



# Urban Poverty and Child Health Indicators in Ethiopia with DHS Data (AS81)

*An Analysis Brief from The DHS Program*

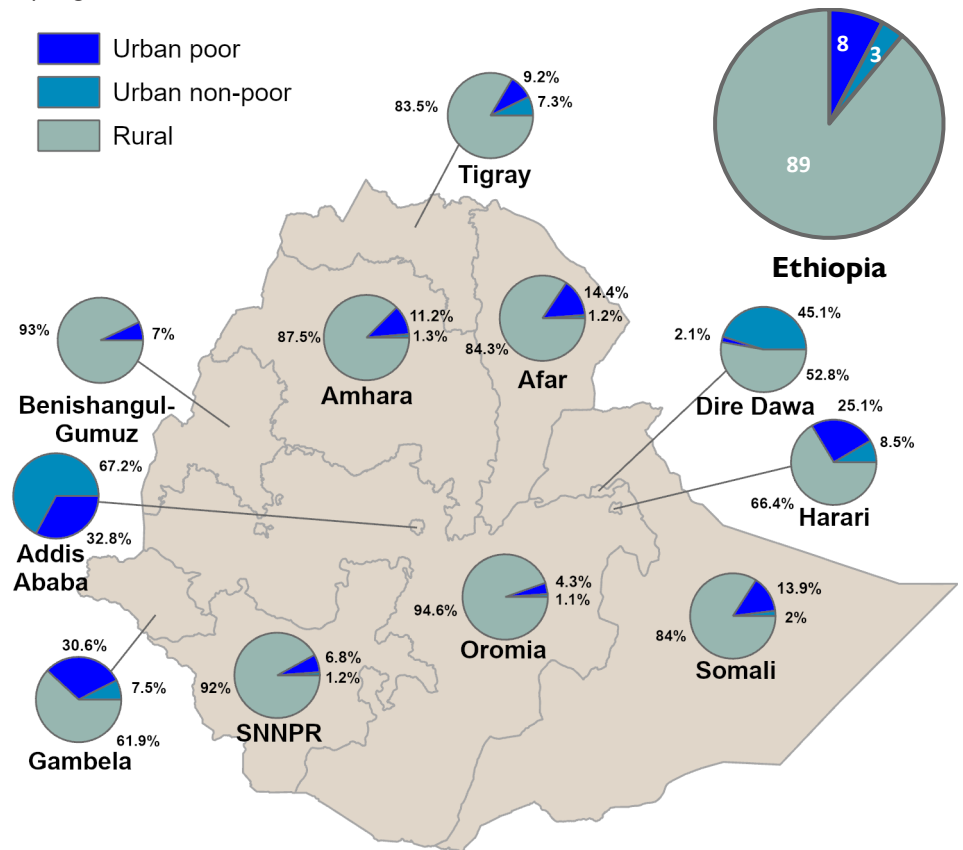
## Why study urban poverty and health?

The health consequences and advantages of urban living are not experienced equally by everyone in urban areas. This analysis compares several child health indicators (place of delivery, food given during diarrhea, liquids given during diarrhea, zero-dose children, breastfeeding timing after birth, weight for age, and weight for height) for urban poor, urban non-poor, and rural areas across six USAID Maternal and Child Health priority countries. This brief provides an overview of results from Ethiopia. Data from the 2016 Ethiopia Demographic and Health Survey (DHS) are used.

## Urban poverty in Ethiopia

- In Ethiopia overall, 8% of children under 5 live in urban poor areas, 3% live in urban non-poor areas, and 89% live in rural areas (Figure 1). This means that 70% of urban children live in poor areas, and 30% of urban children live in non-poor areas.
- By region, urban poverty is highest in Addis Ababa, Gambela, and Hariri (33%, 31%, and 25% respectively). Urban poverty is lowest in Dire Dawa (2%), which is largely urban. The region of Benishangul did not have any urban non-poor children, only urban poor (7%) and rural children (93%).

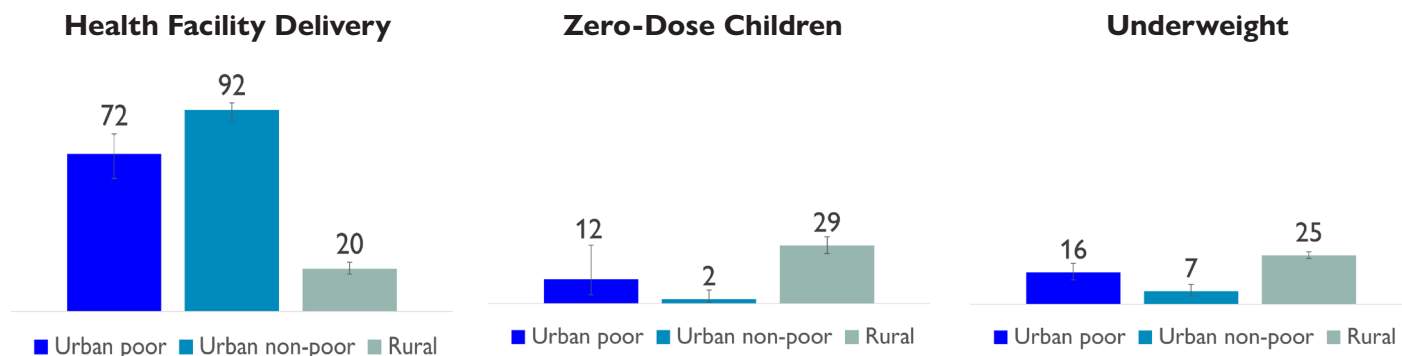
**Figure 1.** Percent distribution of urban poverty among children under 5 in Ethiopia by region.



## Differences in child health indicators by urban poverty in Ethiopia

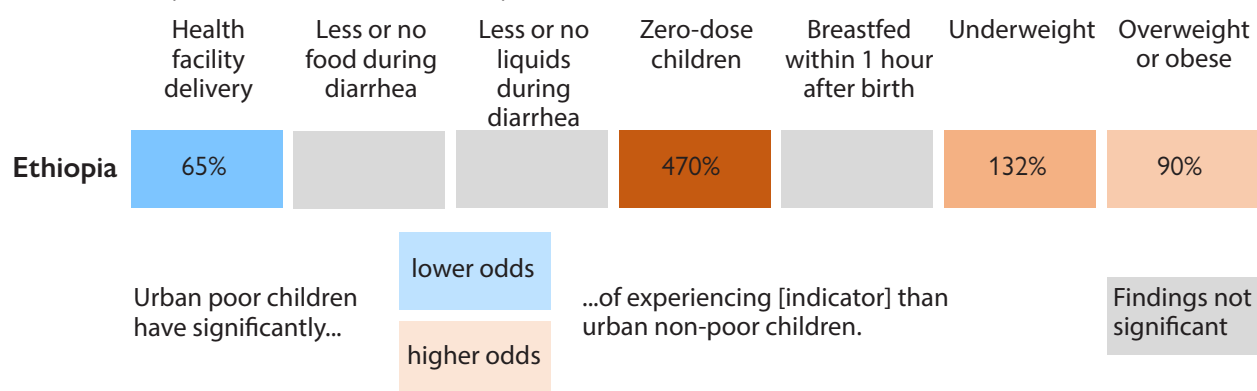
- Crosstabulation results for Ethiopia show the largest differences between urban poor and urban non-poor children for three indicators: health facility delivery, zero-dose children, and underweight.

**Figure 2.** Crosstabulations of health facility delivery, zero-dose children, and underweight among children in Ethiopia.



- Nine in ten urban non-poor children under five in Ethiopia were delivered in a health facility, compared to 7 in 10 urban poor children and just 20% of rural children.
- Zero-dose children (children age 12-23 months who have not received the DPT 1 vaccine) is higher among urban poor children (12%) than urban non-poor children (2%), but is highest among rural children (29%).
- More than twice as many urban poor children under five are underweight (16%) than urban non-poor children (7%), though one in four children in rural areas are underweight.
- Analysis shows these differences persist even after controlling for background variables. In the regression results shown in Figure 3, we see significant differences between urban poor and urban non-poor in four indicators: health facility delivery, zero-dose children, underweight, and overweight. We also observe a very large disparity between urban poor and urban non-poor for the zero dose children indicator.

**Figure 3.** Summary of adjusted regression results for each indicator for urban poor children under 5 compared to urban non-poor children under 5 in Ethiopia.



### Characteristics of urban poor in Ethiopia

- In Ethiopia, 35% of children in urban poor areas have mothers with secondary or higher education compared to 55% of children in urban non-poor areas and 3% of children in rural areas.
- Mothers in urban poor areas report getting money for treatment is their primary problem in accessing health care (38%), as do mothers in urban non-poor areas (26%).
- There is a difference in availability of public hospitals in Ethiopia by urban poverty: 26% of urban poor children live within 5 kilometers of at least one public hospital compared to 62% of urban non-poor children and only 2% of children in rural areas.
- More than half of children in urban non-poor areas live within 5 kilometers of at least one public non-hospital health facility (57%), compared to 25% of children in urban-poor areas and just 14% in rural areas.