



# Urban Poverty and Child Health Indicators in Kenya 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 Kenya. Data from the 2014 Kenya Demographic and Health Survey (DHS) are used.

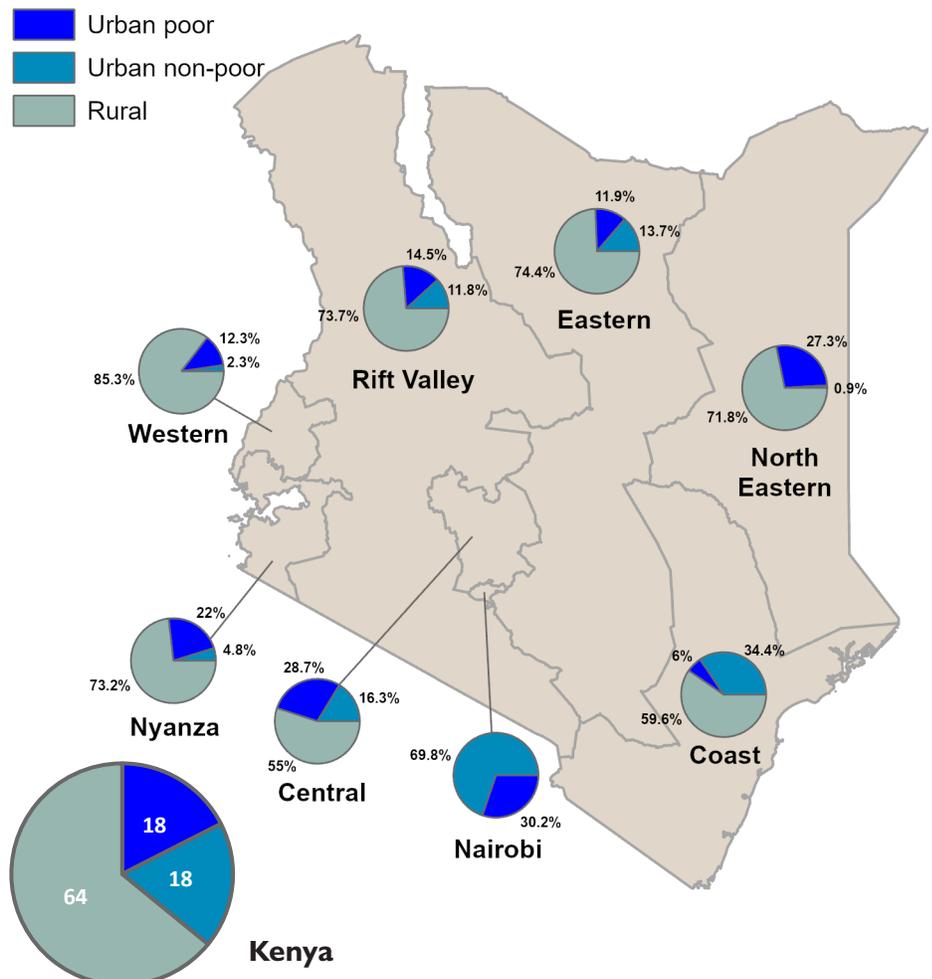
## Urban poverty in Kenya

- In Kenya overall, 18% of children under 5 live in urban poor areas, 18% live in urban non-poor areas, and 64% live in rural areas (Figure 1). This means that 49% of urban children live in poor areas, and 51% of urban children live in non-poor areas.
- By region, urban poverty is highest in Nairobi (30%), Central (29%), and North Eastern (27%). Urban poverty is lowest in Coast Region (6%).

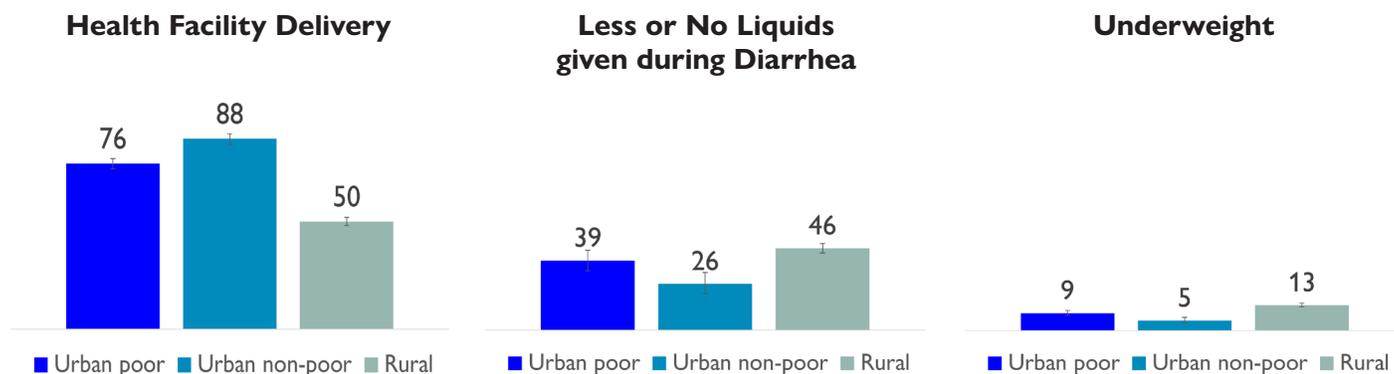
## Differences in child health indicators by urban poverty in Kenya

- Crosstabulation results for Kenya show the largest differences between urban poor and urban non-poor children for three indicators: health facility delivery, liquids given during diarrhea, and underweight.

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

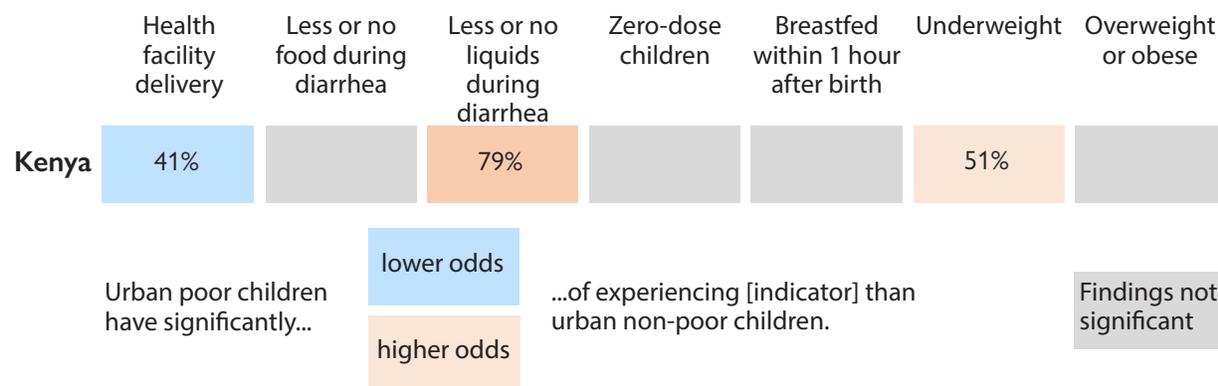


**Figure 2.** Crosstabulations of health facility delivery, liquids given during diarrhea, and underweight among children in Kenya.



- Three in four urban poor children under five in Kenya were delivered in a health facility, compared to 88% of urban non-poor children and 50% of rural children.
- Two-fifths of urban poor children were given less or no liquids during diarrhea (contrary to recommendations), compared to 26% of urban non-poor children and 46% of rural children.
- More urban poor children under five are considered underweight (9%) than urban non-poor children (5%), though 13% of children in rural areas are underweight.
- Analysis shows these differences persist even after controlling for background variables as shown in regression results in Figure 3.

**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 Kenya.



### Characteristics of urban poor in Kenya

- In Kenya, 41% of children in urban poor areas have mothers who have secondary or higher education compared to 58% of children in urban non-poor areas.
- Mothers in urban poor areas have more trouble accessing health care: 22% have experienced at least one problem accessing health care compared to 15% of mothers in urban non-poor areas.
- The availability of at least one public hospital within 5 kilometers is similar between the urban poor and urban non-poor in Kenya (61% and 67%, respectively).
- Similarly, the availability of a health facility that is not a hospital within 5 kilometers varies little between the urban poor (86%) and the urban non-poor (92%).