

# DISPARITIES IN HEALTH AND SURVIVAL OF NEWBORNS AMONG THE URBAN MIGRANTS AND NON-MIGRANTS IN BANGLADESH

Subir Kumar Saha<sup>1</sup> (subir.saha@concern.net), M. Kabir<sup>2</sup> ([kabirm@bangla.net](mailto:kabirm@bangla.net))

## ABSTRACT

Despite significant improvements in child survival in recent decades, infant and under-five mortality in Bangladesh remain unacceptably high among the developing countries with strong urban-rural differentials. In Bangladesh, nearly one in nine children dies before reaching age five. Neonatal mortality contributes to more than sixty percent of infant mortality and almost half of all under-five deaths. However, using the data of Bangladesh Demographic and Health Survey (BDHS) 2004 it is evident that urban poor as well as rural to urban migrants have the worse health situation than the nation as a whole. The urban extreme poor have the highest neonatal death at 68 per 1000 live births. Newborn mortality is 1.5 times higher among urban migrants compared to children of urban natives (48 and 32 per 1000 live births respectively). So to achieve the MDG-4, Bangladesh must tackle these enormous differences in health status and survival chances among urban children.

## INTRODUCTION

Despite significant improvements in child survival in recent decades, infant and under-five mortality in Bangladesh remain unacceptably high among the developing countries with strong urban-rural differentials. In Bangladesh, nearly one in nine children dies before reaching age five. According to the 2004 Bangladesh Demographic and Health Survey, infant and under-five mortality in Bangladesh are 65 and 88 per 1000 live births respectively. However, neonatal mortality (death within the first 28 days after birth) contributes to more than sixty percent of the infant mortality. Child survival status has been consistently better in urban Bangladesh than that of rural areas. Children living in rural areas experience high mortality compared to their counterparts in urban settings. This differential in child survival is primarily due to limited access to proper health services by rural residents compared to urban residents and to better sanitary conditions in the urban centres (Brockelhoof, 1990; Farha and Preston, 1982). A number of studies have demonstrated this urban advantage in terms of childhood mortality in developing countries and this is mainly explained by better access to health care services including preventive and curative (Behm and Vallin, 1982; Davis, 1973; Hobcraft et al., 1984). However, in recent years, there has been growing

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<sup>1</sup> Research Coordinator, Concern Worldwide, Bangladesh, House # 58, 1<sup>st</sup> Lane, Kalabagan, Dhaka-1205

<sup>2</sup> Professor, Department of Statistics, Jahangirnagar University, Savar, Dhaka, Bangladesh

recognition that this urban advantage is misleading and inappropriate as a guide for national health strategies, insofar as it obscures enormous differences in health status and survival chances among and within urban areas of most developing countries (WHO, 1991; Harpham et al., 1991, Brockerhoff, 1995). A study in Ethiopia observed that children from migrant mother (rural-urban) had lower immunisation coverage compared to those from non-migrant mother (Kiros & White 2004). Using Demographic and Health Survey data from 17 countries, demonstrates that the child survival prospects of rural-urban migrants are higher than those in their rural origin and lower than those of urban non-migrants (Brockerhoff, 1995). A similar pattern has been found when examining the use of health services among migrant and non-migrant groups (Tam, 1994; Zulkifli et al., 1994; Bender et al., 1993).

The conventional belief is that rapid in-migration to towns and cities of developing countries leads not only to such well-known problems as shortages of housing, jobs and social services, and to environmental degradation (UN 1993), but also to increased threats to the health of children of migrants as well as to those of the existing resident urban population (Bogin, 1998). Throughout the developing world, migrant women in big cities are more likely than non-migrants to settle and remain in slums where basic household facilities essential for good health and survival are unavailable (Brockerhoff 1993).

Few studies have focused on the health and survival of children who migrate from rural areas or are born to migrants in urban areas of developing countries, although several studies have incorporated maternal migrant status as an explanatory variable in child mortality analysis (Farah and Preston 1982; Mensch, Lentzner and Preston 1985; Brockerhoff 1990; MabackZ and van de Walle 1992). Studies have demonstrated enormous disparities in child survival chances between poor and wealthier neighbourhoods within the same city, and detailed a variety of threats to child health and survival (Harpham and Stephens, 1988).

The increasing importance of rural-urban migration in Bangladesh leads to a great number of people who are exposed to new environments and, potentially, to new influences on health and mortality. An understanding of the mortality risks associated with rural-urban migration has the potential to influence health policy and the provision of health services through an appreciation of the differential health needs of rural-urban migrants relative to lifelong non-migrants groups. This study analyses the disparities in health care services as well as survival of newborns among the urban migrants and non-migrants in Bangladesh.

## **RURAL-URBAN MIGRATION IN BANGLADESH**

According to the Population Census 2001, the total enumerated population of the country stands at 123 million, and of the total population 28 million (23 percent) reside in urban areas and the remaining 95 million (77 percent) live in the rural areas of Bangladesh. The increase of total population in the last decade was 16.5 percent. On the other hand, the increase of urban population was 37.0 percent during the decade compared to only 11.48 percent for the rural area. The rate of increase of urban population was more than three times than that of the rural population and the total urban population increased to 28.6 million by 2001. A recent study by World Bank has estimated that about 40% of the total population in Bangladesh will be living in urban area in Bangladesh by 2025 (ADB 2000).

The urban population of Bangladesh comprises the population living in six city corporations and 223 municipalities (Population Census 2001, BBS 2003). A sharp rise of urban population was noticed after the independence of the country. This rise was due to rural to urban migration of people. Which is estimated to contribute between three-fifths to two-thirds of urban growth (United Nations, 1993a: 2-16) and about three-quarters to four-fifths of urban poor represent migrant groups in the mega city of Dhaka (Centre for Urban Studies (CUS), 1990; Majumdar et al., 1989). In the urbanization process of Bangladesh, Dhaka the capital city of Bangladesh plays the most dominant role. It alone contains one-third of the urban population of Bangladesh (United Nations, 1993b: 25).

It may be mentioned that rural to urban migration occurs due to two broad factors known as “pull factor” and “push factor”. Under the “pull factor” the urban area attract the affluent segment of population for better facilities for living, education and other opportunities of life whereas under the “push factor” the rural people are compelled to migrate to the urban areas for getting better job opportunity for their livelihood. In case of rapid urbanization of Bangladesh both pull factor and push factor worked simultaneously resulting in an uneven urban growth where a large number of urban people live in urban slums and squatters where the amenities of life are very scarce.

## **DATA SOURCE AND METHODS OF ANALYSIS**

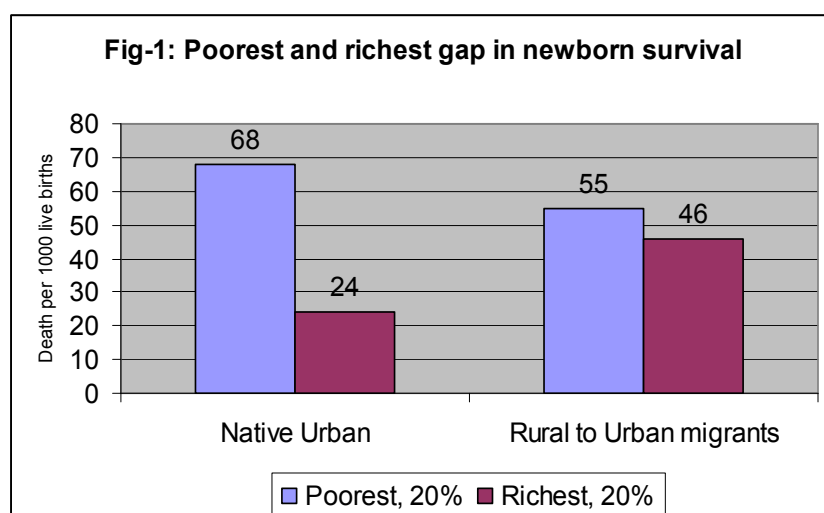
Data for this study were obtained from the Bangladesh Demographic and Health Survey (BDHS) 2004, which is a nationally representative sample survey. The BDHS covers a nationally representative sample of 11,440 ever married women of age 10-49 years, of whom 3,904 (34%) were residing in urban areas. The BDHS defined city, town and municipality (other urban) as urban areas. In addition to current place of residence (categorized as city,

town, other urban, village), the survey collects basic information on childhood residence, number of years the respondents spent in the current place of residence (coded in single years, always and visitors), and type of residence prior to the most recent migration. Using these information it is possible to identify four migration streams: those who had moved from rural to rural areas, urban to urban areas, rural to urban areas and urban to rural. In this study, a migrant is defined as a person who has changed place of residence across an administrative boundary. Visitors were excluded from the analysis. A woman who reported childhood and previous residences as rural and current residence as urban is classified as rural to urban migrant. The non-migrant groups of respondents are classified as rural native and urban native based upon their reported duration at the current residence as “always”.

The analysis is restricted to children born in the 10 years preceding the survey. For the purpose of analyzing the data by the socio-economic profile of the households, the households have been classified into five equal groups based on ownership of selected household assets, type of latrine use and the material of construction of different parts of the dwelling house. The index is constructed using the method of principal components which assigns each asset a factor scores (Filmer and Pritchett 1998; Gwatkin et al. 2000). The total factor score for a household is the sum of the factor scores for each asset owned by the household. Households are then categorized by their wealth into five groups each representing 20 percent of the total population.

## NEONATAL SURVIVAL AND MATERNAL CARE AMONG NATIVE URBAN AND RURAL TO URBAN MIGRANT

In Bangladesh, the neonatal mortality rate (NMR) is 41 per 1000 live births while it is 44 per 1000 live births for the urban areas. A sharp differential in neonatal mortality and maternal health care utilization has emerged between migrants and non-migrants. Urban migrants appeared to be greatly disadvantaged in terms of newborn survival.



Newborn mortality is 1.5 times higher among urban migrants compared to children of urban natives (48 and 32 per 1000 live births respectively). On the other hand the neonatal mortality among the poorest segment of the native urban population is considerably high compared to the richest population (68 and 24 per thousand live births respectively). While the neonatal mortality among the poorest and richest segment of the migrants is (55 and 46 per 1000 live births respectively). It is evident that relatively poor people are migrated due to both “pull” and “push” factor.

The disadvantaged condition of the urban migrants also evident from the relatively poor rate of utilization of health care among the mother of the children of urban migrant compared with urban natives. For example, mother of the 40 percent of the children of migrant received at least 3 antenatal care (ANC) compared to 61 percent of the children of urban native. Similarly, child delivery at health facility is almost two times higher for the urban natives compared to migrants (34 percent and 18 percent respectively).

**Table-1: Differential in neonatal mortality and maternal health care utilization among the migrants and non-migrants**

Characteristics	Native urban	Rural to urban migrants	National
Neonatal Mortality Rate (NMR) per 1000 live births	32	48	41
<b>Utilization of health care services</b>			
% of mother received at least 3 ANC	61	40	27
% of mother received at least 2 tetanus injection before last birth	70	65	64
% of child delivery in health facility	34	18	9
% of delivery assisted by skilled person (Doctor, Nurse or FWV)	41	23	13

## CONCLUSION

Although the child mortality is consistently lower in urban areas, the urban-rural differential in childhood mortality is diminishing in recent years, because the declining trends in childhood mortality in urban areas becoming slower than that of rural areas. Rapid growth of urban population in recent years due to rural to urban migration is considered as one of the major explanation for such urban-rural diminishing differentials in childhood mortality in Bangladesh. This study documents a sharp differential in newborn mortality between migrants and non-migrants within urban areas in Bangladesh. The disadvantaged condition of

the urban migrants also evident from the relatively poor rate of utilization of health care among the mother of the children of urban migrant compared with urban natives.

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