Urban Poverty and Child Health Indicators in Democratic Republic of the Congo with DHS Data (AS81)

An Analysis Brief from The DHS Program

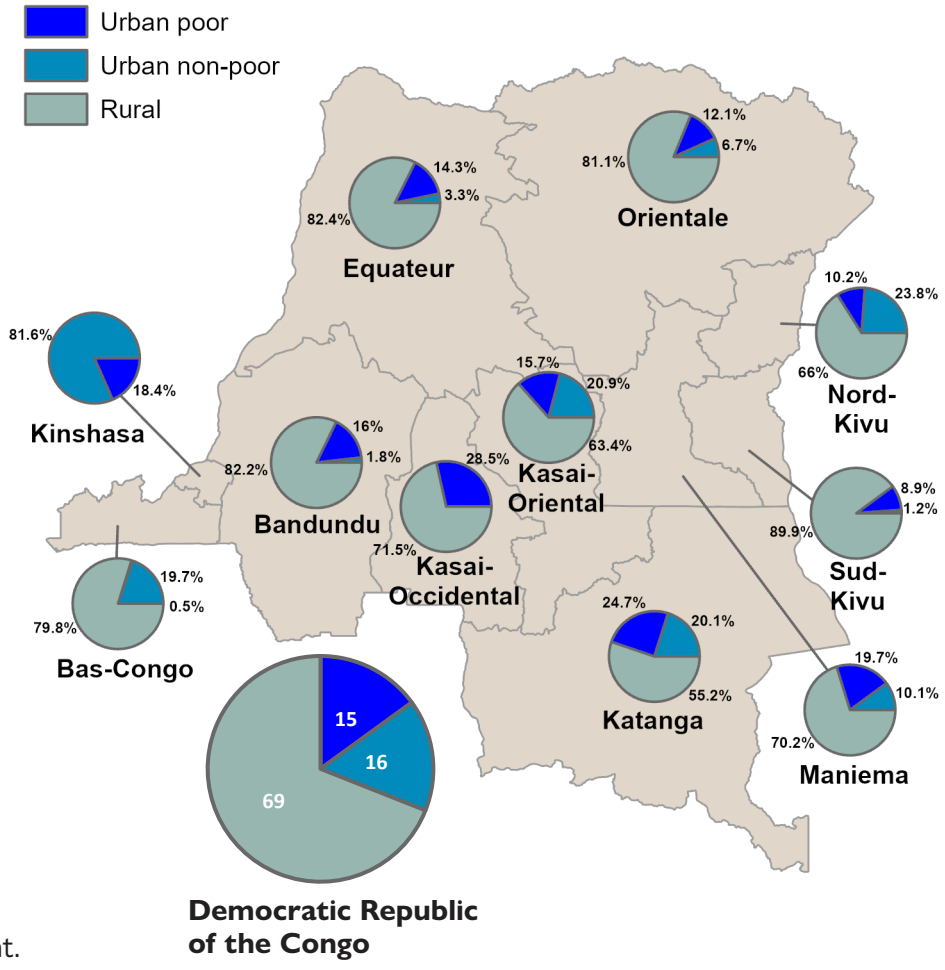
Why study urban poverty and health?

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 the Democratic Republic of the Congo (DRC). Data from the 2013-2014 DRC Demographic and Health Survey (DHS) are used.

Urban poverty in DRC

- In DRC overall, 16% of children under 5 live in urban poor areas, 15% live in urban non-poor areas, and 69% live in rural areas (Figure 1). This means that 52% of urban children live in poor areas, and 48% of urban children live in non-poor areas.
- By region, urban poverty is highest in Kasai-Occidental and Katanga (29% and 25% respectively). Urban poverty is lowest in Bas-Congo (<1%), which is largely rural.

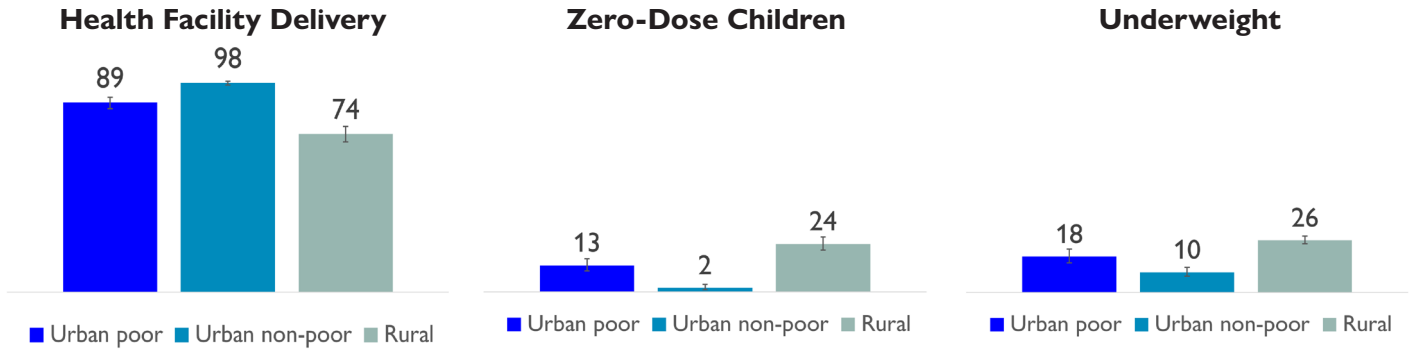
Figure 1. *Percent distribution of urban poverty among children under 5 in the DRC by region.*



Differences in child health indicators by urban poverty in DRC

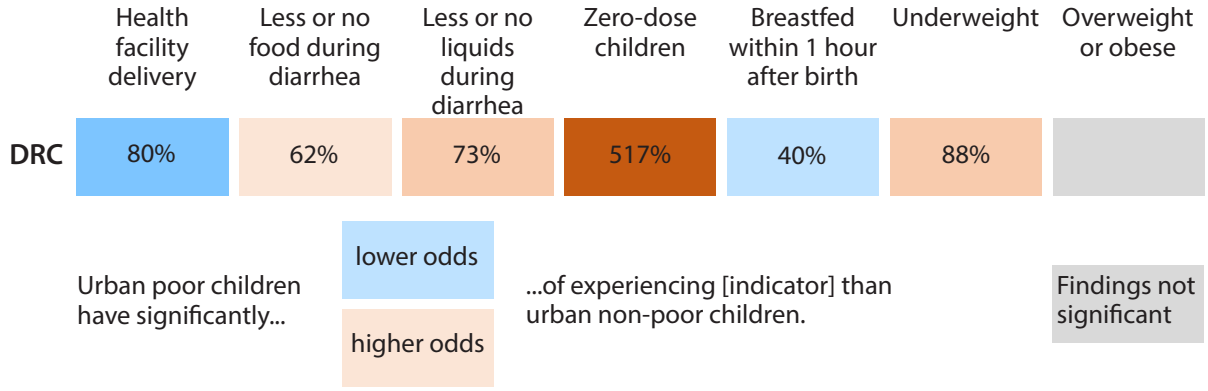
- Crosstabulation results for DRC show the largest differences between urban poor and urban non-poor children for three indicators: health facility delivery, zero-dose children, and underweight.

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



- Nine in ten urban poor children under five in DRC were delivered in a health facility, compare to nearly all urban non-poor children (98%) and 74% 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 (13%) than urban non-poor children (2%) but is highest among rural children (24%).
- More urban poor children under five are considered underweight (18%) compared to urban non-poor children (10%), though approximately 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, there are significant differences between the urban poor and urban non-poor for all indicators in DRC except overweight. There is a high disparity in zero-dose children found between urban poor and urban non-poor.

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 DRC.*



Characteristics of urban poor in DRC

- In DRC 56% of urban poor children have mothers with secondary or higher education compared to 78% of urban non-poor children.
- Mothers in urban poor areas have more trouble accessing health care: 76% have experienced at least one problem accessing health care compared to 62% of mothers in urban non-poor areas.
- There is a difference in availability of hospitals in DRC by urban poverty: 64% of urban poor children live within 5 kilometers of at least one public hospital compared to 92% of urban non-poor children and only 8% of children in rural areas.
- More than 9 in 10 urban children live within 5 kilometers of at least one public non-hospital health facility whether they are urban poor (91%) or urban non-poor (99%), which is greater than children in rural areas (43%).

This brief summarizes The DHS Program's Analytical Studies No. 81, by Shireen Assaf, Sara Riese, and Sydney Sauter with funding from The United States Agency for International Development through The DHS Program implemented by ICF. The full report is available at: https://www.dhsprogram.com/publications/publication-as81-analytical-studies.cfm