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 Tanzania. Data from the 2015-16 Tanzania Demographic and Health Survey (DHS) are used.

Urban poverty in Tanzania

- In Tanzania overall, 3% of children under 5 live in urban poor areas, 24% live in urban non-poor areas, and 73% live in rural areas (Figure 1). This means that 8% of urban children live in poor areas, and 92% of urban children live in non-poor areas.
- By region, urban poverty is highest in Lake Zone (8%). Three zones—Western, Southern, and Zanzibar—had no urban poor areas.

Differences in child health indicators by urban poverty in Tanzania

- Crosstabulation results for Tanzania show the largest differences between urban poor and urban non-poor children for health facility delivery.
Half of urban poor children under five in Tanzania were delivered in a health facility, compared to nearly all urban non-poor children (91%) and 54% of rural children.

Since there were no cases of zero-dose children among the urban poor in Tanzania, this group cannot be compared to the urban non-poor.

The differences in all remaining child health indicators between urban poor and urban non-poor were not significant.

**Characteristics of urban poor in Tanzania**

- In Tanzania, 7% of mothers in urban poor areas have secondary or higher education compared to 33% of mothers in urban non-poor areas.
- There was little difference between mothers in urban poor areas and mothers in urban non-poor areas experiencing difficulty accessing health care: 61% have experienced at least one problem accessing health care compared to 59% of mothers in urban non-poor areas.
- Getting permission to go access health care was a barrier to accessing health care more frequently experienced by urban poor mothers than by urban non-poor mothers (22% versus 14%).
- There is a dramatic difference in availability of hospitals in Tanzania by urban poverty: 12% of urban poor children live within 5 kilometers of at least one public hospital compared to 70% of urban non-poor children and only 3% of children in rural areas.

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](https://www.dhsprogram.com/publications/publication-as81-analytical-studies.cfm)