy access to safe water** in sufficient amounts at an affordable price
- **Access to adequate sanitation** in the form of a private or public toilet shared by a reasonable number of people
- **Security of tenure** that prevents forced evictions

Because tenure security is difficult to measure and little data is collected on tenure status, UN-Habitat uses only the first four shelter deprivations to determine slum household status. No social dimensions are included.


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¹ UN-Habitat differentiates between “cities with slums” and “slum cities” by noting that the former are characterized by a clear divide between the wealthy and the poor, while the latter constitute those areas where wealthy and poor individuals live side by side, all lacking one or more shelter deprivation. According to UN-Habitat, slum cities are widespread across much of sub-Saharan Africa. See UN-Habitat 2010a for further discussion.
The physical and environmental conditions in urban slums are typically very poor and extremely hazardous, especially for young children. Conditions often include extreme levels of poverty, substandard and inadequate housing, and severe overcrowding both within households and communities as a whole, with approximately 20% of the urban poor living with more than 3 people to a room (UN-Habitat 2003). Urban poverty growth now outpaces overall growth in those in living in poverty in sub-Saharan Africa, and a significant share of the urban poor are found in slum settlements (Arimah 2012). Both outdoor and indoor air pollution are significant issues for child health, as slums tend to be located near industrial areas or next to highways and have a lack of effective waste removal; most cooking is done indoors over open fires or stoves, which produce a lot of smoke that is dangerous to inhale, especially for young children.

There is often substantial food insecurity, as there is little to no land on which to grow food and most food available within slums is either prohibitively expensive or of very poor nutritional quality. The lack of food of appropriate nutritional quality has significant implications for children’s development. There is little or no public infrastructure and municipal services, and very little maintenance of available infrastructure, meaning slum dwellers typically do not have access to waste removal, sanitation systems, clean water, and reliable electricity. Studies in Nairobi’s slums indicated only 12% of households have access to piped water, with significant proportions of slum residents purchasing water at exorbitant cost from private sources (Oxfam 2009).

Beyond physical and environmental factors, residents of slums experience significant social, economic, and political exclusion, leaving them on the margins of the city both literally and figuratively. Arimah (2011) calls Africa’s slums “one of the most enduring physical manifestations of social exclusion” (2011: 3). While social exclusion and other social elements are not measured as part of the definition and categorization of slums, they are key elements in the lived experiences of slum dwellers. In part due to the lack of tenure security many slum dwellers face, many of those residing in informal settlements have little access to the formal sector of the city. Many cities with slums have little governance over the informal settlements in
their proximity, and often have few financial or infrastructural resources to provide services within slums (UN-Habitat 2012).

Social, health, and educational services are often not easily available to slum residents in sub-Saharan Africa, either because such services are not located in the slums, because documentation required to access services is lacking, or because the financial and opportunity costs of reaching services is high. Living in informal settlements may limit opportunities for employment in the formal sector, and working in the informal sector can be unstable and uncertain (UN-Habitat 2012). Access to formal financial institutions, such as banks, credit unions, and loans, can often be difficult or even impossible for those who lack proper documentation or rights to property and other assets. Children born in slum settlements are not always registered at birth, and are therefore often not able to access formal educational institutions, settling instead for privately-run local schools or staying out of school altogether (UNESCO 2010). In many slums, the majority of institutions and services that are available to residents are provided by non-governmental organizations (NGOs) and community-based organizations (CBOs).

CHILD HEALTH IN URBAN SLUMS: URBAN ADVANTAGE OR URBAN PENALTY?

Throughout the latter half of the 20th century, the consensus has been that urban life has significant benefits, and that health outcomes for urban residents are far better than the outcomes of rural residents, captured in lower morbidity and mortality rates and higher life expectancy for urbanites as compared to their rural counterparts (Garenne 2006). Typically, urban residents tend to have higher levels of education, higher rates of literacy for both men and women, and higher incomes than those living in rural areas. The so-called ‘urban advantage’ is thought to be the result of better access to healthcare and educational opportunities, more prospects for employment and income generation, and an overall higher standard of living. The very poor standard of living for many urban residents in sub-Saharan African cities – and perhaps especially in the slum settlements – suggests, however, that intra-urban differentials may lead to an urban advantage for some and an urban penalty for others.

Urban slum dwellers are often considered to experience a ‘double-health burden,’ facing both communicable, infectious diseases as well as chronic conditions, caught halfway through the epidemiological transition from ‘diseases of pestilence’ toward chronic, ‘man-made’ diseases (Omran 1971). Evidence on the health outcomes of slum dwellers as compared to other urban residents and rural residents is mixed, but residents of informal settlements in sub-Saharan Africa are often found to be faring poorly with regard to illness, mortality, and sexual and reproductive health outcomes. Children in particular are those most vulnerable to the environmental and physical conditions within slums, often experiencing severe issues with regard to access to healthcare and immunizations, morbidity and mortality, nutrition and food security, and for adolescents and youth, sexual and reproductive health.

**Access to Health Care and Immunizations**

In many slum settlements, accessing healthcare can be particularly problematic for children and young people. Government-run clinics and hospitals are often located outside of informal settlements, making the financial and opportunity costs of visiting a clinic high, especially for mothers who are employed or those with many children. Children without birth certificates and other documentation may be refused service if they cannot prove their eligibility for government-supplied healthcare. When private healthcare is available, high quality facilities are also typically located – geographically and financially – out of reach for many slum residents. Informal, privately-run clinics can be found in slums, but they may prove too expensive as they are unregulated, or the quality of care may prevent parents from bringing their children for treatment. NGOs and CBOs often find themselves filling in the gaps in the healthcare system, providing a wide range of health delivery services, particularly for child and maternal health. Research in Kenya found that out of 503 healthcare facilities identified by slum residents, 1% were public, 16% were private non-profit, and the remaining 83% were private for-profit facilities (UNICEF 2012).
Children living in slums typically have lower rates of access to the healthcare system than other urban children, and their parents report low levels of healthcare-seeking behaviours, although this varies significantly depending on the availability of quality care, parental income and education, and the nature of the illness (Taffa et al 2005). Access to healthcare services affects children even as they are born, with mothers who reside in slums being less likely to deliver their infants in healthcare facilities when compared to their non-slum urban counterparts, although delivery care provided in slums is still better in quality than facilities available in rural areas (Fotso et al 2009; Magadi 2004). Child slum dwellers often have lower rates of vaccination as compared to both non-slum urban and rural children; in Kenya, for example, data collected by the 2003 Demographic and Health Survey (DHS) demonstrated that 63% of non-slum Nairobi children were fully vaccinated compared to 56% of rural children and only 48% of children living in slums (Fotso et al 2009). Infants in slums experience nearly universal coverage for those vaccines typically given in the neonatal period (BCG, DPT1 and Polio1), but coverage decreases significantly for immunizations given later in childhood (APHRC 2002).

**Morbidity & Mortality**

Children living in poor urban communities, particularly in slum conditions, are exposed to physical conditions and environmental contaminants that pose severe risks to their health and safety. Coupled with reduced access to preventative and curative healthcare as discussed above, children living in slums are often reported to have worse health outcomes and lowered rates of survival. Young children in slums have particularly high rates of illness due to pneumonia, acute respiratory infections, and diarrheal disease as compared to other urban and rural areas (Oxfam 2009; APHRC 2002). Factors influencing the likelihood of episodes of illness among slum children include the child’s age, maternal characteristics such as employment status, migrant status and educational attainment, and environmental factors such as the type of toilet available to the household (Konseiga 2008; Ndugwa & Zulu 2008).
Where data is disaggregated within urban areas, it is evident that slum residents have much higher rates of infant and child mortality in comparison to their non-slum counterparts, and even in comparison to rural areas, which have typically experienced lower rates of child survival than urban areas. Slums in Nairobi were found to have an infant mortality rate of 96 per 1,000 live births as compared to 77 per 1,000 for Kenya as a whole, and a child mortality rate of 139 per 1,000 live births versus 115 deaths per 1,000 at the national level (Oxfam 2009). Length of residence in slums appears to have an effect on child mortality rates, with children born in slums having higher rates of mortality than non-slum born children who move into slum settlements; children born to mothers who were pregnant at the time of their migration into slums often have the highest risk of death (Bocquier et al 2011). Research on urban slums across the developing world suggests that growth of urban slums (as measured by the percentage of the population living in slum conditions) contributes significantly to both infant and child mortality, with this relationship most evident in sub-Saharan Africa (Jorgenson & Rice 2010).

This heightened risk of mortality among slum children does not appear to be universal, as research in Ghana suggests that children in Accra’s slum settlements have a lower hazard of death when compared to children in non-slum urban and rural areas, with the rate of mortality of slum children declining at a faster rate than elsewhere in the country (Montana 2012). This study suggests that the popularity of sachet water – water sold in small plastic packages, which is typically cleaner and cheaper than other sources available in slums – is partially responsible for improvements in child survival, as families using sachets as their source of drinking water had lower rates of child mortality. While clean water sources are recognized as a key infrastructural improvement, researchers suggest sachet water is an understudied phenomenon which may have the capacity to improve health for a wide population in slums. Other research in Accra suggests that while clusters of high child mortality do exist within the city, they do not follow the expected pattern wherein children living in the worst slums have higher rates of mortality than children living in better neighborhoods. Researchers note that both public (government) and private (NGO) delivery of health services in the ‘worst’ slum communities are
a likely cause of lower child mortality in these slums, as programmes have typically focused in these areas given their previously high mortality rates and the possibility of reaching a large number of vulnerable children in one neighborhood. Their findings indicate that strong interventions focused only on improving child health in slum settlements may have led to reductions in slum-area mortality while leaving other areas unaffected (Weeks et al 2009).

Other research points to the location of the slum – in smaller towns versus in larger cities – as also being of importance, with children in city slums having generally better health outcomes than rural children and children in town slums, although non-slum children have overall better health indicators than all other children (Hill 2013). Such research suggests that some informal settlements in certain countries and locations may, in fact, benefit from an urban advantage rather than suffer from an urban penalty, but those slums that fare better are often those which have more and better-quality government services and interventions that have focused specifically on improving health outcomes in the slums. This hints at the potential promise of targeted interventions aimed at children and young people in informal settlements, who may have much to gain even from simple interventions to improve their health and well-being.

Targeted projects, such as the Health Promoting Schools initiative in Nairobi, aimed at health promotion and improvement of infrastructure and sanitation in schools in slum settlements have been found to improve school children’s health behaviours and hygiene practices, with the potential to decrease spread of communicable disease and to improve overall health (Keidar & Mwangi 2010). The Health Promoting Schools program, a joint project between a non-governmental organization and UN-Habitat, put in place changes to school environments, training for teachers, parents, and students, and health-based curriculum in a number of public and informal schools, providing evidence that such projects, when properly supported, have the potential to improve health for children and their communities.
**Nutrition and Anthropometric Measures**

Food insecurity is high in urban slums when compared to other urban areas, with food either difficult to access, too expensive for the majority of residents, or of poor nutritional quality. Despite high levels of rural poverty in many sub-Saharan African countries, food insecurity often affects fewer rural children, as many are members of farming households and have easier access to food grown at home. Four out of five Nairobi slum households are considered food insecure (Faye *et al* 2011). Research in informal settlements suggests that a variety of strategies are used to cope with increasing food costs and heightened urban poverty, including limiting the variety of foods provided, limiting portion sizes, reducing the frequency of meals, and maternal buffering, where mothers reduce their intake to provide more for their children (Oldewage-Theron *et al.* 2006). Reductions in daily meals and in the variety of foods served may especially affect young children, who require high-calorie and nutritious food with the necessary amounts of micronutrients for ideal physical and mental development and to improve their likelihood of withstanding common childhood illnesses. Under-nutrition can also have long-lasting effects throughout childhood and adulthood.

Data on anthropometric measures – stunting and wasting – for children in urban areas typically suggests that urban children are less likely to be stunted or wasted as compared to rural children. Caution must be taken, however, when looking at city-level data which does not disaggregate its informal settlements from other, wealthier areas. Different slum settlements in
Nairobi identify varying percentages of children who are stunted, with nearly half of children under age 5 being classified as stunted in Kibera, and approximately 40% of all children under age 5 stunted in the Viwandani and Korogocho slums (Abuya et al 2012; Oxfam 2009). Stunting increases sharply among infants in impoverished urban communities like those in Nairobi, with the prevalence of stunting among children aged 15 months at approximately 57% for those in slums, as compared to 35% for urban Kenya and around 28% for all of Kenya (UNICEF 2012).

**Sexual and Reproductive Health**

Sexual and reproductive health outcomes are immensely important to guarantee safe and secure futures for children and young people. Adolescence is a tumultuous time for young men and women, during which they often begin to make many important transitions to adulthood, such as sexual debut, marriage, and childbearing. Social conditions, including a lack of monitoring by parents and community members, fewer economic and educational opportunities, heightened social exclusion, and the risk of gender-based violence, put adolescents and youth at an increased vulnerability as they make these transitions and choices that may have life-long consequences.

Both boys and girls living in slums are likely to initiate sexual activity at earlier ages than both their non-slum urban and rural counterparts (Greif et al 2011; Kabiru et al 2010; Dodoo et al 2007). Rates of HIV/AIDS are usually higher in urban centers as compared to rural regions, and slum areas typically have a higher prevalence of HIV/AIDS than other areas: for example, prevalence of HIV in Nairobi’s slum settlements is 12%, as compared to 5% for other urban and 6% for rural areas (Madise et al 2012). Young women in slums may be particularly at risk of becoming infected with HIV; female youth have a higher prevalence than their male counterparts, and may be exposed to additional risks due to gender-based sexual violence or transactional sex. A study in the Kibera slum of Nairobi found that 43% of girls 10-19 years of age reported that their first sex was coerced (Erulkar and Mathake 2007), while 24% of adolescent girls in other slum settlements reported coercion at sexual initiation (APHRC 2002).
Research in Nairobi’s slums and other informal settlements in sub-Saharan Africa has demonstrated that young slum residents are more likely to take part in riskier sexual behaviours, such as early sexual debut, greater numbers of sexual partners, and less condom use than their non-slum counterparts (Greif et al 2011; Dodoo et al 2007; Zulu et al 2002). Teenagers are even more vulnerable to poor sexual and reproductive health outcomes due to low levels of knowledge of how STIs and HIV are transmitted and an inaccurate understanding of their own personal risk (APHRC 2002). Early childbearing is also not uncommon in slum settings, placing both the young mother and her baby on a potentially risky trajectory. In Kenya, young women living in Nairobi’s slums were more likely to have given birth when compared to all of Nairobi and Kenya as a whole, and particularly at younger ages (APHRC 2002). Births among teenagers have potentially serious health consequences both for mothers and babies, with adolescent mothers more likely than older mothers to experience maternal complications, and with babies of young mothers at a heightened risk of neonatal conditions and other negative health outcomes (Magadi 2004).

THE EDUCATION OF YOUNG SLUM DWELLERS

According to UNESCO (2012), few countries in sub-Saharan Africa have or are on the way to achieving education for all by 2015, the target set under the Millennium Development Goals, although there have been improvements in enrollment and completion overall. Approximately half of all countries in the sub-region have primary education completion rates of below 70%, with substantial variation within countries due to geographic location, type of community, gender, costs, and other factors (UNESCO 2012). Free primary education (FPE) is not universal across the continent, and even within countries with FPE, parents are still required to contribute to school costs such as uniforms, teachers’ fees, and school supplies, which may put formal schooling out-of-reach (UN-Habitat 2010b). Enrollment rates are, by and large, higher in most urban areas of sub-Saharan Africa as compared to rural areas, suggesting an urban advantage for young people living in cities (UN-Habitat 2010a). According to UN-Habitat (2010b), however, many young slum dwellers are excluded from educational opportunities due to their residence...
in informal settlements, with urban inequalities significantly limiting opportunities and outcomes.

Children in slums across sub-Saharan Africa are less likely to attend school than non-slum children (UNICEF 2012). In Nigeria, children in slums are 35 percent less likely to attend than non-slum residents (UN-Habitat 2010b). In Tanzania, Zambia, and Zimbabwe, where significant gains were seen in primary school enrollment for urban non-slums and rural areas, enrollment declined in urban slums (UNICEF 2012). These gaps between slum and non-slum children are apparent at both the primary and the secondary level, with youth in slums having far fewer opportunities to enter secondary schooling than their non-slum counterparts (UN-Habitat 2010a). Girls in slums are particularly unlikely to be in school, with between 20 and 30% of school-aged girls out of school in many sub-Saharan African countries (UNFPA 2007). Adolescent girls in the Kibera slum in Nairobi are more likely to be out of school than boys (43% versus 29%), and are less likely to have begun school on time (49% of girls as compared to 61% of boys beginning at age 6 or below) (Erulkar & Mathake 2007). In other Nairobi slums, urban non-slum children have higher rates of primary school enrollment than urban slum children, while rural children have lower rates of enrollment than all urban children; however, school enrollment for slum children begins at earlier ages and declines more rapidly than for rural or non-slum children (Mugisha 2006).

Residents of slums may be less likely to be enrolled in school due to a lack of schools in their communities, or a lack of quality schooling available to them. Financial costs of schooling are also significant factors in school drop-out, even in countries with universal primary education (UNICEF 2012). Costs may not always be as important as location, given the large number of private ‘schools for the poor’ that exist in many, if not all, sub-Saharan African slums. Public, government-provided schools are not easily available to slum residents, as they are usually outside the informal settlements or require documentation some slum residents may not possess. Research in Kibera, Nairobi, indicated the existence of 76 private fee-charging schools at the primary and secondary level serving over 12,000 slum residents, while five nearby free
government schools served an estimated 4,500 slum children, suggesting a majority of the slum’s children attended private schools of some kind (Tooley 2005). In the Makoko slum of Lagos, Nigeria, a minimum of 68% of slum children were estimated to attend private schools within the slums, as few government schools were located at the periphery of the community (Tooley 2005). Similar to health facilities in the informal settlements, some of these are run by NGOs and religious organizations, while others are run by private individuals. In some cases, parents were determined to be choosing to pay the small fees required by private schools as these schools were located within their communities, there was far less stigmatization of slum children by their teachers when compared to attitudes held by some teachers at government schools, and the pupil-to-teacher ratios were far lower in the private schools (Undie et al 2008; Tooley 2005).²

Low rates of enrollment in primary and especially secondary school for many slum children suggest that these children will have less access to opportunities that will set them on safe and successful life trajectories. A significant proportion – more than one quarter – of young people in sub-Saharan Africa are neither in school nor working, suggesting that they are unlikely to be acquiring the necessary skills and experience needed for their future (UN-Habitat 2010b). Low levels of education and literacy among adolescents and youth in slums indicate that future prospects may be bleak, especially for young women. Female literacy rates are consistently lower for urban slums areas as compared to non-slum urban areas, although the difference is small for several countries in East and Southern Africa. In some West African countries, however, literacy rates in non-slum zones are twice as high as in slums.

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² Tooley (2005) found that in Kibera (Kenya), pupil-to-teacher ratios were 60:1 in government schools, versus 21:1 in private unregistered schools. In Makoko (Nigeria), the ratios were 29:1 in government schools, as compared to 15:1 in private unregistered schools.
For many young people, access to opportunities is obstructed by both personal and household poverty, parents’ low levels of education, and a general sense of not having the right to access educational services and facilities when they are available (UN-Habitat 2010b). Without education and training, many adolescents in slum settlements indicate they have little or no hope for their future and few ideas about what the future may hold for them (Erulkar & Mathake 2007). Initiatives to support and encourage young women in particular to remain in school and successfully transition into secondary school have been developed by researchers and community organizations working in slum settlements, providing girls with additional instructional time as well as mentorship in the hopes of increasing the number of girls entering secondary school, and improving learning outcomes (APHRC 2013).

“I DON’T WANT THEM TO LEAD THIS LIFE:” AN IN-DEPTH CASE STUDY ON RAISING CHILDREN IN NAIROBI’S SLUMS

Parents raising their children in slum settlements often report hardships and difficulties faced by themselves and their children due to conditions in the slums; parental dissatisfaction with the environment, social conditions, financial costs, and lack of resources is often quite high (Meth 2013). Slum environments are often perceived by parents to be less than ideal for child well-being and development, particularly with regard to children’s health and survival. In part due to these issues and due to the lack of urban services, many parents living in slum settlements
make decisions for alternative living arrangements for children (Cotton & Beguy 2013; Archambault et al 2012).

Mothers in Korogocho and Viwandani – two of Nairobi’s slums – discussed their experiences living with and raising their children in the informal settlements (Cotton & Beguy 2013). The majority of mothers had numerous complaints about raising children in the slum settlements due to financial difficulties, lack of quality and affordable services for health and education, the poor physical environment in the slum settlements, and significant risk of danger and violence toward their children. While some positive aspects were discussed – the availability of education opportunities and employment in Nairobi City, more excitement, and a greater potential to succeed – most of the mothers were concerned both about their children’s day-to-day survival as well as their long-term life trajectories. A selection of their comments paints a picture of their experiences living in the slums:

3 The study, conducted for the author’s dissertation research, aimed to look at the lives and experiences of migrant women and their children in two informal settlements (Korogocho & Viwandani) in Nairobi, Kenya. The study has passed through the institutional review process at McGill University, and received ethical clearance in May 2011. Informed written consent was received by all respondents after the project was explained. The research, conducted in July 2011 with the assistance of the African Population and Health Research Centre, took the form of 31 interviews with women aged 19-49 with at least one living child. The women were nearly all migrants to Nairobi, had an average of 3 children, with children ranging in age from 2 months to 30 years. Interviews focused on women’s experiences with migration, child circulation and fostering related to women’s migration, and women’s experiences raising their children while living in slum settlements in Nairobi.
BOX 2: Raising Children in Nairobi’s Slums

“In Nairobi everything costs money. You therefore have to put in the effort. Water costs money, electricity costs money, everything costs money.” (35 year old, two children, Korogocho)

“Right now we are merely in survival mode. Everything is so expensive. Those of us with low income are having a hard time. If my children fall ill I am sometimes unable to take them to the hospital because of a lack of funds.” (28 year old, two children, Korogocho)

“I would rather go back home [the village]. There are so many problems in Nairobi. Sometimes I go without work for a while and sit at home, very depressed. I can’t even feed my kids when they come home from school—I do not have the money to buy them at least a cup of tea or porridge. They wake up hungry but there is nothing I can do but encourage them to stay strong.” (29 year old, three children, Korogocho)

“God willing, I would rather move to a better place, any place other than Koch [Korogocho]. We have too many problems in Koch—it’s too dirty, one can easily get sick from all this filth. We don’t have running water. We are just waiting on God for a blessing.” (28 year old, two children, Korogocho)

“It’s a little bit of a risk [having children in Korogocho]. Bringing up children here is a challenge. I have to bring them up closely and guide them on how to live... Children here smoke marijuana and inhale “glue.” And others are thieves and gangs. There are so many negative influences in Korogocho... he [my son] doesn’t like living in Korogocho, and is always asking us to move.” (35 year old, two children, Korogocho)

“It’s not good [here]. We don’t live in a good environment—it’s dirty. The child can get sick and I don’t even have money to take him/her to the hospital. I pray that God protects my child.” (33 year old, five children, Viwandani)

“Life at home is good. Life in Nairobi derails children—the environment in Korogocho is not healthy. Life at home is better... There is a lot of crime in Korogocho—people of my children’s age are getting murdered.” (29 year old, five children, Korogocho)
PUTTING CHILDREN AT THE CENTRE OF THE URBAN AGENDA: INTEGRATING A CHILD-FOCUS TO SLUM INTERVENTIONS IN SUB-SAHARAN AFRICA

In many ways, urban children can be expected to have better lives and improved outcomes as compared to their rural counterparts, but the realities of urban poverty and inequalities often mean that the poorest and most vulnerable children – often those living in slums – are growing up on the edge of society, both literally and figuratively. A focus on children when designing and implementing slum interventions in sub-Saharan Africa has the potential ‘to put children at the centre of the urban agenda’ (UNICEF 2012).

Recognition of children’s rights in the city, as enshrined in the Convention on the Rights of the Child, is imperative in the implementation of health and education-related interventions in slum settlements. For most children living in slums, there are significant obstacles to the realization of their basic rights, namely discrimination and stigmatization resulting from their urban poverty and a lack of availability of many of the services and resources children need to survive and succeed. Investing in children’s education and health, as well as their overall urban environment, can significantly improve children’s well-

**BOX 3: Key Rights of Children in Slum Settings**

The Convention on the Rights of the Child contains a number of inalienable rights for children, including some which are particularly relevant when designing interventions to improve the lives of child slum dwellers:

**Article 2: Non-Discrimination:** “States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.”

**Article 3: Best Interests of the Child:** “In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.”

**Article 6: Right to Life & Development:** “States Parties recognize that every child has the inherent right to life. States Parties shall ensure to the maximum extent possible the survival and development of the child.”

**Article 12: Right to Personal Views:** “States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.”

being, along with guaranteeing their rights. These rights, particularly those most relevant to building Child Friendly Cities, should be emphasized in the planning of projects related to children and young people living in slums (UNICEF 2004). Building Child Friendly Cities in the slums of sub-Saharan Africa is possible with significant contributions from governments and their development partners, including CIDA.

**BOX 4: What is a Child Friendly City?**

A Child Friendly City guarantees a child’s right to:

- Influence decisions about their city
- Express their opinion on the city they want
- Participate in family, community and social life
- Receive basic services such as health care, education and shelter
- Drink safe water and have access to proper sanitation
- Be protected from exploitation, violence and abuse
- Walk safely in the streets on their own
- Meet friends and play
- Have green spaces for plants and animals
- Live in an unpolluted environment
- Participate in cultural and social events
- Be an equal citizen of their city with access to every service, regardless of ethnic origin, religion, income, gender or disability


Child Friendly Cities aim to improve conditions and outcomes in cities through participation of and engagement with children and young people who live in the targeted areas. A focus on building Child Friendly Cities in slums in sub-Saharan Africa would see governments, NGOs, CBOs, and other development partners working with child residents of slums to better understand the needs and hopes of these children. Child slum dwellers are some of the world’s most vulnerable citizens. A targeted approach to improve their environments and outcomes has the potential to help children survive and thrive despite the physical and social conditions of the slums, setting them on positive and successful trajectories toward adulthood.
While the conditions of African slums are often bleak and difficult, many settlements are home to thriving communities and significant opportunities which can be capitalized upon. Because many informal settlements have developed over decades, many residents have established long-term networks and linkages within their communities, and numerous CBOs have emerged to fill the gaps left by the lack of governmental involvement. These community organizations present an opportunity to integrate both long-term residents and new arrivals into social networks which provide social support and new prospects. Various NGOs, both international and local, work in slum settlements to provide health services, economic support and education for slum residents, working with residents to provide the services and facilities they need the most. There is great potential within many slums to build on these CBOs and community ties in order to improve the standard of living and the opportunities for children and youth growing up in these settlements.

**HOW CAN CIDA & ITS PARTNERS PROMOTE CHILD-FOCUSED POLICY AND INTERVENTION IN AFRICA’S SLUMS?**

CIDA has previously implemented, and is in the process of currently implementing, a number of projects targeting children both in sub-Saharan Africa and elsewhere in the developing world. While many of these projects target key areas for the successful development of children and young people, including various aspects of education and health, few projects focus specifically on children growing up in Africa’s urban slums. Children in slum settlements are an important target population, given their vulnerability, poor health outcomes, and likelihood of experiencing social exclusion. Large-scale projects aimed at these children also have a high potential to reach a large number of individuals, given the sizeable – and constantly growing – population of young people living in slum settlements. Given that many NGOs and CBOs have long histories of working in many of these slum settlements in the health, education, and infrastructure sectors, partnerships between CIDA and such organizations, particularly local organizations, are likely to be successful in reaching the population most in need. When possible, CIDA should partner with organizations familiar with the design of interventions that will allow for the collection of high-quality data to clearly outline the successes of various
projects and the areas for improvement. As of 2013, CIDA has six projects currently in operation or recently terminated which are based primarily or fully in slum settlements (the vast majority in sub-Saharan Africa). Of these six, two projects were explicitly targeting a vulnerable child/youth population in slum settings (street children and children with disabilities, respectively). These projects made very important contributions to children’s education and youth economic opportunities by reaching particularly vulnerable groups within slum settings, but were relatively small-scale and could be expanded to reach a larger number of young people in slums. Other CIDA-supported projects aimed at improving physical conditions and strengthening health systems have provided invaluable resources to urban slums across sub-Saharan Africa. Building on the experience, skills, and knowledge developed through previous projects and partnerships in order to implement a child-centered focus to improve health, education, and well-being in Africa’s slums, CIDA should:

- **Focus child and youth intervention efforts in sub-Saharan Africa’s slum settlements:**
  These children are often, as a group, some of the most vulnerable, but are frequently invisible in interventions in sub-Saharan Africa, which have historically targeted greater numbers of rural children. CIDA has already made significant efforts in securing the health and well-being of children in developing countries, but targeting vulnerable youth in slums offers the possibility of reaching a large number of children in one area.

- **Invest in education in slums:** improve infrastructure, fund informal and private schools within slums, train teachers working in local informal schools where the majority of child slum dwellers attend.

- **Invest in children’s health in slums:** fund small-scale clinics and mobile healthcare units in slums, improve access to preventative and curative treatment, focus on infectious and environmental disease most common among young children, improve maternal health services to give children the best possible start in life.

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- **Invest in the physical environment**: fund improvements to infrastructure for the delivery of clean and safe water and sanitation services, advocate for environmental clean-up within slums, invest in and partner with organizations involved in in-situ slum upgrading programmes, which improve housing, services, and surroundings without displacing and disenfranchising slum residents.

- **Invest in data collection**: Promote the collection and dissemination of quality urban data disaggregated by slum and non-slum areas to better understand urban inequalities and disparities across indicators. Investing in the collection of quality data over time will emphasize what aspects of interventions are most successful and provide proof of measurable outcomes to promote evidence-based policy.
Appendix A: Indicators & Thresholds for Defining Slums

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Indicator</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to water</td>
<td>Inadequate drinking water supply (adjusted MDG Indicator 30)</td>
<td>A settlement has an inadequate drinking water supply if less than 50% of households have an improved water supply:</td>
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<tr>
<td></td>
<td></td>
<td>• household connection;</td>
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<td>• access to public stand pipe;</td>
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<td>• rainwater collection;</td>
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<td></td>
<td></td>
<td>with at least 20 litres/person/day available within an acceptable collection distance.</td>
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<tr>
<td>Access to sanitation</td>
<td>Inadequate sanitation (MDG Indicator 31)</td>
<td>A settlement has inadequate sanitation if less than 50% of households have improved sanitation:</td>
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<tr>
<td></td>
<td></td>
<td>• public sewer;</td>
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<tr>
<td></td>
<td></td>
<td>• septic tank;</td>
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<tr>
<td></td>
<td></td>
<td>• pour-flush latrine;</td>
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<td></td>
<td></td>
<td>• ventilated improved pit latrine.</td>
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<td></td>
<td></td>
<td>The excreta disposal system is considered adequate if it is private or shared by a maximum of two households.</td>
</tr>
<tr>
<td>Structural quality of housing</td>
<td>a. Location</td>
<td>Proportion of households residing on or near a hazardous site. The following locations should be considered:</td>
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<td></td>
<td></td>
<td>• housing in geologically hazardous zones (landslide/earthquake and flood areas);</td>
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<td>• housing on or under garbage mountains;</td>
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<td>• housing around high-industrial pollution areas;</td>
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<td></td>
<td></td>
<td>• housing around other unprotected high-risk zones (e.g. railroads, airports, energy transmission lines).</td>
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<td></td>
<td></td>
<td>b. Permanency of structure</td>
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<td></td>
<td></td>
<td>Proportion of households living in temporary and/or dilapidated structures. The following factors should be considered when placing a housing unit in these categories:</td>
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<tr>
<td></td>
<td></td>
<td>• quality of construction (e.g. materials used for wall, floor and roof);</td>
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<td></td>
<td></td>
<td>• compliance with local building codes, standards and bylaws.</td>
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<tr>
<td>Overcrowding</td>
<td>Overcrowding</td>
<td>Proportion of households with more than two persons per room. The alternative is to set a minimum standard for floor area per person (e.g. 5 square metres).</td>
</tr>
<tr>
<td>Security of tenure</td>
<td>Security of tenure (MDG Indicator 32)</td>
<td>• Proportion of households with formal title deeds to both land and residence.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Proportion of households with formal title deeds to either one of land or residence.</td>
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<tr>
<td></td>
<td></td>
<td>• Proportion of households with enforceable agreements or any document as a proof of a tenure arrangement.</td>
</tr>
</tbody>
</table>

Note: ‘Well’ and ‘spring’ are considered acceptable sources in the original MDG indicator but are almost certain to be polluted in urban areas.

Sources: adapted from UN-Habitat, 2002a, 2002b.

Annotated Bibliography

This report provides an overview of the lives of adolescents living the Kibera slum of Nairobi, Kenya. The study interviewed over 1,600 young people aged 10 to 19 living in Kibera, aiming to gain an understanding of adolescents’ migration history, living arrangements, livelihoods and employment, social support, sexual activity, and education. The report highlights the heterogeneity of experiences of adolescents living in Kibera, particularly differences by gender, and underlines the importance of recognizing the diversity of young people when planning interventions and programmes.

This chapter emphasizes the key health challenges faced by children and young people in the developing world, particularly in sub-Saharan Africa. They argue that a focus on young people is imperative given the increasing proportion of young people in the population of many developing countries, and the unique challenges young people face. They outline the leading causes of mortality among children and youth, and describe emerging issues that significantly affect the health of young people, including globalization, urbanization, and HIV/AIDS, among others.

This working paper outlines some of the author’s key findings from his study of private educational facilities in the developing world. The study looks at the availability of private education for poor children, including the numbers of schools, enrolment, and the management and funding of such schools, the effect of free primary education on private schooling, and comparisons of student achievement, student to teacher ratios, fees, and other aspects of schooling.

This annual report focuses on the well-being of children around the world, with this year’s focus on children growing up in urban communities, including slum settlements. The report provides both up-to-date data on the number of children living in urban centers, as well as the issues that most affect today’s urban young people. The report outlines a variety of measures that can be taken by governments and organizations to improve the lives of children and youth in cities, and emphasizes the importance of focusing on young people when planning for urban development.
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