Urban Poverty and Child Health Indicators in Uganda 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 Uganda. Data from the 2016 Uganda Demographic and Health Survey (DHS) are used.

Urban poverty in Uganda
- In Uganda overall, 6% of children under 5 live in urban poor areas, 16% live in urban non-poor areas, and 79% live in rural areas (Figure 1). This means that 26% of urban children live in poor areas, and 74% of urban children live in non-poor areas.
- By region, urban poverty is highest in Karamoja (21%). Two regions, Kampala and Teso, had no urban poor areas.

Differences in child health indicators by urban poverty in Uganda
- Crosstabulation results for Uganda show the largest differences between urban poor and urban non-poor children for two indicators: health facility delivery and underweight.

Figure 1. Percent distribution of urban poverty among children under 5 in Uganda by region.
Nearly 8 in 10 urban poor children under five in Uganda were delivered in a health facility, compared to 9 in 10 urban non-poor children and 7 in 10 rural children.

More urban poor children under five are considered underweight (13%) compared with urban non-poor children (5%).

The regression results in Figure 3 show that these differences persisted even after controlling for background variables. Urban poor children had almost twice the odds of being underweight compared to urban non-poor children.

In Uganda, 23% of children in urban poor areas have mothers with secondary or higher education compared to 64% of children in urban non-poor areas.

Over half of mothers in urban poor areas reported getting money for treatment was a barrier to accessing health care, compared to 32% of mothers in urban non-poor areas.

Nearly twice as many urban poor mothers reported distance to the health facility was a barrier to accessing health care than urban non-poor mothers (32% versus 18%).

There is a difference in availability of hospitals in Uganda by urban poverty: 13% of urban poor children live within 5 kilometers of at least one public hospital compared to 47% of urban non-poor children and only 5% of children in rural areas.

More than 9 in 10 urban non-poor children live within 5 kilometers of at least one public non-hospital health facility, compared to 4 in 10 urban poor children. Over half of rural children live within 5 kilometers of at least one public non-hospital.

Characteristics of urban poor in Uganda

- In Uganda, 23% of children in urban poor areas have mothers with secondary or higher education compared to 64% of children in urban non-poor areas.
- Over half of mothers in urban poor areas reported getting money for treatment was a barrier to accessing health care, compared to 32% of mothers in urban non-poor areas.
- Nearly twice as many urban poor mothers reported distance to the health facility was a barrier to accessing health care than urban non-poor mothers (32% versus 18%).
- There is a difference in availability of hospitals in Uganda by urban poverty: 13% of urban poor children live within 5 kilometers of at least one public hospital compared to 47% of urban non-poor children and only 5% of children in rural areas.
- More than 9 in 10 urban non-poor children live within 5 kilometers of at least one public non-hospital health facility, compared to 4 in 10 urban poor children. Over half of rural children live within 5 kilometers of at least one public non-hospital.

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