BANGLADESH
URBAN HEALTH
SURVEY
2013

Bangladesh

Urban Health Survey 2013

Preliminary Results

National Institute of Population Research and Training (NIPORT)

MEASURE Evaluation, UNC-Chapel Hill, USA

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PERSONS INVOLVED IN THE 2013 URBAN HEALTH SURVEY (UHS)

NIPORT

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Section 1: Introduction and Methodology

1.1   Rationale and Objectives

Bangladesh is undergoing a rapid urbanization process. While the rural population is expected to peak at 105 million people in 2016 (just two years from now) and then decline[1], the urban population will grow from its current level of 53 million people to 79.5 million in 2028, an increase of 50% in 14 years[1] (Figure 1). From being a largely rural country now (66.5% of the population lives in rural areas in 2014[1]), Bangladesh will be an urban country in 2039 when the majority of people will live in urban areas. Most of this growth is driven by migration from rural areas. Cities are characterized by large inequalities in health-related conditions. About one third of the urban population lives in slums, which are areas that exhibit pronounced concentrations of factors that negatively affect health and nutrition. The Urban Health Survey (UHS) 2013, and a similar survey conducted in 2006, were designed to examine the conditions of the urban population of Bangladesh with explicit attention to look at differences between slum and non-slum groups.

Figure 1: A century of trends in urban and rural populations, Bangladesh, 1950-2050
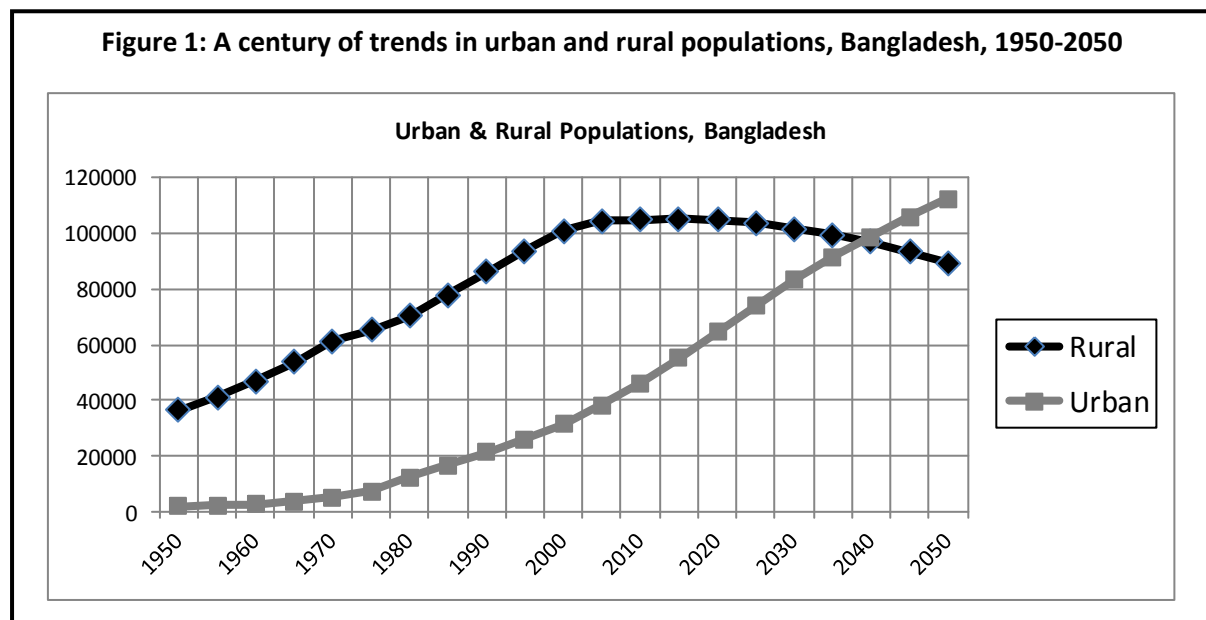
The objectives of the UHS 2013 are:

- To measure changes in key health outcomes and service utilization indicators in major urban domains of Bangladesh, namely, in slums and non-slums of City Corporations, and other urban areas

- To examine sources of care for various health services in slum and non-slum areas

- To examine whether intra-urban differences in key health outcomes have narrowed between 2006 and 2013.

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[1] UN Population Division. 2014. World Urbanization Prospects: The 2014 Revision.

1.2   Sampling Design

The sampling design of the UHS 2013 had as main objective to calculate key representative indicators for three domains:

1. Slum populations in the 9 City Corporations

2. Non-slum populations in the 9 City Corporations

3. Other urban areas, which for the UHS 2013 includes all District Municipalities and large towns/*Paurasavas* with population over 45,000 habitants as listed in the 2011 Population Census.

The sample frame of the survey is the complete list of urban *Mohallas* in the 9 City Corporations, District Municipalities and large towns with population over 45,000 from the 2011 Census. In the case of Dhaka, the UHS includes the entire Dhaka Metropolitan Area; the other 8 City Corporations are: Chittagong, Khulna, Rajshahi, Barisal, Sylhet, Rangpur, Narayanganj, and Comilla.

The UHS 2013 followed a stratified three-stage sampling procedure. The strata are 1) City Corporations, and 2) Other urban areas. In the first stage of sample selection, *mohalla*s were randomly selected in City Corporations and in other urban areas. In each selected *mohalla* in City Corporations, a mapping activity was conducted to identify and map all slum and non-slum clusters in the *mohalla* (see below). The second stage of selection consisted in randomly selecting slum and non-slum clusters from the lists of all identified slum and non-slum clusters. No slum mapping was conducted in other urban areas. Finally, for the third stage of selection, a household listing activity was conducted in each selected cluster, and households were randomly selected.

***Mohalla* mapping and identification of slums:** The purpose of this activity was to identify slum and non-slum areas within each of 450 *mohallas* selected in the nine City Corporations. The UHS 2013 used the criteria and thresholds used in the *Slums of Urban Areas: Mapping and Census, 2005*, which defines slums as settlements with a minimum of 10 households with the following characteristics:

- Very high population density/high crowding: over 300 persons per acre, 3 or more adults per room, and predominant single room family occupancy;

- Predominantly poor housing conditions: Predominant household units identified as shacks/*jhupris/kutcha*, semi-*pucca* (flimsy structures but with brick walls and corrugated iron sheets), or dilapidated or fragile old buildings;

- Poor water and sewerage condition or high sharing of water sources and sewerage: Predominant sharing of water sources, limited water connection to homes, sharing of sanitary latrines, settlement with poor drainage;

- Poor and very poor socioeconomic conditions: Over 75% of residents are apparently poor or very poor.

Fieldwork was conducted from January to April 2013. The identification of slum and non-slum areas permitted the preparation of slum and non-slum clusters sample frames for those two domains in City Corporations.

Sample size estimation: The sample size was estimated to provide estimates of acceptable precision for 1) under-five mortality rate (U5), and 2) percentage of birth deliveries in health facilities for all births in the previous three years, for the main domains themselves and for comparing across domains.

Given the large sample size required for estimating under-five mortality, the UHS 2013 used a long and a short questionnaire. The short questionnaire was administered to the entire sample and its main purpose was to estimate U5 mortality. The long questionnaire was applied in households selected from the total sample and its main purpose was to measure percentage of births delivered in health facilities.

The following table presents the sample sizes, number of clusters, and cluster size per domain.

Table 1.1: Sample sizes of households and clusters, City Corporation slum, City Corporation non-slum and Other urban areas, UHS 2013

Domains	Short questionnaire households	Long questionnaire households	Total households	Number of HHs per cluster	Number of clusters	Number of *mohallas*
City Corporation slum	-	15,750	15,750	35	450	450
City Corporation non-slum	18,000	9,000	27,000	30	900	
Other Urban	-	11,040	11,040	30	368	184
Total	18,000	35,790	53,790		1,718	634

Note: The modules of the short questionnaire are also contained in the long questionnaire.

1.3 Survey Sample and Response Rates

Table 1.2 below shows that the household and eligible women response rates were high (above 95%) in each of the three domains of the survey. Slightly lower response rates, but still above 90%, were obtained for the male sample.

Table 1.2: Results of the household and individual interviews

Number of households, number of interviews, and response rates, City Corporation slum, City Corporation non-slum and Other urban areas, UHS 2013

Results	City Corporation slums	City Corporation non-slum[2]	Other Urban
Household interviews			
Households selected	15,750	26,970	11,040
Households occupied	15,331	26,376	10,892
Households interviewed	14,806	25,385	10,707
Household Response Rate (%)[1]	96.6	96.2	98.3
Interviews with ever-married women age 13-49			
Eligible women found	14,702	25,156	11,266
Eligible women interviewed	14,011	24,373	10,844
Eligible woman response rate (%)	95.3	96.9	96.3
Interviews with ever-married male age 15-54			
Eligible male found	4,806	3,103	3,218
Eligible male interviewed	4,408	2,865	3,107
Eligible male response rate (%)	91.7	92.3	96.6

[1]Households interviewed/Households occupied
[2]Long questionnaire sample
[3]Weighted number of HH interviewed is 8422

1.4   Questionnaires

The UHS 2013 used five questionnaires

The Household Questionnaire. This instrument collected information on age, sex and marital status of all household members and on household characteristics like dwelling ownership, housing conditions (living space and number of rooms; floor, roof and wall materials; water source and sharing; toilet type and sharing; number of rooms) and availability of assets.

The Women's Questionnaire. Eligible respondents for the women's questionnaire were all ever-married women aged 15-49. The short questionnaire was answered by all respondents and collected information on individual background characteristics and birth history. The long questionnaire had additional modules on migration, family planning, child health and nutrition, and maternal health care practices, and it was administered to a sub-sample of women.

Verbal Autopsy. The verbal autopsy (VA) questionnaire collected information on causes of death for all under-five mortality events in the household during the five years preceding the survey. Two VA forms were used by interviewers, one for neonatal mortality and the other for under-five mortality

The Men's Questionnaire. Eligible respondents were ever-married men aged 15-54. It collected information on basic background characteristics, exposure to media, brief migration history, and on family planning and intention to use long-acting and permanent methods. It also asked about maternal health and child care practices.

<u>The Community Questionnaire</u>. This instrument was administered to key informants and community leaders. It collected information on availability of health and public services in the community (water, electricity and sanitation), presence of NGOs and development activities, density of health services, and other general characteristics of the community.

1.5   Training and Field Work

The mapping of slums in selected urban *mohallas* was conducted during January-April 2013. Training of enumerators took place during the last week of June and the first two weeks of July. Fieldwork started in July 2013, immediately after training, and was completed in January 2014. The field data collection agency was Associates for Community and Population research (ACPR), which also fielded quality control activities. Additional supervision was conducted by the National Institute of Population Research and Training (NIPORT), icddr,b and MEASURE Evaluation teams.

1.6   Implementing Organizations

The UHS 2013 was conducted under the general coordination of NIPORT. A Technical Working Group, composed of representatives of NIPORT, USAID, icddr,b, and MEASURE Evaluation, provided advise on the objectives and all implementation phases of the survey. ACPR was selected to be the data collection agency.

1.7   Funding Sources

Funding for the UHS 2013 was provided by United States Agency for International Development (USAID) and UK Department for International Development (DFID).

Key Findings

Section 2: Household Population and Household Characteristics

- Three out of four slum households are in the lowest two wealth quintiles compared with one in five in non-slum areas.

- In slums, 75 percent of households live in only one room. In comparison, 35 percent of households live in one room in non-slum and other urban areas.

- The median living space per person is much smaller in slums, 48 sq feet, compared to 120 and 110 sq feet in non-slums and other urban areas, respectively. Compared to 2006, the median living space per person has increased in both slum and non-slum areas.

- Eighty six percent of the walls in slum households are made of tin/cement/bricks. Use of rudimentary materials like jute/bamboo/mud for the walls has declined from 26 percent in 2006 to 9 percent in 2013 in slums.

- Access to electricity is universal in all three urban domains.

- Access to "improved" water source is universal in all three urban domains – City Corporation slums, City Corporation non-slums and other urban areas. However in slums, sharing of a water source with other households is very high; 65 percent of slum households reported sharing a water source with 10 or more other households.

- Due to a high level of sharing of latrine facilities, access to improved sanitation is very low in slums. About 13 percent of households in slums had access to improved sanitation compared with over 50 percent in the non-slum and other urban areas.

- Almost half of all slum households dispose of garbage in open space compared with a quarter and two-thirds in non-slum and other urban areas, respectively.

- Over 90 percent of households in all three domains own a mobile phone. In slums, ownership of mobile phones increased from 20 percent in 2006 to 92 percent in 2013. In non-slums the increase was from 55 percent in 2006 to 98 percent in 2013.

2   Household Population and Housing Characteristics

Table 2.1: Household population by age, sex, and domain

Percent distribution of the *de jure* household population by five-year age groups, according to sex, City Corporation slum, City Corporation non-slum and Other urban areas, UHS 2013

Age	City Corporation slum			City Corporation non-slum			Other urban		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4	9.9	10.0	9.9	8.5	9.1	8.8	9.1	9.7	9.4
5-9	11.7	12.1	11.9	9.5	9.8	9.6	10.5	10.7	10.6
10-14	11.2	11.6	11.4	9.1	10.3	9.7	10.0	10.3	10.2
15-19	9.5	11.7	10.6	9.1	10.5	9.8	9.3	10.3	9.8
20-24	8.5	12.2	10.3	10.5	12.0	11.2	9.2	11.1	10.1
25-29	10.8	11.2	11.0	10.8	11.6	11.2	9.5	10.7	10.1
30-34	8.9	9.1	9.0	9.2	9.5	9.3	8.4	8.3	8.4
35-39	8.3	6.8	7.6	8.7	7.3	8.0	7.8	6.9	7.4
40-44	6.7	4.6	5.7	6.9	5.9	6.4	6.6	5.8	6.2
45-49	4.8	3.8	4.3	5.3	5.3	5.3	5.1	5.6	5.3
50-54	4.0	1.1	2.6	4.2	1.3	2.9	4.6	1.0	2.8
55-59	1.5	2.1	1.8	2.5	2.6	2.6	2.3	2.9	2.6
60-64	1.6	1.7	1.6	2.3	2.1	2.2	2.5	2.8	2.6
65-69	1.0	0.7	0.9	1.4	1.1	1.3	1.8	1.6	1.7
70-74	0.9	0.6	0.8	1.1	.8	0.9	1.6	1.0	1.3
75-79	0.4	0.2	0.3	0.5	.3	0.4	0.7	0.4	0.5
80+	0.3	0.5	0.4	0.4	.4	0.4	0.8	0.8	0.8
DK/Missing	0.0	0.0	0.0	0.0	.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	31,348	29,904	61,252	55,974	51,343	107,317	23,285	22,844	46,129

- The population in slums is younger than in non-slums; 44 percent in slums are aged under 20 years compared to 40 percent in non-slums and other urban areas.

Table 2.2: Housing characteristics: Living space per person

Percent distribution of households by living space per person (usual residents), City Corporation slum, City Corporation non-slum and Other urban areas, UHS 2013

Characteristics	City corporation slum	City corporation non-slum	Other urban
Usable space per person (sq feet)			
<=25 square feet	14.9	4.6	2.6
26-50 square feet	37.4	17.5	16.6
51-75 square feet	21.1	14.3	16.2
76-100 square feet	9.1	9.2	10.8
101+ square feet	17.5	54.4	53.9
DK/missing	0.0	0.0	0.0
Total	100.0	100.0	100.0
Mean	74	186	181
Median	48	120	110
Number of living rooms			
1	74.6	35.2	34.9
2	18.1	30.0	31.2
3	5.0	19.8	18.2
4+	2.3	15.0	15.6
Total	100.0	100.0	100.0
Mean household size	4.1	4.2	4.3
Number of household*	14,312	24,221	10,433

*Excludes mess households and missing values

Note: Usable space includes all rooms/spaces including kitchen and bathrooms

- The mean household size is similar across the three domains (ranging from 4.1 to 4.3 members per household) but the median living space per person varies widely by domain (Table 2.2).

- The median living space per person is much smaller in slums, 48 sq feet, compared to 120 and 110 sq feet in non-slums and other urban areas, respectively.

- In slums, three out of four households live in only one room. In comparison, three out of 10 households live in one room in non-slum and other urban areas.

- The median living space per person in slum households increased from 36 sq feet in 2006 to 48 sq feet in 2013. The median living space in non-slum areas doubled between 2006 and 2013 (Figure 2.1a).

- The average number of members in the household declined from 4.5 in 2006 to 4.1 in 2013 in slum areas; a similar decline occurred in non-slum areas (Figure 2.1b).
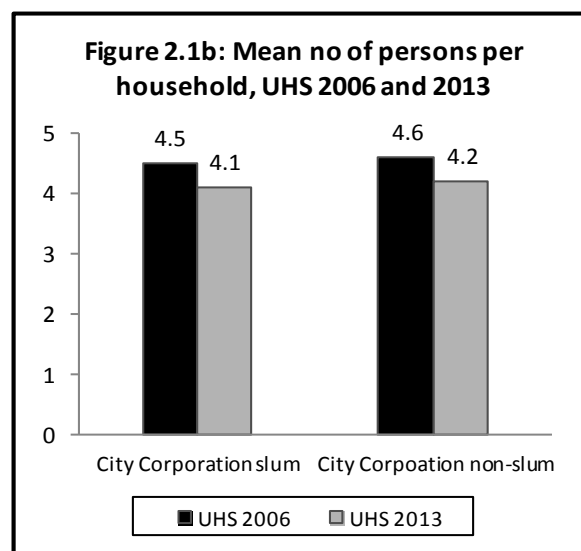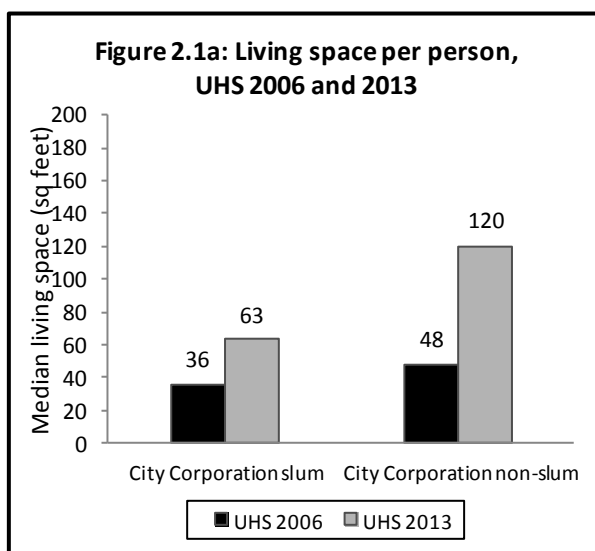
Figure 2.1a: Living space per person, UHS 2006 and 2013

Median living space (sq feet)

City Corporation slum	City Corporation non-slum
UHS 2006: 36	UHS 2006: 48
UHS 2013: 63	UHS 2013: 120

□ UHS 2006 □ UHS 2013

Figure 2.1b: Mean no of persons per household, UHS 2006 and 2013

City Corporation slum	City Corpoation non-slum
UHS 2006: 4.5	UHS 2006: 4.6
UHS 2013: 4.1	UHS 2013: 4.2

□ UHS 2006 □ UHS 2013

Table 2.3: Housing characteristics: Ownership

Percent distribution of households[1] by tenure of dwelling and land ownership, City Corporation slum, City Corporation non-slum and Other urban areas , UHS 2013

Characteristics	City Corporation slum	City Corporation non-slum	Other urban
Tenure of dwelling			
Rented by household	75.6	69.9	33.0
Owned by household	21.2	27.3	65.4
Owned by employer	2.0	2.5	0.6
Other	1.2	0.2	1.0
Total	100.0	100.0	100.0
Ownership of land			
Owned by family	16.0	25.8	63.4
Owned by Govt	7.9	2.9	2.3
Owned by NGO	0.8	0.4	0.1
Owned by land lord	74.2	70.1	32.3
Relatives/other	1.0	0.8	1.8
Total	100.0	100.0	100.0
Number of household*	14,312	24,221	10,433

*Excludes mess households and missing values

[1] Excludes 494, 1,164 and 274 mess-households from City Corporation slum, City Corporation non-slum and Other urban domains respectively.

- Three out of four dwellings in slum areas are rented; the tenure pattern is similar in non-slum areas. There were more rented dwellings in 2013 than in 2006 (Table 2.3).

- The proportion of slum households on government land has declined from 20 percent in 2006 to 8 percent in 2013. A similar change was reported in non-slum areas.

Table 2.4: Housing characteristics: electricity and cooking facilities

Percent distribution of households by availability of electricity and cooking facility, City Corporation slum, City Corporation non-slum and Other urban areas, UHS 2013

Characteristics	City Corporation slum	City Corporation non-slum	Other urban
Household has electricity			
Yes	97.8	99.5	93.8
No	2.2	0.5	6.2
Total	100.0	100.0	100.0
Cooking facilities in the household			
Inside household but separate room	43.4	76.1	59.8
Inside household but same room	10.2	3.3	4.6
In separate room outside house	39.9	19.3	31.8
Open space	5.6	0.9	3.4
Food not prepared in household	0.9	0.4	0.4
Total	100.0	100.0	100.0
Number of households	14,806	25,385	10,707

- In 2013 electricity was available in almost 98 percent of slum households, an increase from 91 percent in 2006 (Table 2.4).

- Most households in all three urban domains have separate cooking space/room.

Table 2.5: Household drinking water

Percent distribution of households by source of drinking water, percentage sharing the source of drinking water, City Corporation slum, City Corporation non-slum and Other urban areas, UHS 2013

Characteristics	City Corporation slum	City Corporation non-slum	Other urban
Source of drinking water			
Piped water into dwelling/yard/plot	51.1	73.5	24.7
Public tap/standpipe	8.2	4.2	4.8
Tube well	39.7	21.6	70.3
Protected (dug well /spring)/rainwater/bottled water	0.7	0.7	0.2
Unprotected (dug well /spring)/surface water/other	0.3	0.0	0.1
Total	100.0	100.0	100.0
Share water source with other			
Not shared	8.3	52.9	38.8
2-4 household	10.4	15.4	28.4
5-9 household	16.4	12.0	12.6
10+ households	64.7	20.5	20.1
Don't know/missing	0.3	0.2	0.1
Total	100.0	100.0	100.0
Number of households	14,806	25,385	10,707

- Over half of slum households have piped water into their dwelling, yard or plot, an increase from only 27 percent in 2006.

- However, sharing of water source with other households remains very high in slums. Almost two out of three households share a water source with 10 or more households.

Table 2.6: Household sanitation facilities

Percent distribution of households by type of toilet facilities and sharing toilets, City Corporation slum, City Corporation non-slum and Other urban areas, UHS 2013

Characteristics	City corporation slum	City corporation non-slum	Other urban
Improved, not shared facility			
Flush to piped sewer system/septic tank	0.4	14.8	4.8
Ventilated improved pit	12.2	35.7	48.4
Shared facility[1]			
Flush to piped sewer system/septic tank	0.6	1.3	0.5
Ventilated improved pit	70.6	28.3	36.2
Non-improved facility			
Flush to some where	8.6	18.8	2.7
Pit latrine without slab	4.8	1.0	6.2
Bucket latrine/ Open/Hanging latrine	2.4	0.1	0.8
No facility)	0.2	0.1	0.4
Total	100.0	100.0	100.0
Shared sanitation facility			
Not shared	15.2	64.5	59.2
2-4 household	18.7	19.1	25.4
5-9 households	23.0	9.4	9.0
10+ households	42.9	7.0	6.3
Don't know/missing	0.3	0.1	0.0
Total	100.0	100.0	100.0
Number	14806	25385	10707

[1]Shared facility of an otherwise improved type

- In slums, 85 percent of households share toilet facilities with other households. Thus, only 13 percent of households in slums have access to "improved" toilet facilities that is not shared by other households and 71 percent of households use a toilet facility that would be considered as improved if it were not shared with other households (Table 2.6).

- In comparison, over 50 percent of households in non-slum and other urban areas has access to improved toilets that is not shared with other households.

Table 2.7: Housing characteristics: Waste disposal

Percent distribution of households by main method of garbage disposal, City Corporation slum, City Corporation non-slum and Other urban areas, UHS 2013

| Characteristics	City Corporation slum	City Corporation non-slum	Other urban
Principal method for garbage disposal			
Collected from home	32.7	63.2	10.5
Household disposes within premises	4.4	2.7	8.7
Household disposes in bin outside house	15.2	9.1	12.1
Household disposes in open space outside house	47.4	24.8	67.4
Garbage burned/buried/other	0.3	0.2	1.3
Total	100.0	100.0	100.0
Number of Households	14,806	25,385	10,707

- Almost half of slum households dispose of garbage in an open space; about a quarter of non-slum households do the same (Table 2.7).

- However, collection of garbage from home increased since 2006; in slums from 22 percent to 33 percent, and in non-slum from 41 percent to 63 percent.

Table 2.8: Housing characteristics: Dwelling material

Percent distribution of households by dwelling materials of house, City Corporation slum, City Corporation non-slum and Other urban areas, UHS 2013

Characteristics	City Corporation slum	City Corporation non-slum	Other urban
Main material of floor			
Earth, sand	19.4	4.6	34.0
Wood planks/ Palm, bamboo	4.6	0.1	0.6
Parquet, polished wood/ Ceramic tiles	0.6	17.0	3.0
Cement	75.4	78.3	62.3
Other	0.0	0.0	0.0
Total	100.0	100.0	100.0
Main roof material			
No roof/ Thatch / palm leaf/ Polythene	1.3	0.2	0.2
Bamboo/ Wood planks/ Cardboard	1.0	0.2	0.2
Tin	88.4	37.9	77.7
Ceramic tiles/ Cement	8.9	61.6	21.1
Other	0.4	0.2	0.9
Total	100.0	100.0	100.0
Main wall material			
No walls/ Jute stick/ palm/trunks/ Soil/mud	2.4	0.6	4.2
Bamboo with mud Stone with mud/ Plywood/ Cardboard	6.9	1.9	4.4
Tin	42.6	7.6	35.1
Cement	43.5	87.9	49.8
Brick without plaster	4.1	1.9	6.0
Wood planks / shingles/other	0.4	0.1	0.5
Total	100.0	100.0	100.0
Number of households	14,806	25,385	10,707

- Materials used for slum housing improved between 2006 and 2013 (Table 2.8).

- Slum households with earth or sand as floor material declined from 36 percent to 19 percent; most switched to cement, which was used in 75 percent of slum households.

- Most slum households (88%) use tin roofs showing no change since 2006. The most prevalent roof material in non-slum households is cement.

- Use of rudimentary materials like jute/bamboo/mud for the walls has declined from 27 percent in 2006 to 9 percent in 2013 in the City Corporation slums. Eighty-six percent of the walls are now made of tin/cement/bricks (Figure 2.2).

Figure 2.2: Wall materials in City Corporation slums, UHS 2006 and 2013
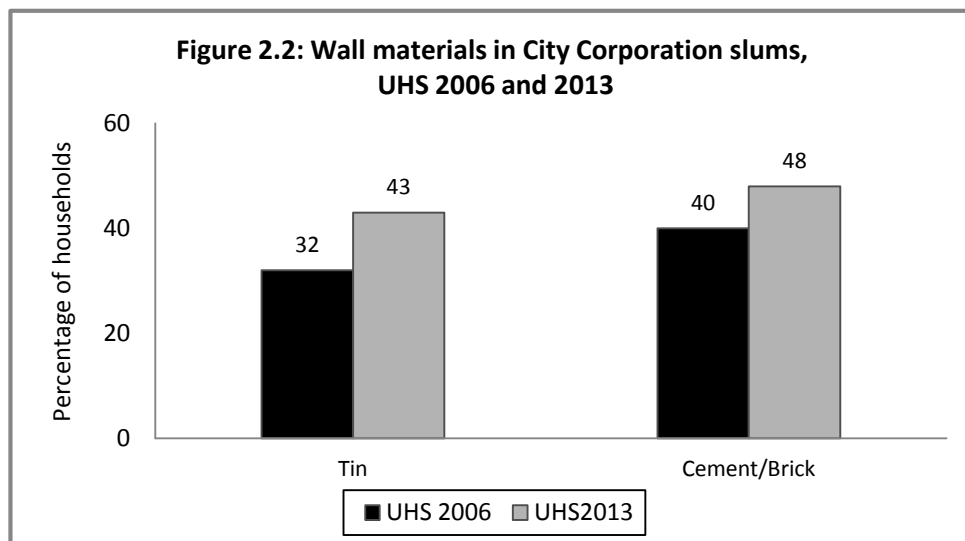
- There are large differences in availability of durable goods between slum and non-slum households - only 14 percent of slum households have a refrigerator versus 59 percent of non-slum households (Figure 2.3).

- However, ownership of durable goods by households has increased in slums – 92 percent of slum households have mobile phones, a major increase from the level of 20 percent in 2006; electric fans are present in 93 percent of slum households, up from 77 percent in 2006.
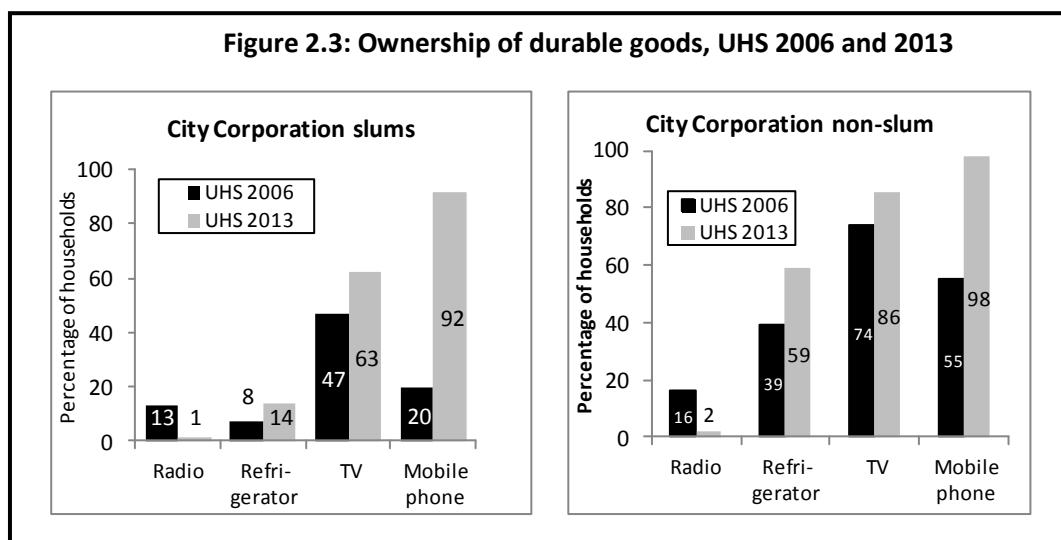

Figure 2.3: Ownership of durable goods, UHS 2006 and 2013

Table 2.9: Socioeconomic Status Index

Percentage distribution of households by wealth quintile, City Corporation slum, City Corporation non-slum and Other urban areas, UHS 2013

Wealth quintile	City Corporation slum	City Corporation non-slum	Other urban
Poorest	41.9	7.4	27.5
Poorer	32.5	14.3	22.4
Middle	18.5	19.3	21.5
Richer	6.1	24.5	19.3
Richest	1.0	34.4	9.2
Total	100.0	100.0	100.0
Number of household	14,806	25,385	10,707

- Three out of four slum households are in the lowest two wealth quintiles compared with one in five in non-slum areas (Table 2.9).

- Almost 60 percent of non-slum households are in the two richest wealth quintiles compared with seven percent in slums.

- The distribution of wealth among the non-slum population has remained almost unchanged since 2006; however, in slums, a larger proportion of households are poorer in 2013 than in 2006 (Figure 2.4).

Figure 2.4: Distribution of wealth quintile in City Corporation slum, and non-slum, UHS 2006 and 2013
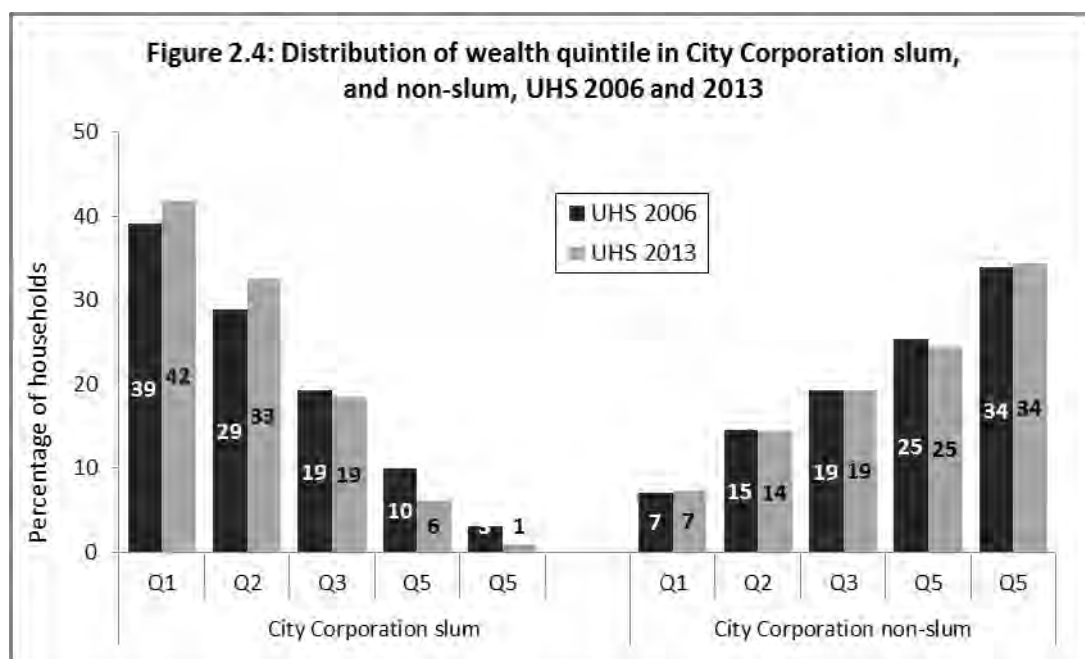
Key Findings

Section 3: Background Characteristics

- Forty-five percent of women in slums have completed at least primary education compared with 79 percent in non-slum and 69 percent in other urban domains.

- Forty nine percent of men in slums have completed at least primary education compared with 79 percent in non-slum and 69 percent in other urban areas.

- One in three women in slums works full time compared with one in six in non-slum areas.

- Over 80 percent of women in slums and other urban areas watch television at least once a week. Among non-slum women, TV exposure is 94 percent.

- Fifty four percent of women in slums own a mobile phone. In comparison, 79 percent of women in non-slums and 64 percent in other urban areas own mobile phones.

3   Characteristics of Respondents

Table 3.1: Education level of respondents

Percent distribution of ever married women age 15-49 and ever married men age 15-54, by education level, City Corporation slum, City Corporation non-slum and Other urban areas, UHS 2013

Education	City Corporation slum	City Corporation non-slum	Other urban
Women			
No education	31.8	10.7	17.5
Primary incomplete	23.3	10.4	13.4
Primary complete	14.7	9.7	11.1
Secondary incomplete	24.3	30.9	33.6
Secondary complete or higher	5.9	38.3	24.4
Total	100.0	100.0	100.0
Number	13,994	24,352	10,822
Men			
No education	25.7	9.6	14.6
Primary incomplete	25.1	10.8	16.2
Primary complete	13.7	8.4	10.7
Secondary incomplete	24.9	22.6	24.6
Secondary complete or higher	10.7	48.6	33.9
Total	100.0	100.0	100.0
Number	4,408	2,865	3,107

- Women in slums are less likely to be educated than women in non-slum and other urban domains. Forty-five percent of women in slums have completed at least primary education compared with 79 percent in non-slum and 69 percent in other urban domains (Table 3.1).

- Percent of slum women with no education has declined from 39 percent in 2006 to 32 percent in 2013. However, the percentage of slum women who have completed at least primary education has improved slightly (from 43% to 45%). In comparison, the percentage increase among non-slum women was from 72 percent to 79 percent.

- Men in slums are less likely to be educated than men in non-slum and other urban areas. However, the disparity in educational attainment of men by slum and non-slum domains is not as pronounced as that observed among women. Fifty nine percent of men in slums have completed at least primary education compared with 79 percent in non-slum and 69 percent in other urban areas.

- Percent of slum men with no education has declined from 31 percent in 2006 to 26 percent in 2013. The percentage of slum men who have completed at least primary education has improved from 41 percent to 49 percent. In comparison, the percentage increase among non-slum men was from 67 percent to 80 percent.

Table 3.2: Employment, Women

Percent distribution of ever married women age 15-49 by employment status and among currently working women the place of work, City Corporation slum, City Corporation non-slum and Other urban areas, UHS 2013

Characteristics	City Corporation slum	City Corporation non-slum	Other urban
Employment status in last 12 months			
Worked full time	33.4	16.7	14.6
Worked seasonal	1.2	0.6	0.4
Worked occasionally	3.5	1.2	1.5
Didn't work in last year	61.9	81.4	83.5
Total	100.0	100.0	100.0
Number of women	13,994	24,352	10,822

- Women in slums are more likely to work full time than women in non-slum and other urban domains. One in three women in slums was in employment compared with one in six in non-slum areas (Table 3.2).

Table 3.3: Exposure to mass media, Women

Percentage of ever married women age 15-49 who are exposed to specific media on a weekly basis, City Corporation slum, City Corporation non-slum and Other urban areas, UHS 2013

Exposure to mass media	City Corporation slum	City Corporation non-slum	Other urban
Reads a newspaper at least once a week	3.4	27.6	16.9
Watches television at least once a week	82.0	94.0	85.3
Listens to the radio at least once a week	3.1	4.3	2.0
Accesses none of the three media at least once a week	17.2	5.3	13.7
Number of women	13,994	24,352	10,822

- The overwhelming majority of women in slums, 82 percent, watch television at least once a week compared with 94 percent in non-slum areas. Exposure to television at least once a week has increased substantially among slum women from 24 percent in 2006 (Table 3.3).

- Only 17 percent of slum women reported no exposure to any of the three forms of mass media (newspaper, television and radio) in 2013 compared with six percent in non-slum areas. Between 2006 and 2013, the percentage of slum women with no exposure to any mass media remained unchanged at 17 percent.

Table 3.4: Ownership of cell phone, Women

Percentage of ever married women age 15-49 own a cell phone by background characteristics, City Corporation slum, City Corporation non-slum and Other urban areas, UHS 2013

Ownership of cell phone	City Corporation slum	City Corporation non-slum	Other urban
Yes	53.7	79.2	64.3
No	46.3	20.8	35.7
Total	100.0	100.0	100.0
Number of women	13,994	24,352	10,822

- More than half of women in slums reported to own a mobile phone compared with four in five women in non-slum areas (Table 3.4).

Key Findings

Section 4: Migration and Migrants' Characteristics

- Around a third of the female slum population was born in the same city where they are residing now. In comparison, around 42 percent of women in non-slum and 54 percent in other urban areas were born in the same city. The pattern is similar for males in all three urban domains.

- Two-thirds of men and women living in slums are migrants while the remaining third have always lived there.

- About 20 percent of slum women have been living in their current city of residence for less than five years compared with 12 percent of men.

- Recent migrants (residing in current city for less than two years) in the slums are poorer than those who have been living longer. Sixty-four percent of recent female migrants and 75 percent of recent male migrants in slums (residing in current city for less than two years) belong to the poorest wealth quintile. In comparison, 39 percent of long-term female migrants and 42 percent of long term male migrants (residing in current city for 5+ years) belong to the poorest quintile. It is possible that economic status improves over time, as they settle into city life, or the selection of recent migrants is poorer than those who migrated in the past. Probably both these processes are happening.

- The education levels of women in slums who have migrated recently (less than two years ago) are substantially higher than recent male migrants. This may be because reasons for migration are somewhat different for females, many of whom migrate for marriage, compared to males who predominantly migrate in search of work.

4 Migration and Migrants' Characteristics

- The annual increment in urban population is currently 1.6-1.7 million, which will peak at 1.9 million in the next few years.

- One third of this annual increase will be due to natural increase, and two thirds due to in-migration from rural areas.

- This annual increment will decline gradually over the three decades to mid-century to 1.25 million.

4.1 Place of Birth of Urban Residents

Table 4.1: Place of birth and current residence

Percent distribution of women's place of current residence, according to place of birth, City Corporation slum, City Corporation non-slum and Other urban areas, UHS 2013

Place of Birth	Current Residence		
	City Corporation slum	City Corporation non-slum	Other urban
Women (age 15-49)			
Same city	33.1	41.9	54.0
Barisal	16.1	10.3	2.5
Chittagong	14.2	16.9	8.8
Dhaka	21.3	17.4	15.9
Khulna	4.2	4.9	5.1
Rajshahi	3.4	3.7	6.7
Rangpur	5.2	2.9	5.9
Sylhet	2.1	1.6	0.8
Abroad& other	0.4	0.4	0.4
Total	100.0	100.0	100.0
Number of Women	13994	7914	10822
Men (age 15-54)			
Same city	34.3	42.2	67.5
Barisal	16.5	12.2	3.5
Chittagong	12.3	14.1	4.3
Dhaka	21.5	18.3	12.4
Khulna	4.3	4.4	3.5
Rajshahi	3.3	3.9	4.0
Rangpur	5.6	3.5	3.7
Sylhet	1.9	1.2	0.8
Abroad& other	0.2	0.3	0.2
Total	100.0	100.0	100.0
Number of men	4408	2865	3107

- A third of the female slum population was born in the same city as their current residence. In comparison, around 42 percent women in non-slums and 54 percent in other urban areas were born in the same city (Table 4.1).

- A fifth of women currently residing in City Corporation slums were born in Dhaka Division.

- Few women born in Rajshahi and Khulna reside in urban slums and even fewer women born in Sylhet do (2 percent).

- Over a third of males in slums were born in the same city as their current residence compared with 42 percent in non-slums and 67 percent in other urban areas.

- Few men born in Sylhet reside in City Corporation slums. Khulna, Rajshahi and Rangpur are also under-represented in the male population of urban slums.

- Among current female slum dwellers in Dhaka City, about one third came from other parts of Dhaka City, about one quarter came from rural Dhaka Division, one in five came from Barisal Division (which accounts for only 6% of national population), and small numbers came from the other major Divisions of the country (Figure 4.1).

- The map of origin of current female slum dwellers in Chittagong shows a substantial number from Barisal, and from far away Rangpur, apparently bypassing Dhaka. Train links may be important in explaining this pattern. Three out of four, however come from elsewhere in Chittagong City or Rural Chittagong Division (Figure 4.2).

- Migration from Rajshahi, Khulna and Sylhet Divisions to Dhaka or Chittagong slums is not that common.

- Quite a few also migrate to Chittagong from Dhaka, probably relfecting the different types of employment opportunities in these two major cities.

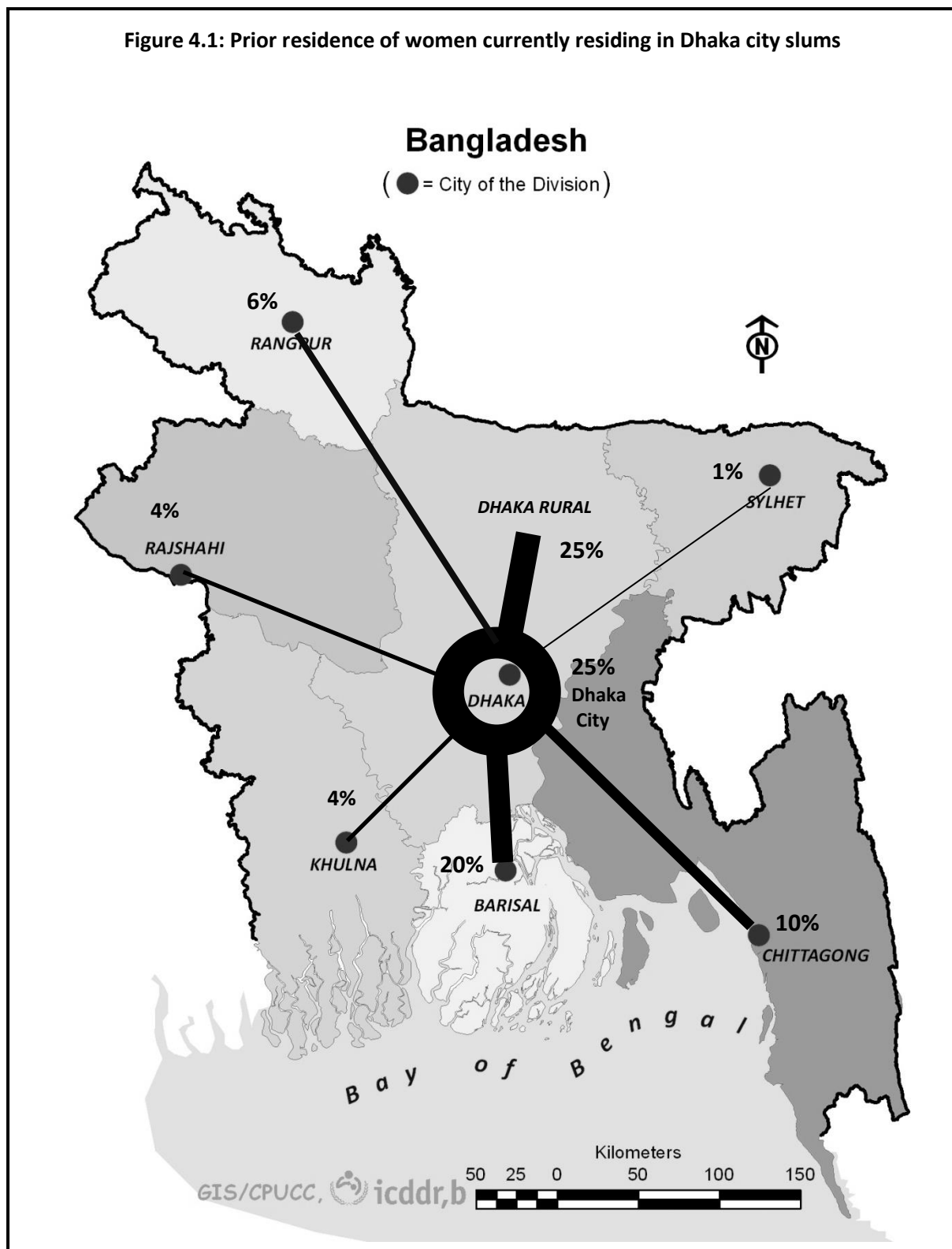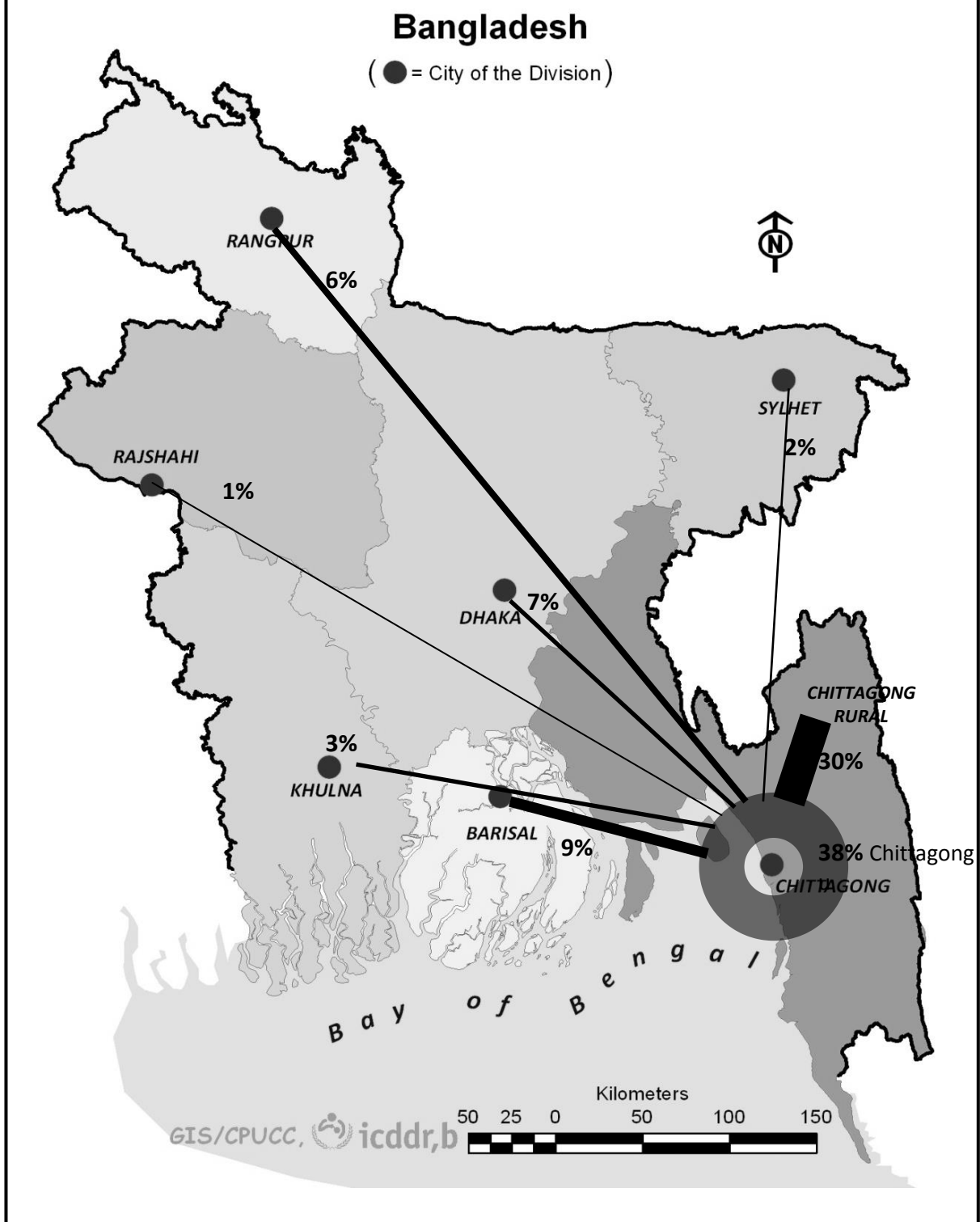## 4.2 Prior Residence of Dhaka and Chittagong Female Slum Dwellers

Figure 4.1: Prior residence of women currently residing in Dhaka city slums

Bangladesh

(● = City of the Division)

6%
RANGPUR

1%
SYLHET

DHAKA RURAL

25%

4%
RAJSHAHI

25%
Dhaka
City

DHAKA

4%
KHULNA

20%

BARISAL

10%
CHITTAGONG

Bay of Bengal

Kilometers
50 25 0   50   100   150

GIS/CPUCC, icddr,b

Figure 4.2: Prior residence of women currently residing in Chittagong city slums

Bangladesh

(⬤ = City of the Division)

RANGPUR

6%

SYLHET

2%

RAJSHAHI

1%

DHAKA 7%

CHITTAGONG RURAL

30%

3%
KHULNA

BARISAL

9%

38% Chittagong

CHITTAGONG

Bay of Bengal

Kilometers

50 25   0   50   100   150

GIS/CPUCC, ⬤ icddr,b

4.3   Duration of Stay in Current Residence by Background Characteristics

Table 4.2: Length of stay of women and men in city of current residence, City Corporation slum, City Corporation non-slum and Other urban

Percent distribution of women and men by number of years that they lived in their current residence, City Corporation slum, City Corporation non-slum and Other urban areas, UHS 2013

Domain	Reported length of time in current residence				Total	Number of women
	<2 year	2-4 years	5+ years	Always lived here		
Women (age 15-49)						
CC Slum	8.4	11.3	47.4	33.0	100	13,994
CC Non-Slum	6.3	8.6	43.4	41.8	100	7,914
Other Urban	5.5	7.6	33.0	53.9	100	10,822
Men (age 15-54)						
CC Slum	4.4	7.4	54.0	34.2	100	4,408
CC Non-Slum	3.6	4.2	49.9	42.2	100	2,865
Other Urban	3.3	5.3	23.9	67.5	100	3,107

- Two-thirds of women living in slums are migrants while the remaining third have always lived there. About 20 percent have been living in their current city of residence for less than five years (Table 4.2).

- About a third of male residents in slums have always lived in the city of their current residence. About 12 percent in slums have been living there for less than five years. The proportion of migrants is relatively lower in the other two urban domains.

Figure 4.3: Length of stay of female and make residents in city Corporation slums, UHS 2013
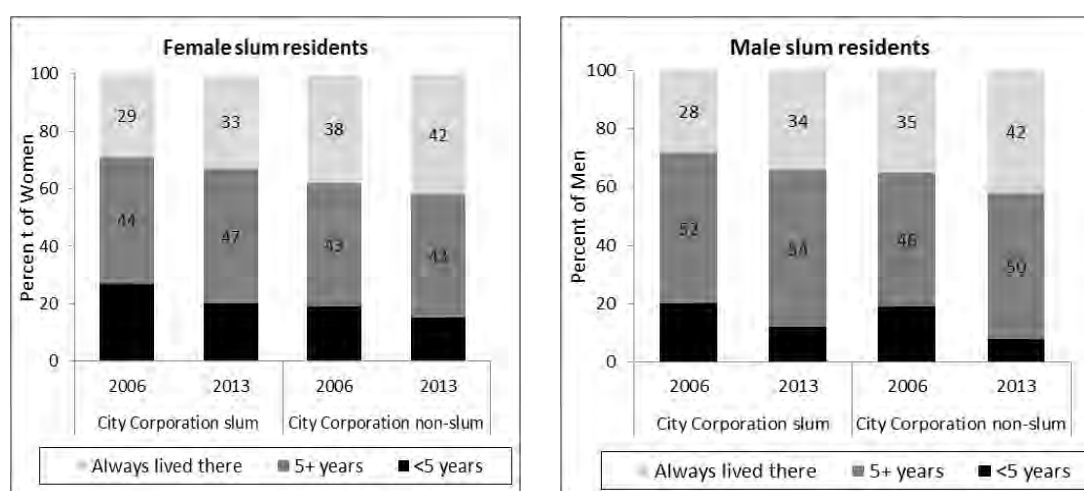
- The proportion of recent female and male migrants (those who have lived in their current residence for less than five years) has declined between 2006 and 2013 in both slum and non-slum domains (Figure 4.3).

- The median length of stay has increased by one year for slum women (from 14 to 15 years) and by two years for slum men (from 17 to 19 years) between 2006 and 2013 (not shown here).

Figure 4.4: Duration of residence by wealth quintiles in City Corporation slums, UHS 2013
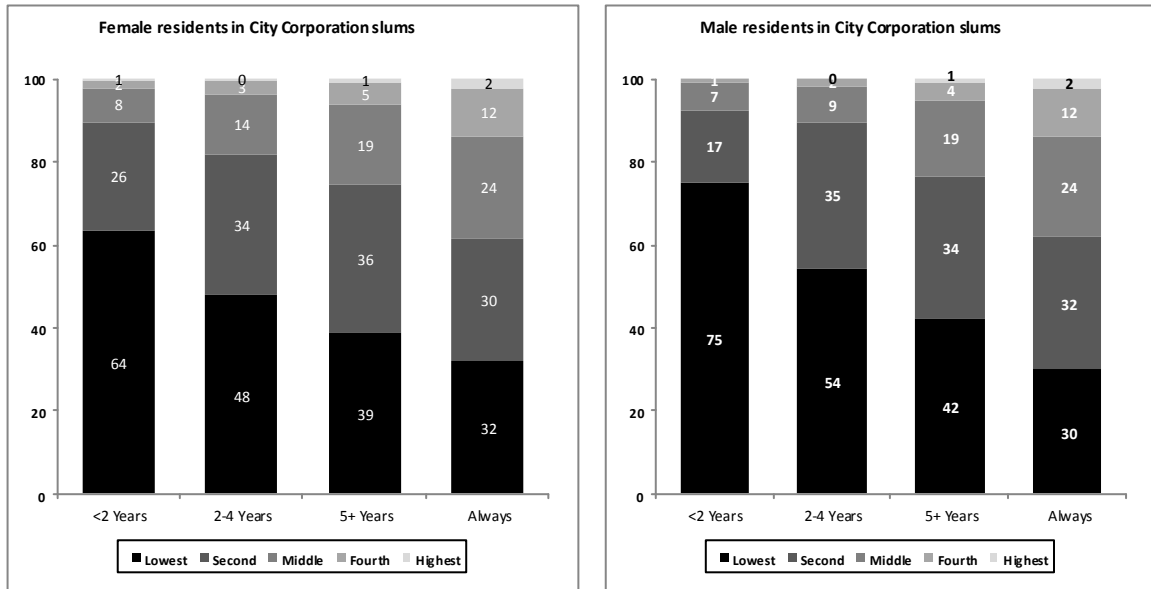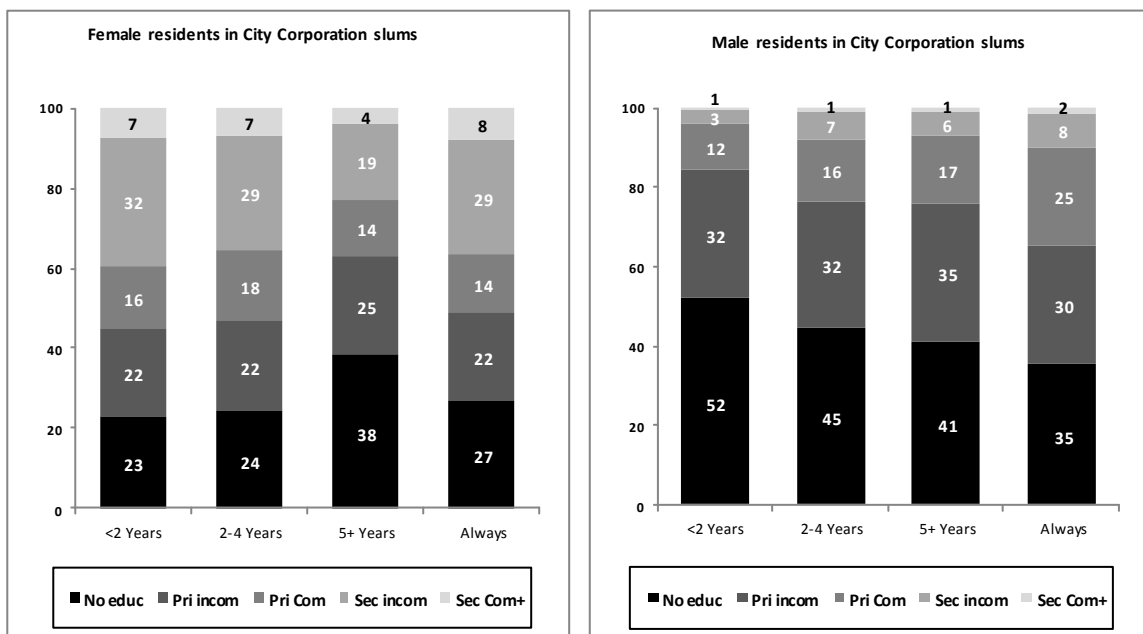

Female residents in City Corporation slums

	<2 Years	2-4 Years	5+ Years	Always
Highest	1	0	1	2
Fourth	8	3	5	12
Middle	26	14	19	24
Second		34	36	30
Lowest	64	48	39	32

Male residents in City Corporation slums

	<2 Years	2-4 Years	5+ Years	Always
Highest	1	0	1	2
Fourth	7	9	4	12
Middle	17	35	19	24
Second			34	32
Lowest	75	54	42	30

Legend: Lowest, Second, Middle, Fourth, Highest

Figure 4.5: Duration of residence by education in City Corporation slums, UHS 2013

Female residents in City Corporation slums

	<2 Years	2-4 Years	5+ Years	Always
Sec Com+	7	7	4	8
Sec incom	32	29	19	29
Pri Com	16	18	14	14
Pri incom	22	22	25	22
No educ	23	24	38	27

Male residents in City Corporation slums

	<2 Years	2-4 Years	5+ Years	Always
Sec Com+	1	1	1	2
Sec incom	3	7	6	8
Pri Com	12	16	17	25
Pri incom	32	32	35	30
No educ	52	45	41	35

Legend: No educ, Pri incom, Pri Com, Sec incom, Sec Com+

- Recent migrants (residing in current city for less than two years) in the slums are poorer compared to those who have been living for longer than two years. Sixty-four percent of recent female migrants and 75 percent of recent male migrants in slums (residing in current

city for less than two years) belong to the poorest wealth quintile. In comparison, 39 percent of long-term female migrants and 42 percent of long term male migrants (residing in current city for 5+ years) belong to the poorest quintile. It is possible that economic status improves over time, as they settle into city life, or the selection of recent migrants is poorer than those who migrated in the past. Probably both these processes are happening (Figure 4.4).

- The education levels of recent female migrants are better than of female migrants who migrated longer ago, whereas education levels of males were better in the past than for recent male migrants. This is surprising as education levels of young females and young males in rural areas are similar, suggesting a selection bias for males where less educated males are preferentially coming to the cities (Figure 4.5).

- The education levels of women in slums who have migrated recently (less than two years ago) are substantially higher than recent male migrants. This may be because reasons for migration are somewhat different for females, many of whom migrate for marriage, compared to males who predominantly migrate in search of work.

4.4 Reasons for Migration to Cities

Figure 4.6: Reasons for migration to urban areas, females and males
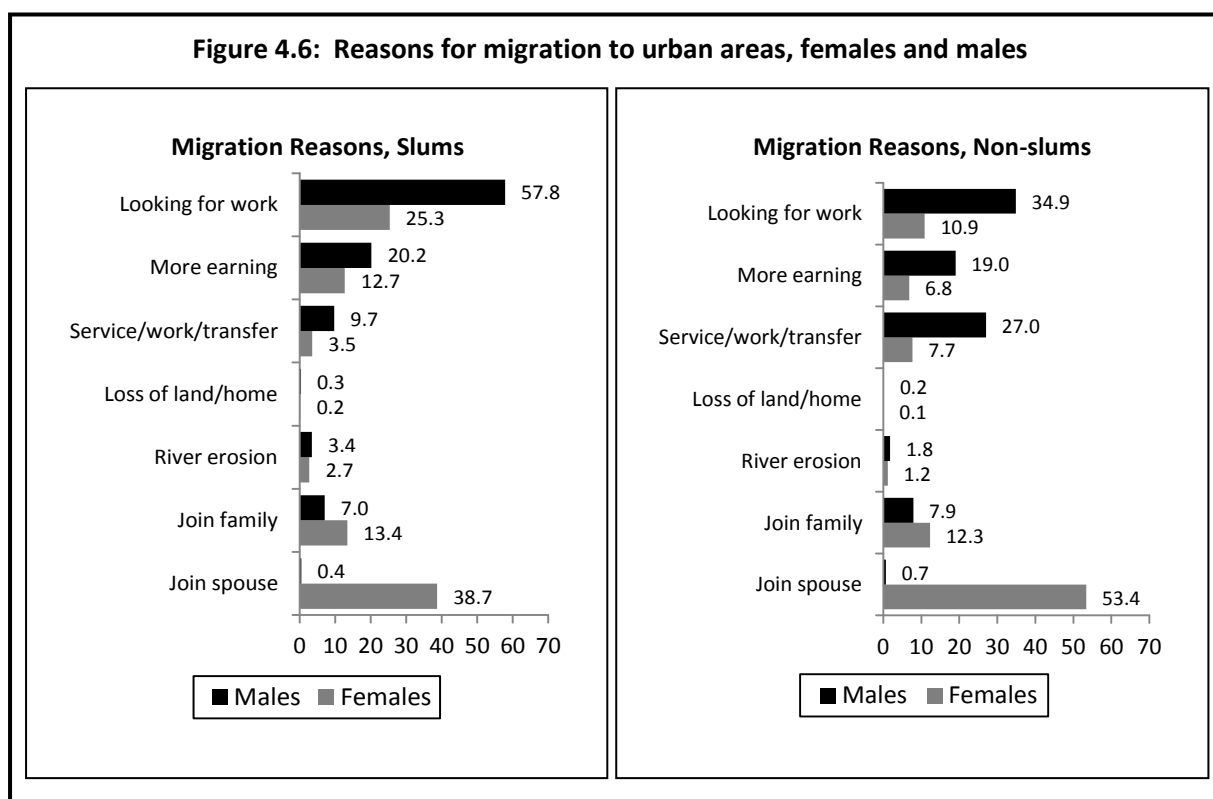
- Males are most likely to migrate to look for work, or service transfers. Females most likely to migrate because of marriage, though seeking work is high among female slum dwellers. Environmental reasons, surprisingly, are negligible (Figure 4.6). However upon probing, it was found that environmental reasons account for about seven percent of all migration to city slums (not shown in figure).

Key Findings

Section 5: Availability of Health Service

- Ninety-five percent of communities in slum and non-slum and about 90 percent in other urban area have a health facility available within two kilometers.

- NGO facilities are the most commonly available health service providers in slum and non-slum areas. Fifty eight percent of slum and 53 percent of non-slum communities have a NGO facility within one kilometer. In other urban areas, government health facilities are most commonly available within one kilometer.

- Private facilities are also widely available in all three urban domains. About 40 percent of the communities in slum and non-slum domains about 30 percent in other urban areas report having a private facility within one kilometer.

- About two thirds of slum communities and about half of non-slum and other urban communities report having a community health worker.

5   Availability of Health Facilities and Community Workers

Table 5.1: Availability of health facility

Percentage distribution of clusters by availability of health facility within specified distance according to type of health facility, City corporation slum, City Corporation non-slum and Other urban areas, UHS 2013

Distance in kilometers (km)	Any facility	Govt. facility	NGO facility	Private facility	Other facility
City Corporation slum					
< 1 km	71.1	12.9	57.8	40.2	1.6
1 to <2 km	24.9	15.8	26.4	40.4	0.4
2 to <5 km	3.6	26.0	6.7	17.3	0.2
5 km or more	0.2	12.2	0.2	0.9	-
DK distance	0.2	0.4	0.4	0.2	-
No facility	-	32.7	8.4	0.9	97.8
Total	100.0	100.0	100.0	100.0	100.0
Number of clusters	450	450	450	450	450
City Corporation non-slum					
< 1 km	69.6	12.7	52.8	41.0	1.6
1 to <2 km	25.4	14.7	24.2	39.2	1.0
2 to <5 km	4.2	23.0	7.0	17.3	1.0
5 km or more	0.6	12.9	0.4	1.0	-
DK distance	0.2	0.2	1.2	1.1	-
No facility	-	36.6	14.3	0.3	96.4
Total	100.0	100.0	100.0	100.0	100.0
Number of clusters	900	900	900	900	900
Other urban					
< 1 km	63.6	37.5	32.1	31.0	0.3
1 to <2 km	25.8	32.3	28.3	34.8	-
2 to <5 km	9.5	26.6	19.6	30.4	-
5 km or more	1.1	2.7	3.0	3.8	0.5
DK distance	-	-	0.3	-	-
No facility	-	0.8	16.8		99.2
Total	100.0	100.0	100.0	100.0	100.0
Number of clusters	368	368	368	368	368

- Ninety-five percent of communities in slum and non-slum and about 90 percent in other urban area have a health facility available within two kilometers (Table 5.1).

- NGO facilities are the most commonly available health service providers in slum and non-slum areas. Fifty eight percent of slum and 53 percent of non-slum communities had a NGO facility within one kilometer. In other urban areas, government health facilities are most commonly available within one kilometer (Table 5.1 and Figure 5.1).

- Private facilities are also widely available in all three urban domains. About 40 percent of the communities in slum and non-slum domains and about 30 percent in other urban areas report having a private facility within one kilometer.

- One in eight of the clusters in slum and non-slum domains report to have a government facility within one kilometer.
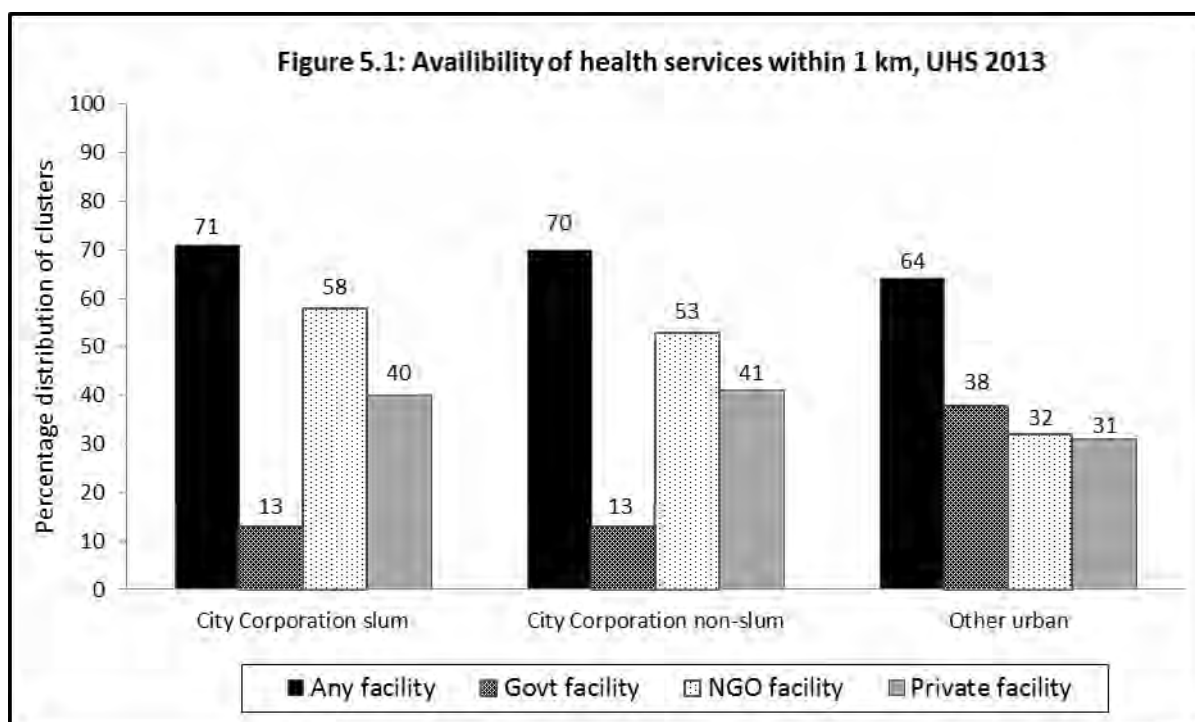
Figure 5.1: Availibility of health services within 1 km, UHS 2013

Table 5.2: Availability of health and family planning field worker

Percentage distribution of clusters by availability of health & family planning field worker, City Corporation slum, City Corporation non-slum and Other urban areas, UHS 2013

	City Corporation slum	City Corporation non-slum	Other urban
Availability of health & FP workers			
Any health worker	63.1	49.0	53.3
Govt. worker	4.7	5.7	28.8
NGO worker	59.3	45.1	28.0
Private worker	1.6	1.6	1.6
Other	0.9	0.6	1.1
Number of clusters	450	900	368
Number of workers			
No worker	36.9	51.0	46.7
1-2	48.2	38.4	43.8
3 or more	14.9	10.6	9.5
Total	100.0	100.0	100.0
Number of clusters	450	900	368

- About two thirds of slum communities and about half of non-slum and other urban communities report having a community health worker (Table 5.2).

- In both slum and non-slum areas, community health workers are predominantly from NGOs.

- In other urban areas, there is equal availability of government and NGO workers.

Key Findings

Section 6: Fertility and Fertility Preferences

Photograph: Courtesy of EngenderHealth

- Fertility is considerably below the replacement level in all three urban areas, including the slums, indicating that the HPNSDP's TFR goal of 2.0 births per woman has already been achieved in 2010-2013.

- TFR is lowest (1.7 births per woman) in City Corporation non-slum, highest (2.0 births per woman) in City Corporation slum and 1.9 births per woman in other urban areas in 2010-2013.

- Between 2003-2006 and 2010-2013, TFR declined by 0.5 births per woman in slum and 0.2 births in non-slum areas.

- A pattern of early childbearing is observed in all three urban areas. Almost one in five women began childbearing before age 20 in the slums and other urban areas compared to about one in eight in the non-slums.

- There has been no change in the incidence of teenage pregnancy over the period of seven years between 2003-2006 and 2010-2013 in the slums and non-slums.

6.1   Current Fertility

Table 6.1: Current fertility

Total fertility rate (TFR) and general fertility rate (GFR) during the three years preceding the survey in City Corporation slum, City Corporation non-slum and Other urban areas, UHS 2013.

Survey Areas	TFR	GFR
City Corporation slum	2.0	79
City Corporation non-slum	1.7	67
Other urban	1.9	73

TFR: Total fertility rate is per woman, and it refers to the period of 1-36 months prior to the interview, i.e., during 2010-2013.

GFR: General fertility rate is expressed per 1,000 women age 15-44.

- TFR is lowest (1.7 births per woman) in City Corporation non-slum and highest (2.0 births per woman) in City Corporation slum; it is 1.9 births per woman in other urban areas (Table 6.1).

- Fertility reached considerably below the replacement level in each of the non-slum, slum and other urban areas.

Figure 6.1: Total Fertility Rate (TFR), UHS 2006 and UHS 2013
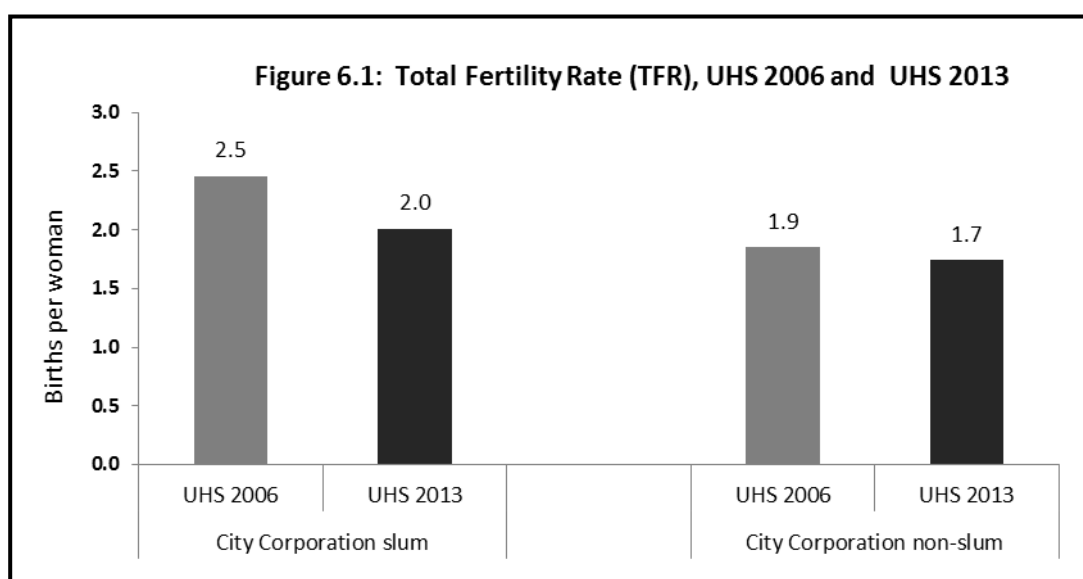
- The fertility declined considerably in urban areas in the last seven years; the highest decline was in the slums, by one-half of birth, from 2.5 per woman in 2003-2006 to 2.0 in 2010-2013. The lowest decline was in the non-slums, by 0.2 births per woman.

- A pattern of early childbearing is observed in the slums than non-slums in the both UHSs of 2006 and 2013 (Figure 6.2).

- Fertility decline occurred among almost all age groups of women in the slums while in the non-slums it occurred only in the age range of 20 to 29 (Figure 6.2).

**Figure 6.2: Age-specific fertility rates, UHS 2006 and 2013**
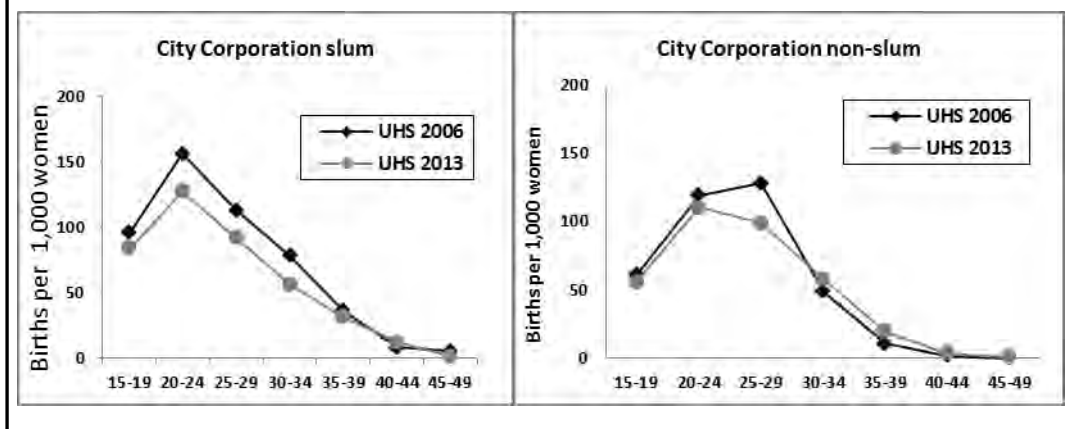
6.2 Teenage Pregnancy

Table 6.3: Teenage pregnancy and motherhood

Percentage of women age 15-19 who are mother or pregnant with their first child in City Corporation slum, City Corporation non-slum and Other urban areas, UHS 2013

Survey area	Percentage who are:		Percentage who have begun childbearing	Number of women
	Mothers	Pregnant with first child		
City Corporation slum	16.6	4.8	21.4	3,159
City Corporation non-slum	10.1	3.2	13.3	1,685
Other urban	14.0	5.5	19.5	2,233

Figure 6.3: Trends in teenage pregnancy, UHS 2006 and UHS 2013
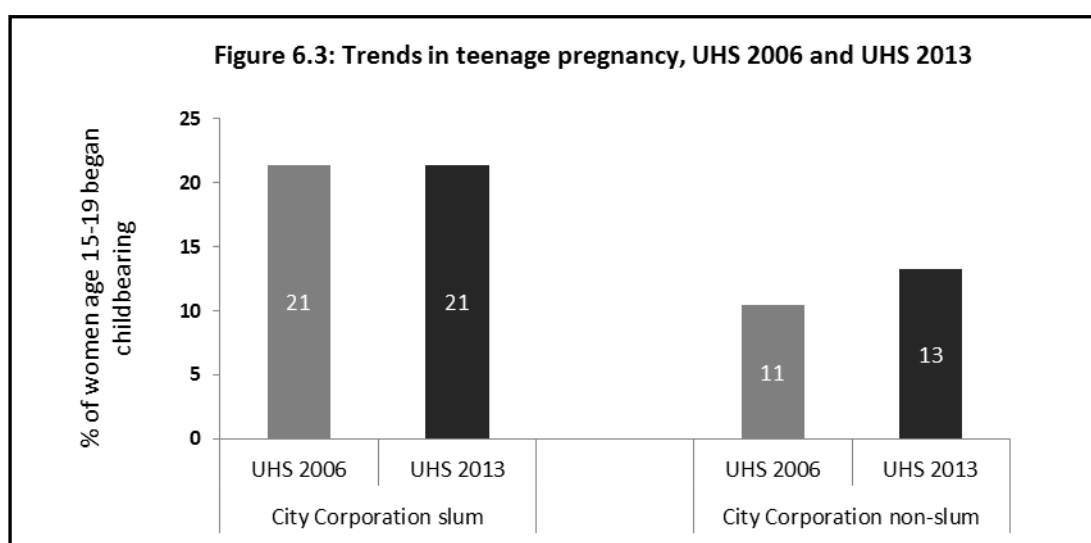
- The level of teenage pregnancy is highest in the slums, followed by other urban areas, and lowest in the non-slums (Table 6.3).

- There has been no change in the incidence of teenage pregnancy over the period of seven years between 2006 and 2013 in the slums and non-slums (Figure 6.3).

6.2 Fertility Preferences among Women and Men

- The desired pattern of spacing and limiting of births for women and men are almost similar in urban slum, non-slum and other urban areas in 2013 (Table 6.4).

- Six out of ten women do not want any more children (among them 5% are already sterilized) in all three domains. Women and men have similar fertility preferences.

- In addition, about one out of four women in all three urban domains wants to delay next birth for two or more years.

Table 6.4: Fertility preferences among women and men

Percent distribution of currently married women age 15-49 and married men age 15-54 according to desire for children, in City Corporation slum and non-slum and Other urban area, UHS 2013

Survey area	Desire for children								Number of women/men
	Have another soon[1]	Have another later[2]	Have another, undecided when	Undecided	Want no more[3]	Sterilized[4]	Missing	Total	
Women									
City Corporation slum	11.3	23.0	2.3	1.9	55.7	5.0	0.7	100.0	12,859
City Corporation non-slum	12.9	21.1	2.9	2.0	56.6	4.1	0.4	100.0	7,503
Other urban	11.9	24.1	2.3	1.3	54.9	5.0	0.4	100.0	10,193
Men									
City Corporation slum	10.9	25.3	0.0	1.7	50.8	4.5	6.9	100.0	4,364
City Corporation non-slum	12.5	23.3	0.0	1.5	51.9	4.4	6.5	100.0	2,845
Other urban	12.0	24.9	0.0	1.4	51.8	4.5	5.4	100.0	3,091

[1] want next birth within 2 years
[2] want to delay next birth for 2 or more years
[3] includes those pregnant women who did not want the child
[4] includes both female and male sterilization

Key Findings

Section 7: Family Planning

Photograph: Courtesy of EngenderHealth

- Contraceptive prevalence rate (CPR) is highest (70%) in the urban slums and lowest in non-slums (65%) in 2013. The couples in the slums have almost achieved the HPNSDP's goal of reaching CPR of 72 percent, by 2016.

- Pill is the most widely used method (27%-33%) in all three urban domains. The next common method is injectables (18%) in the slums, condom (16%) in the non-slums and both injectables and condoms (9% each) in other urban areas.

- The long-acting and permanent method (LAPM) use is low, between five and seven percent, in the slums, non-slums, and other urban areas.

- Between 2006 and 2013, CPR increased by 12 percentage points in the slums (58% to 70%), while in non-slums the increase was by two percentage points (63% to 65%).

- The private sector is the major source of contraceptive methods in each of the three urban domains. Eight out of 10 couples in the non-slums and seven out of 10 couples in the slums or other urban areas obtain contraceptive methods from the private sector.

- Awareness of permanent methods (PM) among women and men is almost universal (over 90% of men or women heard about PM) in urban areas. But among men and women who do not want any more children, the intention to use permanent method in the next one year is very low (less than 3%).

7.1   Current Use of Contraception

Table 7.1: Current use of contraception

Percent distribution of currently married women by contraceptive method currently used, City Corporation slum, City Corporation non-slum, and Other urban areas, UHS 2013

Survey area	Any method	Any modern method	Female sterile-zation	Male sterile-zation	Pill	IUD	Inject-ables	Im-plants	Condom	Periodic absti-nence	With-drawal	Other	No method	Total	*Number of women*
City Corporation slum	69.6	62.3	4.0	1.0	31.7	0.5	17.8	1.7	5.5	6.2	0.7	0.4	30.4	100.0	12,859
City Corporation non-slum	65.0	56.4	3.6	0.4	26.8	0.4	8.4	0.6	16.0	7.4	0.8	0.4	35.0	100.0	7,503
Other urban	66.7	58.1	4.4	0.6	33.1	0.5	9.1	1.0	9.3	7.1	0.6	0.9	33.3	100.0	10,193

Note: If more than one method is used only the most effective method is considered in the tabulation.

- Contraceptive prevalence rate (CPR) is highest (70%) in the slums and lowest (65%) in the non-slums. It is 67% in other urban areas (Table 7.1).

- Pill is the most widely used method (27%-33%) in all three urban domains. The next common method is injectables (18%) in the slums, condom (16%) in the non-slums and both injectables and condoms (9% each) in other urban areas.

- The long-acting and permanent method (LAPM) use is low, between five and seven percent, in the slums, non-slums, and other urban areas.

- CPR increased by 12 percentage points, from 58% in 2006 to 70% in 2013 in the slums (Figure 7.1). It increased by only 2 percentage points in the non-slums.

Figure 7.1: Contraceptive use among currently married women age 15-49, UHS 2006 and UHS 2013
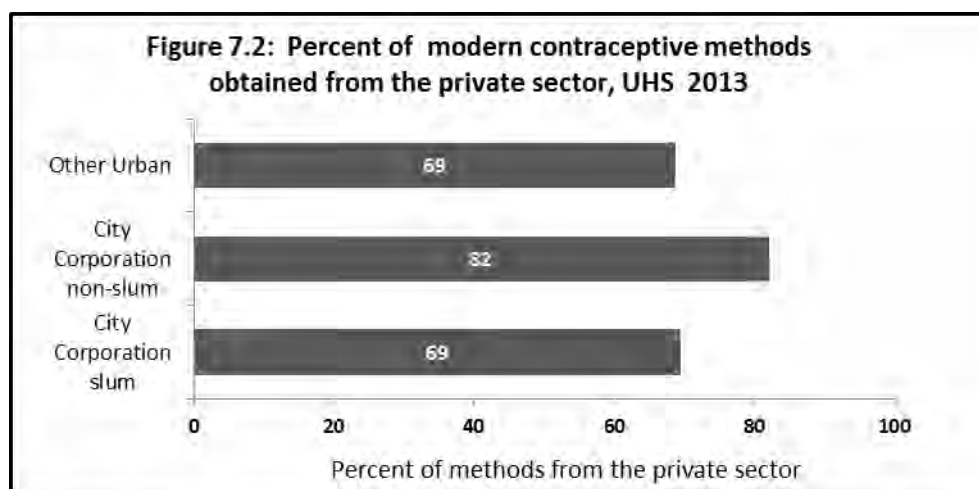
7.2 Sources of Modern Contraceptive Methods

- The private sector is the major source of contraceptive methods in the non-slums, slums, and other urban areas in 2013. Eight of 10 couples in the non-slums and seven of 10 in the slums and other urban areas obtain contraceptive methods from the private sector (Table 7.2 and Figure 7.2).

- The share of private sector has substantially increased between 2006 and 2013, resulting in the diminishing role of both public sector and NGO in contraceptive supply (Figure 7.3) for both slum and non-slum areas.
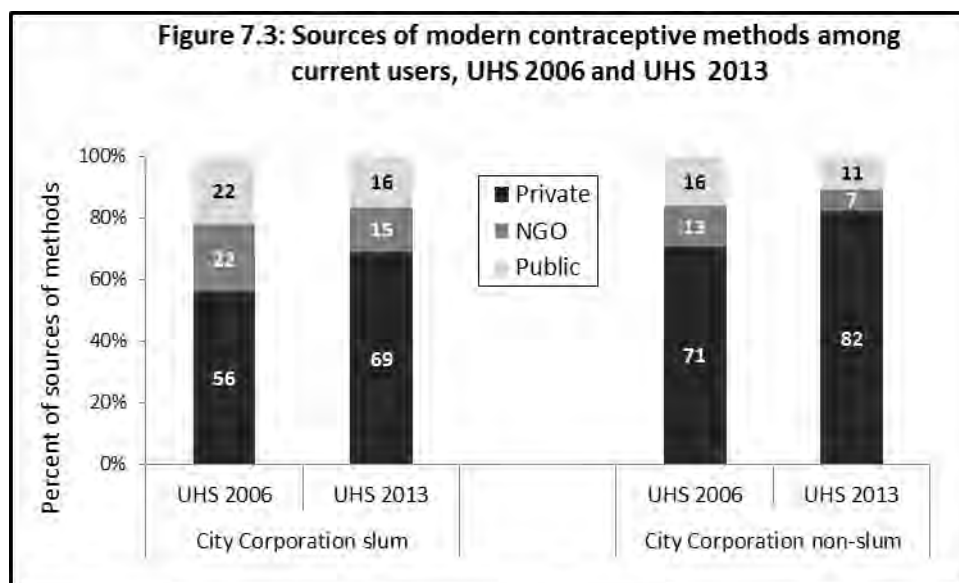
Table 7.2: Source of modern contraceptive methods

Percent distribution of users of modern contraceptive methods age 15-49 by most recent source of method, City Corporation slum, City Corporation non-slum, and Other urban areas, UHS 2013

Source	Family planning methods							
	Female sterilization	Male sterilization	Pill	IUD	Injectables	Implants	Condom	Total
City Corporation slum								
Public sector	66.4	76.5	5.9	69.6	19.4	57.9	1.8	16.4
NGO	12.7	13.6	5.0	28.2	35.0	29.9	3.3	14.9
Private sector	20.9	9.9*	89.1	2.2	45.6	12.2	94.9	68.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of users	**519**	**129**	**4,077**	**71**	**2,283**	**221**	**712**	**8,012**
City Corporation non-slum								
Public sector	52.7	72.2	5.0	56.5	18.2	64.5	1.5	10.6
NGO	3.6	14.0	3.6	20.9	30.1	19.8	1.2	7.3
Private sector	43.7	13.8	91.4	22.6	51.7	15.7	97.3	82.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of users	**272**	**34**	**2,010**	**31**	**631**	**47**	**1,203**	**4,229**
Other urban								
Public sector	53.9	74.5	15.2	80.0	44.4	72.1	6.9	23.6
NGO	3.8	4.8	4.2	10.9	26.7	16.4	1.2	7.5
Private sector	42.3	20.7	80.6	9.1	28.9	11.5	91.9	68.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of users	**448**	**63**	**3,369**	**55**	**931**	**104**	**951**	**5,921**

*Includes missing values of 3.7%

Figure 7.2: Percent of modern contraceptive methods obtained from the private sector, UHS 2013

Figure 7.3: Sources of modern contraceptive methods among current users, UHS 2006 and UHS 2013

- Awareness of permanent methods (PM) among women and men is almost universal (Table 7.3); over 90% of men or women heard about PM in the non-slums and other urban areas.

- Only less than three percent of women or men who do not want to have any more children expressed their intention of adopting PM within next one year.

7.3 Women's and Men's Intention of Adopting Permanent Methods

Table 7.3: Awareness of permanent methods and intention of adopting permanent methods

Percentage of currently married non-pregnant women age 15-49 and men age 15-54, who do not want any more children and are not sterilized who have heard about permanent method. Among those who have heard, the percentage who intend to use permanent method in next one year, City Corporation slum, City Corporation non-slum, and Other urban area, UHS 2013

	Percent heard of permanent method*	Number	Intention of adopting permanent methods in next one year				Number who heard of permanent method
			Yes	No	Don't Know	Total	
Women							
City Corporation slum	88.1	6,764	2.0	97.4	0.6	100.0	5,961
City Corporation non-slum	91.6	4,056	1.5	98.2	0.3	100.0	3,715
Other urban	92.7	5,377	0.8	99.0	0.2	100.0	4,958
Men							
City Corporation slum	80.8	2,290	2.8	95.2	2.0	100.0	1,615
City Corporation non-slum	93.2	1,520	2.3	95.3	2.4	100.0	1,281
Other urban	91.4	1,646	1.9	95.6	2.5	100.0	1,381

* Includes male & female sterilization

Key Findings

Section 8: Maternal Health

Antenatal Care

- The majority of women living in non-slum and other urban areas receive antenatal care (ANC) from medically trained providers (83% and 76% respectively). However, only half of the women living in slums receive ANC from medically trained providers.

- The percentage of women receiving ANC from any provider increased between 2006 and 2013. However, the use of medically trained providers for ANC has declined in both slum and non-slum domains with a greater decline in slums (from 62% to 54%).

- Women living in non-slums are most likely to receive at least four ANC compared to women living in the other two domains (58% in non-slums, 29% in slums and 36% in other urban areas). Thus the HPNSDP target of achieving coverage of 4+ ANC of 50 percent has only been achieved in the non-slum domain.

- Nine out of 10 women receiving antenatal care have their blood pressure checked and weight measured irrespective of where they live.

- Women receiving ANC from medically trained providers are much more likely to have blood and urine test and ultra-sonogram done compared to those who seek ANC from non-medically trained providers.

- The NGO sector is the prime source for ANC among women living in slums whereas the private sector is the main source of ANC for women living in non-slum and other urban areas.

Delivery Care

- Facility delivery is highest among women living in non-slums (65%) and lowest in slums (37%).

- There is large variation in the use of medically trained providers for delivery by place of residence of women within urban areas (68% in non-slums, 56% in other urban and 37% in slums). Slums are lagging behind in this indicator considering that the HPNSDP target is to achieve a skilled birth attendance rate of 50 percent by 2016.

- Very few home deliveries are attended by medically trained providers in all three urban domains (4-11%).

- Percent of women using medically trained providers for delivery has increased between 2006 and 2013 (18% to 37% for slums and 56% to 68% for non-slums).

- C-section is very high among women in non-slums (42%) and other urban areas (33%).

- Over 60 percent of facility deliveries among women in non-slums and other urban areas are done through C-section compared with 44 percent of facility deliveries in slums.

Postnatal Care

- Less than a third of women in slums receive postnatal acre (PNC) from a medically trained provider. Women in non-slums are twice as likely to receive PNC compared to slum women.

- In all three urban domains, the newborns are less likely to receive postnatal check-up from a medically trained provider than their mothers.

- For both mothers and newborns, the likelihood of getting PNC from a trained provider has increased in both slums and non-slums. However, slums are lagging behind in approaching the HPNSDP target of providing PNC to 50 percent of newborns by 2016.

Essential Newborn Care

- Around half of the home deliveries in all three urban domains adhere to recommended practices regarding umbilical cord care and drying of newborn. Adherence to recommended practices regarding wrapping and bathing of newborn remain much lower in all the domains.

- Only 2-4% of newborns in all urban domains receive all the essential newborn care practices.

## 8.1 Antenatal Care

Table 8.1 Antenatal care

Percent distribution of women age 15-49 who had a live birth in the three years preceding the survey by antenatal care (ANC) provider during pregnancy for the most recent birth, City Corporation slum, City Corporation non slum and Other urban areas, UHS 2013

| Domain | Medically trained | | | Non medically trained | | | | | | Any ANC | ANC from medically trained provider[1] | Number of women |
	Qualified doctor	Nurse/ midwife/ paramedics/ FWV	CSBA/ MA/ SACMO	HA/ FWA	NGO worker	Trained TBA/ untrained TBA Unqualified doctor/ other	No one	Missing	Total			
City Corporation slum	41.3	12.3	0.2	1.6	15.8	0.9	27.9	0.1	100.0	72.1	53.8	3,406
City Corporation non -slum	75.7	7.5	0.0	0.7	5.9	0.2	10.0	0.0	100.0	90.0	83.2	1,716
Other urban	66.4	9.4	0.0	0.7	4.9	0.0	18.5	0.0	100.0	81.5	75.8	2,388

Note: If more than one source of ANC was mentioned, only the provider with the highest qualifications is considered in the tabulation.
[1] Medically trained provider includes qualified doctor, nurse/midwife, paramedics, FWV, CSBA & MA/SACMO.

- The majority of women living in non-slum and other urban areas receive antenatal care (ANC) from medically trained providers (83% and 76% respectively). However, only half of the women living in slums receive ANC from medically trained providers (Table 8.1).

- A noteworthy proportion of slum mothers receive ANC from non-medically trained NGO workers (16%); only 6 percent of women living in non-slums and 5 percent of those living in other urban areas receive ANC from this category of workers.
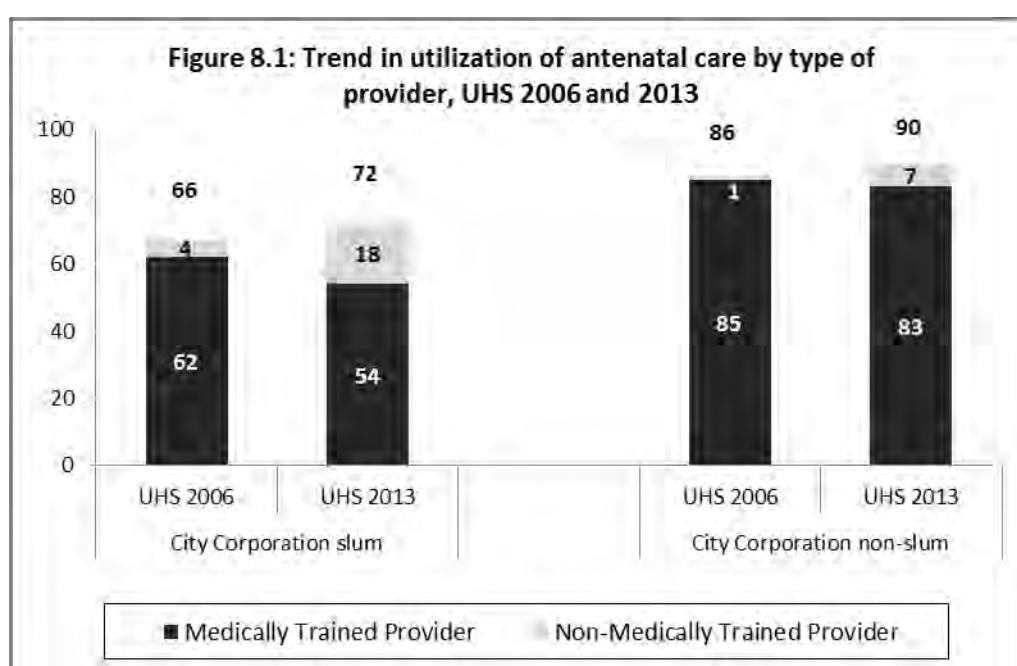
Figure 8.1: Trend in utilization of antenatal care by type of provider, UHS 2006 and 2013

- The percentage of women receiving ANC from any provider increased between 2006 and 2013. However, the use of medically trained providers for ANC has declined in both slum and non-slum domains with a greater decline in slums (from 62% to 54% in slums and from 85% to 83% in non-slums) (Figure 8.1).

- Difference in use of medically trained providers for ANC exists between slums and non-slums. The disparity has widened in 2013 compared to 2006.

Table 8.2: Health services received by source of antenatal care

Percent distribution of women age 15-49 who received antenatal care for their most recent birth during the three years before the survey, by specific health services received during pregnancy, according to source of antenatal care (ANC), City Corporation slum, City Corporation non-slum and Other urban areas, UHS 2013

| | Components of ANC | | | | | |
Source of ANC	Blood pressure	Urine test	Blood test	Weight taken	Ultra sonogram done	Number of women
City Corporation slum						
Medically trained provider[1]	94.6	81.2	70.0	93.7	74.1	1,831
Non-medically trained provider						
NGO worker: BRAC	86.5	36.7	23.9	78.2	23.7	319
NGO worker: Other	93.5	70.0	54.0	89.9	56.2	220
Total	93.4	74.2	62.3	91.3	65.7	2370
City Corporation non- slum						
Medically trained provider[1]	96.2	92.7	87.0	97.1	90.0	1,428
Non-medically trained providers						
NGO worker: BRAC	87.2	55.8	43.4	79.2	32.3	53
NGO worker: Other	87.8	76.6	72.3	89.6	64.9	48
Total	95.6	90.9	85.0	96.3	87.2	1529
Other urban						
Medically trained provider[1]	93.4	83.3	76.1	94.8	82.7	1,810
Non-medically trained provider						
NGO worker: BRAC	81.1	65.9	20.8	71.6	13.3	53
NGO worker: Other	74.9	53.0	37.3	93.7	40.5	64
Total	92.4	81.9	73.3	94.1	79.4	1927

Note: If more than one source of ANC was mentioned, only the provider with the highest qualifications is considered in the tabulation.
[1] Medically trained provider includes qualified doctor, nurse/midwife, paramedics , FWV,, CSBA & MA/SACMO;
Note: Women who got ANC from HA/FWA or TTBA ,UTBA and others are excluded from the analysis

- Over 90 percent of women receiving antenatal care have their blood pressure checked and weight measured. This is true for women in all the three urban domains (Table 8.2).

- The range of health services received during pregnancy varies substantially by type of provider of ANC. Women who receive ANC from medically trained providers are more likely to have the five specific health check-ups done compared to those who sought ANC from non-medically trained providers.

- Women living in slums are least likely to have urine test, blood test or ultra-sonogram done.

Figure 8.2: Health services received during pregnancy, by type of ANC provider, City Corporation slums, UHS 2013
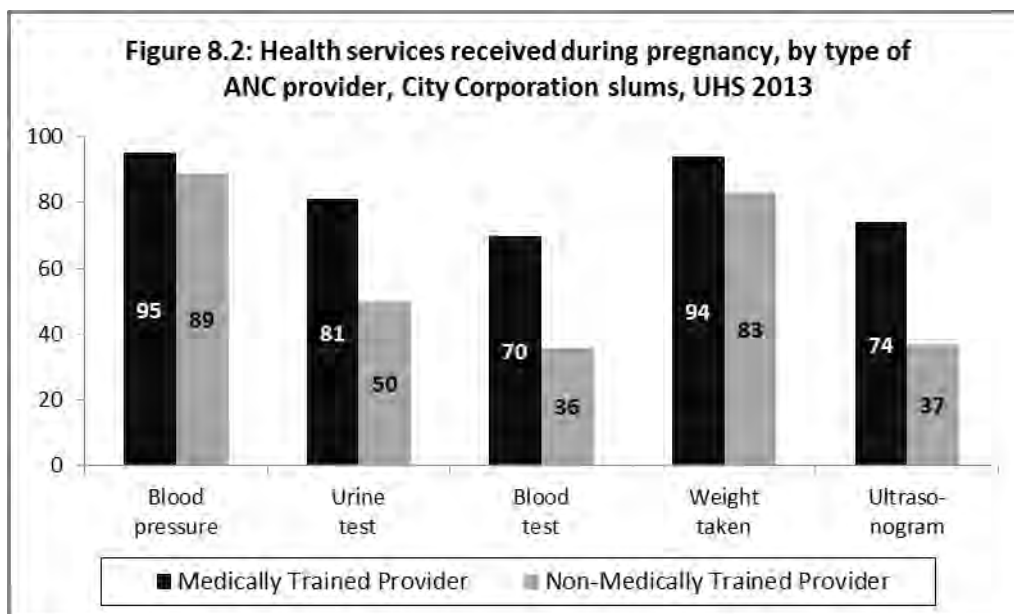
- For slum women the likelihood of getting urine test, blood test and ultra-sonogram is 1.6-2.0 times higher when ANC is received from a medically trained provider compared to a non-medically trained provider (Figure 8.2).

Table 8.3 Place of antenatal care

Among women age 15-49 who had a live birth in the three years preceding the survey, the percentage who received antenatal care (ANC) during the pregnancy of the most recent birth by place of ANC care, City Corporation slums, City Corporation non-slum, and Other urban areas, UHS 2013.

Domain	Home	Public sector	Private sector	NGO Sector	Other	Number of women
City corporation slum	14.2	23.9	29.5	42.4	0.2	2,456
City corporation non –slum	4.5	21.9	58.1	21.5	0.1	1,545
Other urban	6.1	38.9	51.7	11.0	0.0	1,945

Note: Multiple responses possible

- The primary sector from where women receive ANC varies by the area of residence of women (Table 8.3).

- The NGO sector is the most prominent sector for ANC among women living in the slums. Four out of ten slum women reported seeking ANC from the NGO sector.

- The private sector is the prime source of ANC for women living in non-slums and other urban areas. About 6 out of 10 women living in non-slum areas and 5 out of 10 women living in other urban areas seek ANC from the private sector.

- Fourteen percent of women living in slums receive ANC at their home and this percentage is much lower in the other two domains (5% in non-slums and 6% in other urban areas).

Table 8.4: Number of antenatal care visits

Percent distribution of women who had a live birth in the three years preceding the survey by number of antenatal care (ANC) visits for the most recent live birth, City Corporation slum, City Corporation non-slum and Other urban areas, UHS 2013

	City Corporation slum	City Corporation non-slum	Other urban
Number of ANC visits			
None	27.9	10.0	18.5
1	7.2	4.6	9.4
2	14.8	11.3	16.3
3	21.6	16.2	20.0
4+	28.5	58.0	35.8
DK/missing	0.0	0.1	0.1
Total	100.0	100.0	100.0
Median number of visits (for those with ANC)	3.2	4.2	3.3
Number of women	3,406	1,716	2,388

- Women living in non-slums are most likely to receive at least four ANC compared to women living in the other two domains in urban areas (Table 8.4).

- Fifty-eight percent of those living in non-slums receive at least four ANC compared to 29 percent in slums and 36 percent in other urban areas.

Figure 8.3: Number of ANC 4+ visits, UHS 2006 and 2013
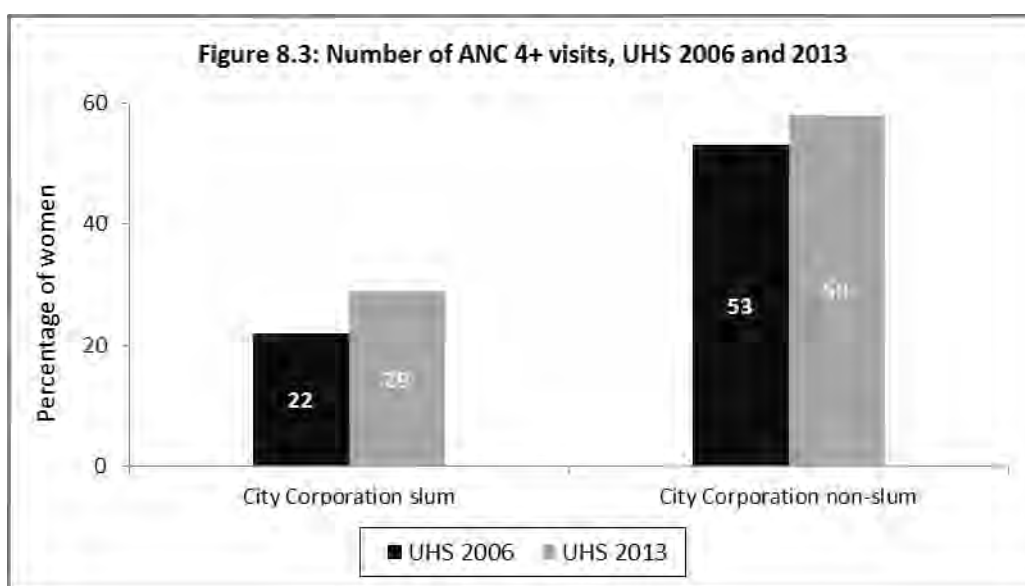
- The percentage of women receiving the recommended 4+ ANC check-ups has increased in slums from 22 percent in 2006 to 29 percent in 2013. The percentage of women in non-slum areas receiving 4+ ANC is still double of that in slums (Figure 8.3).
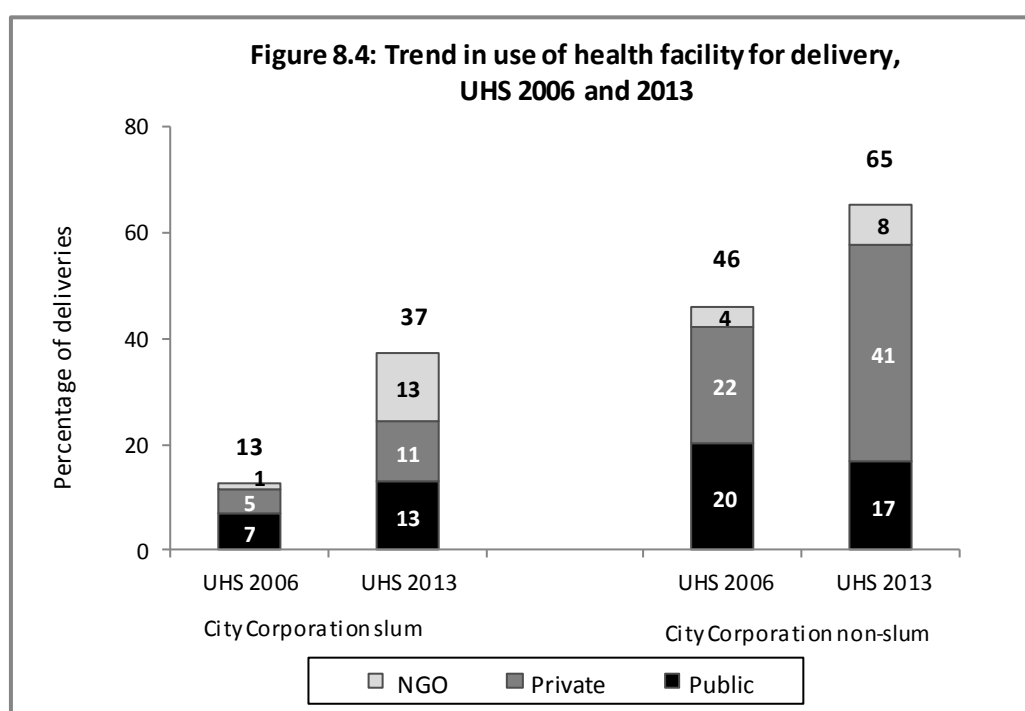
8.2 Delivery Care

Table 8.5: Place of delivery

Percent distribution of live births in the three years preceding the survey by place of delivery, percentage delivered in health facility, and percentage delivered by C-section, for the most recent birth, City Corporation slum , City Corporation non-slum and Other urban areas, UHS 2013

	Place of delivery									
Domain	Public facility	Private facility	NGO facility	BRAC Delivery/ Maternity Centers	Other	Home	Total	Percentage delivered in a health facility[1]	Percentage delivered by C-section	Number of women
City corporation slum	12.8	11.4	12.6	3.5	0.1	59.7	100.0	36.7	16.3	3,406
City corporation non –slum	16.8	40.9	7.5	1.0	0.1	33.7	100.0	65.1	42.0	1,716
Other urban	18.8	31.6	2.2	0.2	0.0	47.2	100.0	52.6	33.0	2,388

[1]Health facility includes Public, Private , and NGO facilities but excludes BRAC Delivery/ Maternity Centers

- Facility delivery is highest among women living in non-slums (65%) and lowest in slums (37%). (Table 8.5).

- Home delivery is the most common among women in slums and other urban areas while private facility is the most commonly used place of delivery by women in non-slums.

- C-section is very high among women in non-slums (42%) and other urban areas (33%).

Figure 8.4: Trend in use of health facility for delivery, UHS 2006 and 2013

- Delivery at health facilities among women in slums increased significantly from 13 percent to 37 percent between 2006 and 2013. For women living in slums, NGO sector accounts for the increase in the facility delivery in the last seven years - in 2006, only 1 percent of the deliveries were at NGO facilities compared to 13 percent in 2013 (Figure 8.4).

- Among non-slum women, facility births increased by 19 percentage points (from 46% to 65%) between 2006 and 2013. In the non-slums, the private sector accounts for most of the increase in facility delivery.

Table 8.6: Assistance during delivery

Percent distribution of live births in the three years preceding the survey by person providing assistance during delivery and percentage of births assisted by a medically trained provider for the most recent birth, City Corporation slum, City Corporation non-slum, and Other urban areas, UHS 2013

Domain	Assistance during delivery												Percentage delivered by a medically trained provider[1]	Number of women
	Quali-fied doctor	Nurse/ mid-wife/ para-medics	FWV	CSBA	HA/ FWA	NGO worker	Tradi-tional birth atten-dant	Un-trained birth atten-dant	Unqua-lified provider	Relatives /friends	No one	Total		
City Corporation slum	25.1	12.0	0.1	0.0	0.2	5.5	15.1	35.2	0.2	6.4	0.1	100.0	37.3	3,406
City Corporation non-slum	58.2	9.3	0.1	0.0	0.3	1.7	9.7	17.2	0.2	3.1	0.1	100.0	67.7	1,716
Other urban areas	44.3	11.2	0.1	0.0	0.2	0.4	11.5	26.6	0.3	5.3	0.3	100.0	55.6	2,388

Note: If more than one person attending during delivery , only the most qualified person is considered in this tabulation.
[1] Medically trained provider includes qualified doctor, nurse/midwife , paramedics , FW CSBA & MA/SACMO

- There is large variation in the use of medically trained providers for delivery by place of residence of women within urban areas (Table 8.6).

- Sixty-eight percent of women living in non-slums use a medically trained provider for delivery compared to 37 percent of women living in slums.

- In non-slums and other urban areas, the most prominent provider to assist in delivery are qualified doctors (58% in non-slums and 44% in the other urban areas), while in slums untrained birth attendant is the most commonly used birth attendant (35%).

Figure 8.5: Trend in use of medically trained provider for delivery, UHS 2006 and 2013
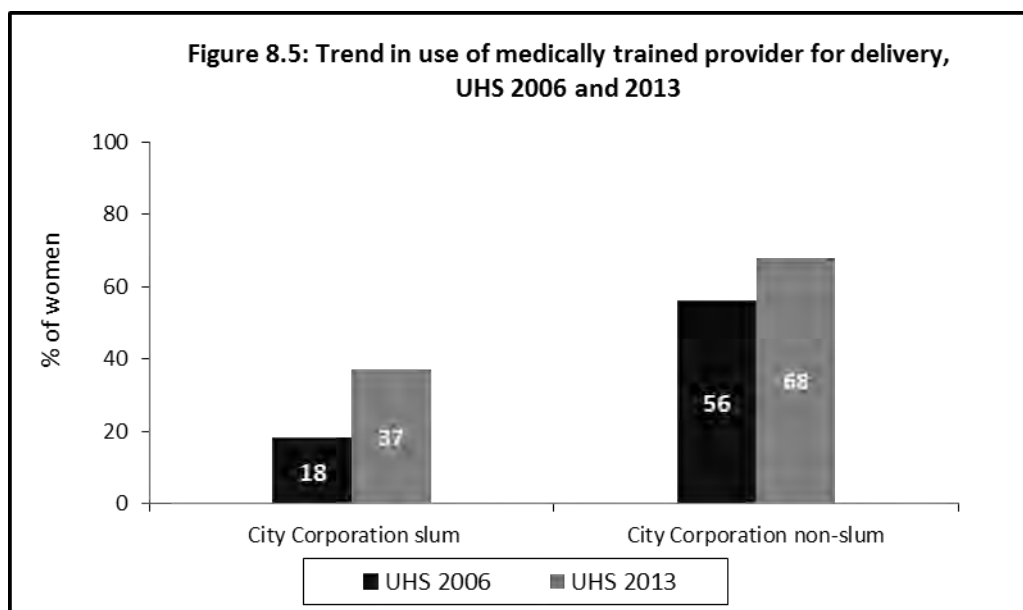
- The percent of women using medically trained providers has increased between 2006 and 2013 in slum and non-slum areas (Figure 8.5).

- In slums, delivery by medically trained providers doubled between 2006 and 2013, while among the non-slum population it increased by 20 percent.

- Difference in the use of medically trained providers between slums and non-slums has reduced. In 2006, births among non-slum women were 3.1 times more likely to be assisted by a medically trained provider compared to births among slum women. This ratio has declined to 1.8 in 2013.

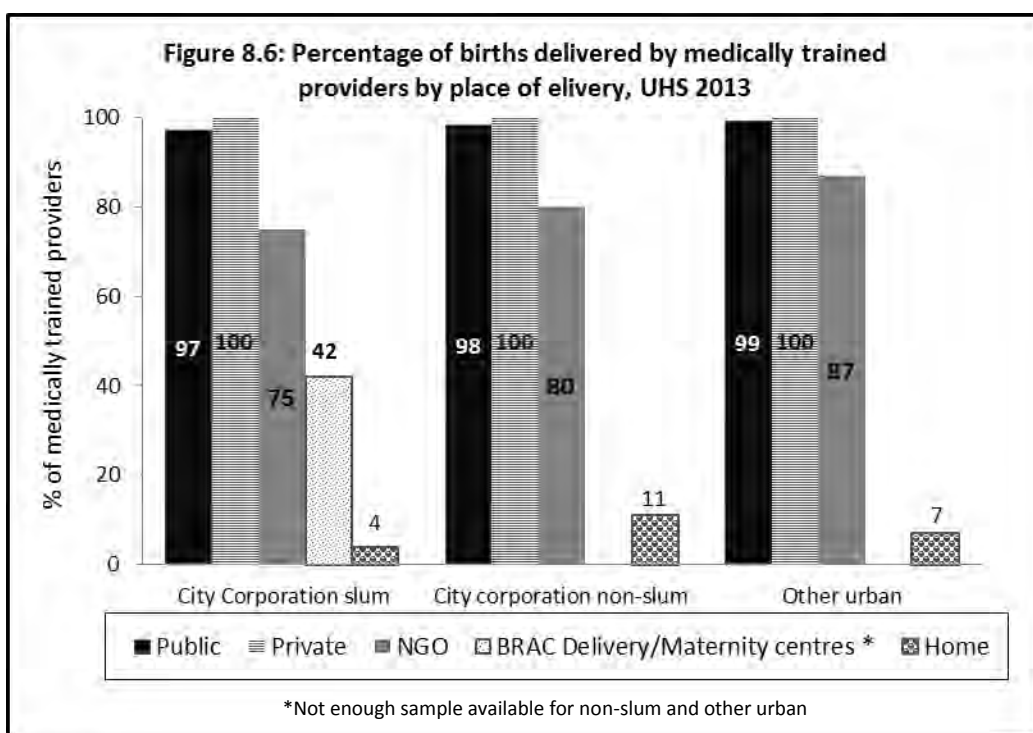**Table 8.7 Delivery by medically trained provider by place of delivery**

Percentage of live birth in the three years preceding the survey delivered by medically trained provider[1] for the most recent birth according to place of delivery, City Corporation slum , City Corporation non-slum and Other urban areas, UHS 2013.

	Place of delivery				
Domain	Public facility	Private facility	NGO facility	BRAC Delivery/ Maternity Centers	Home
City corporation slum	97.2	100.0	75.3	42.4	4.1
City corporation non –slum	98.3	99.9	80.3	(68.6)	10.6
Other urban	98.9	99.7	87.1	*[2]	7.0

Note: Figure in parentheses is based on less than 50 weighted cases.
[1] Medically trained provider includes qualified doctor, nurse/midwife , paramedics , FW CSBA and MA/SACMO
[2] Not enough sample

Figure 8.6: Percentage of births delivered by medically trained providers by place of elivery, UHS 2013

*Not enough sample available for non-slum and other urban

- Almost all deliveries at private and public facilities in both slum and non-slum areas are assisted by medically trained providers (Table 8.7, Figure 8.6).

- Births at NGO facilities are not always attended by a medically trained provider. Among slum women only 75 percent of births at NGO facilities are attended by a medically trained provider. This percent is slightly higher for non-slum women.

- Very few home deliveries are attended by medically trained provider in all three urban domains.

Table 8.8: C-section by place of delivery

Percent of facility deliveries done by C-section for most recent birth in the three years preceding the survey by place of delivery, City Corporation slum , City Corporation non-slum and Other urban areas, UHS 2013

| | Place of delivery | | | |
	All facility	Public facility	Private facility	NGO facility[1]
City corporation slum	44.0 (1251)	44.8 (435)	65.3 (387)	23.9 (429)
City corporation non –slum	64.6 (1117)	56.6 (288)	72.5 (701)	38.9 (128)
Other urban	62.7 (1256)	36.8 (449)	80.0 (755)	34.7 (52)

[1]NGO facility excludes BRAC Delivery/Maternity Centers, and others
Note: The number in parentheses represent number of deliveries

- Over 60 percent of facility deliveries among women in non-slums and other urban areas are done through C-section compared with 44 percent of facility deliveries in slums. (Table 8.8, Figure 8.7)

- Majority of deliveries in private facilities are done through C-sections.

- Births at NGO facilities are least likely to be performed through C sections (compared to births at public or private facilities).

Figure 8.7: Percentage of facility deliveries by C-section by type of facility, 2013 UHS
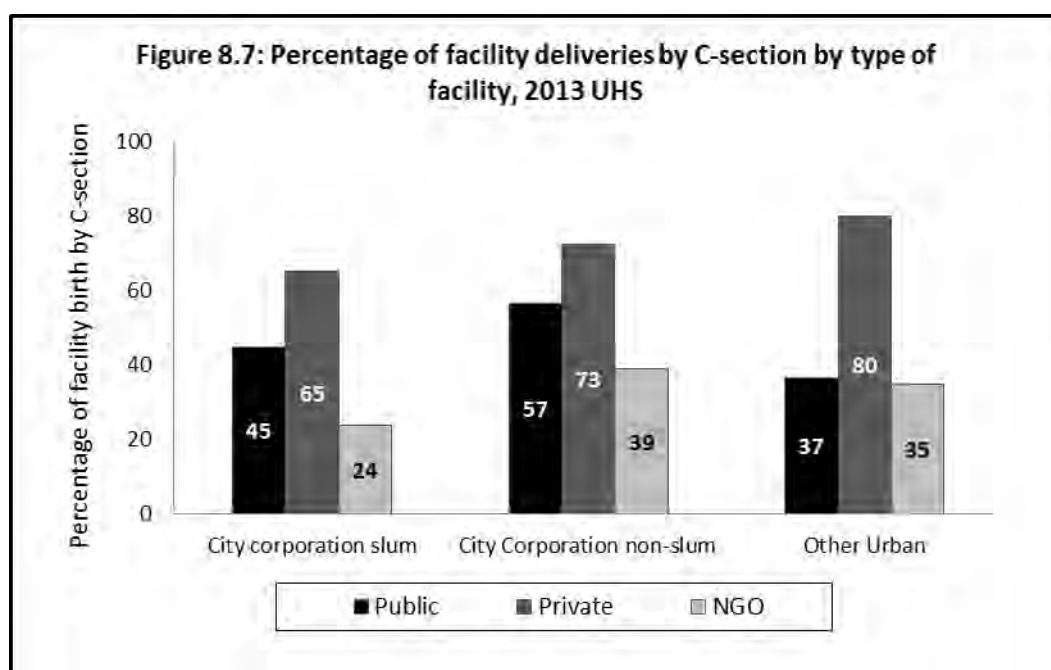
8.3 Postnatal Care

Table 8.9: Type of provider of first postnatal checkup for mother

Percent distribution of last births in the three years preceding the survey for which the mothers received postnatal care within two days of the last live birth from a medically trained provider, City Corporation slum, City Corporation non-slum and Other urban areas, UHS 2013

Domain	Qualified doctor	Nurse/ midwife/ para-medics/ FWV	CSBA/ MA/ SACMO	Non-medically trained provider	No postnatal checkup	Total	Percentage receiving checkup within 2 days of delivery from a medically trained provider	Number of women
City Corporation slum	22.5	11.5	.0	7.6	58.4	100.0	34.0	3,406
City Corporation non–slum	50.3	10.1	.0	3.0	36.6	100.0	60.4	1,716
Other urban	39.4	10.6	.0	3.0	46.9	100.0	50.0	2,388

Note: Medically trained provider includes qualified doctor, nurse/midwife , paramedics , FWV, CSBA and MA/SACMO

**Table 8.10: Type of provider of first postnatal checkup for newborn**

Percent distribution of last births in the three years preceding the survey for which children received postnatal care in the two days after the last live birth from medically trained provider, City Corporation slum, City Corporation non-slum and Other urban areas, UHS 2013

Domain	Qualified doctor	Nurse/ midwife/ paramedics /FWV	CSBA/ MA/ SACMO	Non-medically trained provider	No postnatal checkup	Total	Percentage receiving checkup within 2 days of delivery from a medically trained provider	Number of women
City Corporation slum	17.7	8.7	0.1	8.0	65.5	100.0	26.5	3,406
City Corporation non–slum	40.1	9.1	0.0	3.0	47.8	100.0	49.2	1,716
Other urban	35.6	9.4	0.0	2.6	52.3	100.0	45.0	2,388

Note: Medically trained provider includes qualified doctor, nurse/midwife , paramedics , FWV, CSBA and MA/SACMO

- Less than a third of women in slums receive postnatal (PNC) checkup from a medically trained provider. Women in non-slums are twice as likely to receive PNC compared to slum women (Tables 8.9, 8.10).

- In all three urban domains, the newborns are less likely to receive postnatal check-up from a medically trained provider than their mothers. This reported pattern is not well understood and needs further investigation.

Figure 8.8: Trend in postnatal care for women and newborn from a medically trained provider within two days of delivery, UHS 2006 and 2013
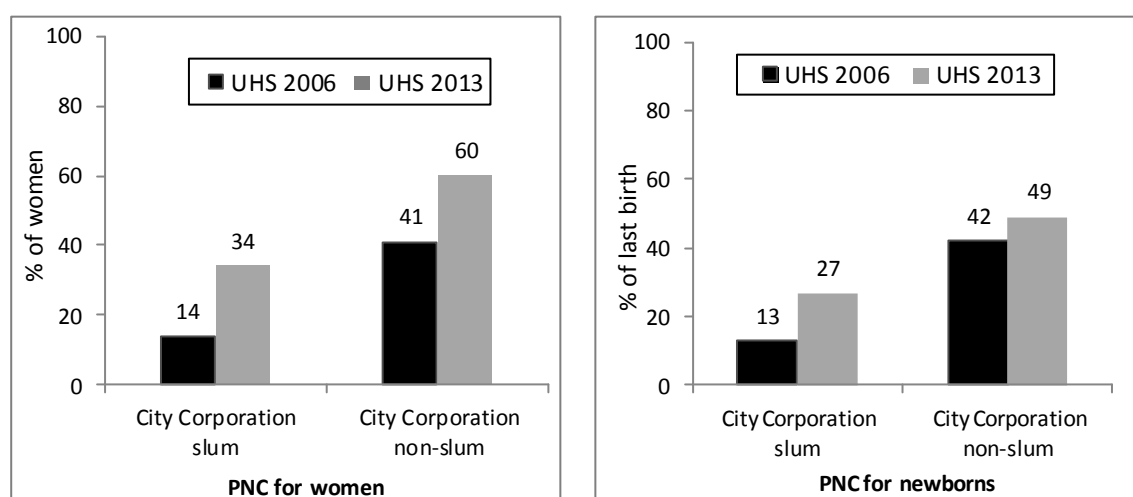
- PNC from a medically trained provider for mothers and newborns increased between 2006 and 2013 (Figure 8.8).

- The difference in the likelihood of receiving PNC among women in slums and non-slums has reduced. In 2006, non-slum women were 2.9 times more likely to receive PNC from a medically trained provider compared to slum women. This ratio has reduced to 1.8 in 2013.

- Similarly, in 2006, children born in non-slums were 3.2 times more likely to receive PNC from a medically trained provider compared to children born in slums. This ratio has declined to 1.8 in 2013.

8.4   Essential Newborn Care

Table 8.11: Essential newborn care

Percentage of non-institutional births which were their mother's most recent live birth in the three years preceding the survey by essential newborn care practices, City Corporation slum, City Corporation non slum and Other urban areas, UHS 2013

Domain	Clean delivery kit/ bag used during the delivery	Instrument boiled before the cord was cut	Nothing applied to the umbilical cord after it was cut and tied	Dried within 0-4 minutes of birth	Wrapped within 0-4 minutes of birth	Delayed bathing (72+ hours after delivery)	Immediate breastfeeding (within 1 hour after birth)	All the essential newborn care practices	Number of non-institutional births
City corporation slum	30.0	87.0	48.4	50.6	33.3	21.7	68.3	2.4	2,034
City corporation non-slum	32.6	91.6	50.7	51.2	32.9	26.6	69.1	2.6	579
Other urban	27.2	91.1	53.4	46.3	29.0	28.5	69.1	3.6	1,127

NOTE: 'All essential newborn care' excludes use of 'Clean delivery kit/ bag used during delivery'

- Use of a clean delivery kit/bag is low (less than one-third) during home deliveries both in slums and non-slums (Table 8.11).

- Around half of the home deliveries in all three urban domains adhere to recommended practices regarding umbilical cord care and drying of newborn. Adherence to recommended practices regarding wrapping and bathing of newborn remain much lower in all the domains.

- Only 2-4% of newborns in all urban domains receive all the essential newborn care practices.

Key Findings

Section 9: Child Health and Nutrition

Child Mortality

- During 2009-2013, one in eighteen children in slums dies before reaching the fifth birthday.

- In slums, U5MR declined by 30% during the last seven years whereas IMR declined by 22%. While child mortality (CM) and neonatal mortality (NN) declined substantially during this period, post-neonatal mortality (PNN) remained largely unchanged.

Child Health

- More than half of under-five children with symptoms of ARI in slums are taken to a health facility or a medically trained provider for treatment compared to two-thirds in non-slums. However, skilled care seeking for childhood ARI improved only in slums during 2006-2013.

- Higher proportion of under-five children with ARI receives antibiotics in slums than non-slums in 2013 (47% vs. 40%).

Child Feeding and Nutrition

- Exclusive breastfeeding of children under six months approached 60 percent both in slums and non-slums, and slightly higher in other urban (66%).

- In both slums and non-slums, there has been a substantial increase in exclusive breastfeeding from the 2006 level.

- Only one in four children of age 6-23 months in slums are fed with proper IYCF practices, which is 40 percent for non-slums.

- Half of under-five children in slums were stunted (height-for-age below -2SD), which is around one-third for non-slums and other urban areas. Underweight among under-five children in slums (43%) is considerably higher in non-slums (26%) and other urban areas (30%).

- In the last seven years, there has only been a slight improvement in nutritional status in both slums and non-slums.

- In all urban domains, overall wasting rate surpassed the WHO specified emergency level (15%). In both slum and non-slum areas, wasting has increased in the last seven years.

9.1 Levels of Infant and Child Mortality in City Corporation Slums

Table 9.1: Early childhood mortality rates

Neonatal, post-neonatal, infant and under-5 mortality rates for five-year periods preceding the survey, City Corporation slums, UHS 2013.

Years preceding the survey	Neonatal mortality (NN)	Post-natal mortality (PNN)[1]	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under 5 mortality ($_5q_0$)
0-4	31	18	49	9	57
5-9	36	19	55	13	67
10-14	42	23	65	18	82

[1] Computed as the difference between the infant and neonatal mortality rates.

Figure 9.1: Trend in childhood mortality rate in City Corporation slums, UHS 2002-2013
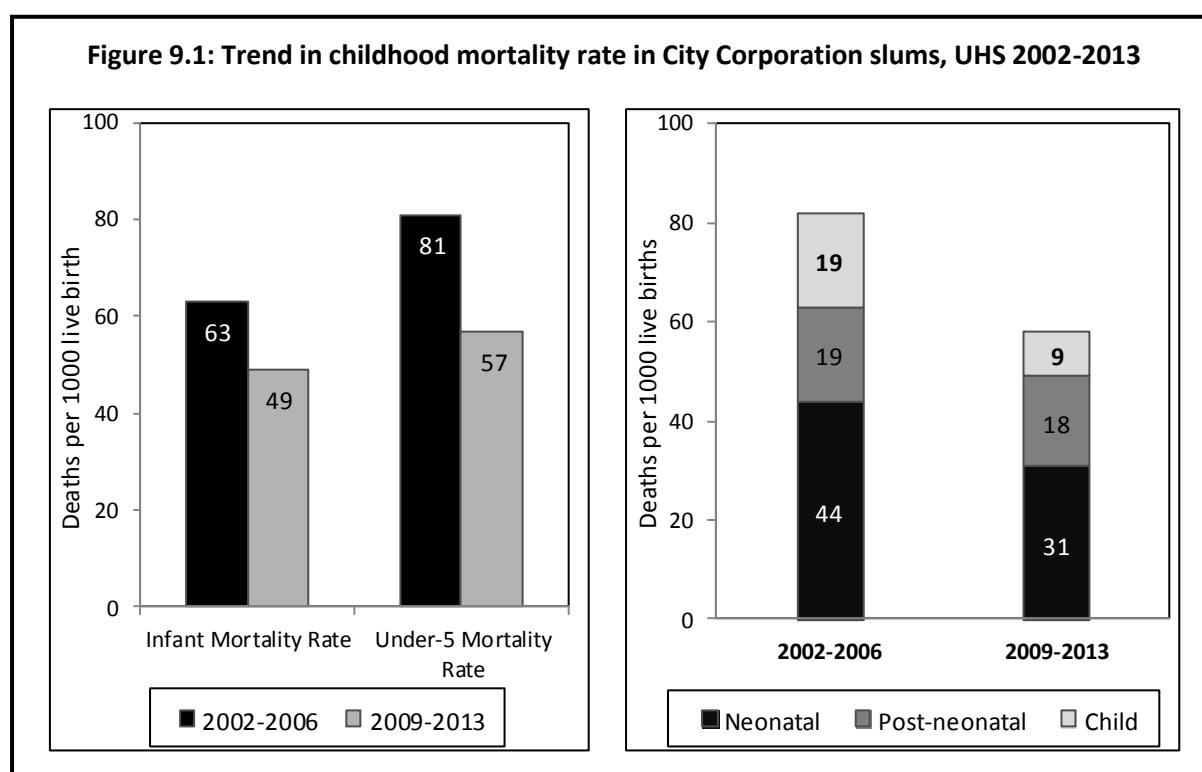
- During 2009-2013, one in eighteen children in slums died before reaching the fifth birthday.

- In slum areas, the under-five mortality rate (U5MR) is 57 per 1,000 live births, the infant mortality rate (IMR) is 49 deaths per 1,000 live births, and the child mortality (CM) rate is 9 deaths per 1,000 children surviving to 12 months of age (Table 9.1).

- Between 2002-2006 and 2009-2013, IMR in slums declined by 22% and U5MR declined by 30%.While child mortality (CM) and neonatal mortality (NN) in slums declined substantially, post-neonatal mortality (PNN) remained largely unchanged over the two time periods (Figure 9.1).

9.2 Prevalence and Treatment of Acute Respiratory Infection (ARI)
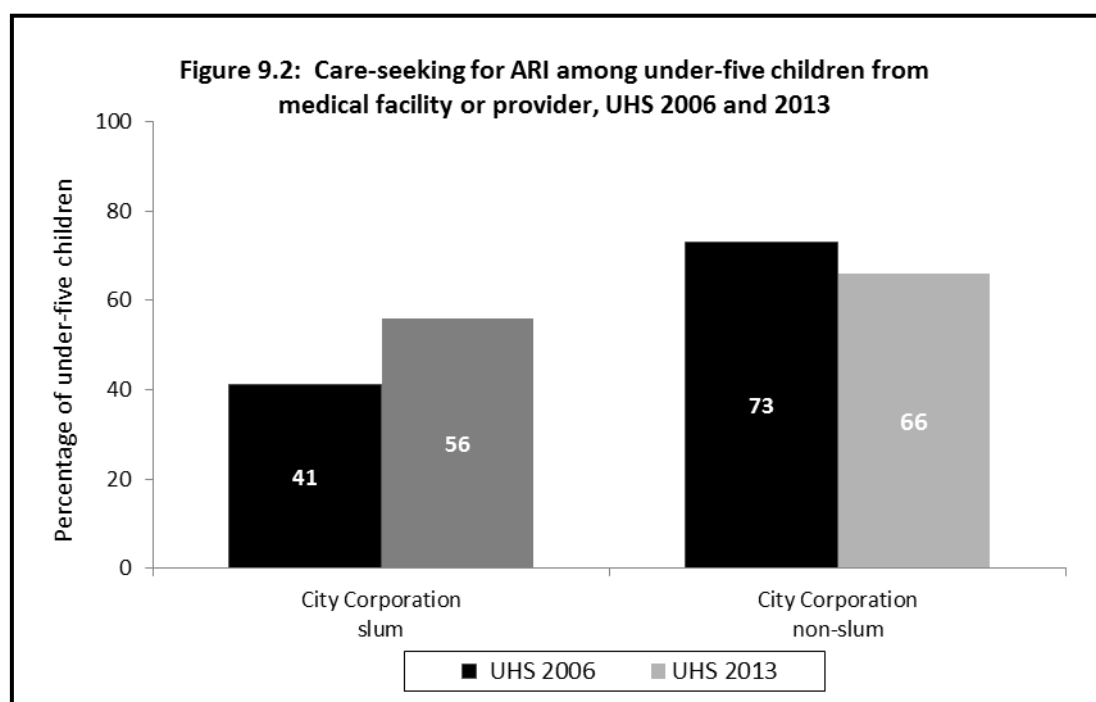
Table9.2: Prevalence and treatment of acute respiratory infection

Percent distribution of children under five years who had symptoms of acute respiratory infection (ARI) in the two weeks preceding the survey, and among children who had symptoms of ARI , the percentage for whom advice or treatment was sought from a health facility or provider, City Corporation slum, City Corporation non slum & Other urban areas, UHS 2013

Domain	Percentage with symptoms of ARI[1]	Number of children	Percentage for whom advice or treatment was sought from a facility or provider[2]	Pharmacy	Traditional doctor	Other	No one	Percentage who received antibiotics for treatment of ARI	Number of children with ARI
City Corporation slum	2.6	5,916	56.2	29.3	7.1	0.0	7.9	46.7	155
City Corporation non-slum	2.3	2,990	66.1	23.3	7.7	0.0	4.7	39.7	70
Other urban	3.3	4,102	57.1	30.8	5.3	2.3	6.0	52.6	134

Note:1.Symptoms of ARI (cough accompanied by short, rapid or difficult breathing which was chest related is considered as proxy pneumonia

2.Excludes pharmacy, traditional doctor and others

Figure 9.2: Care-seeking for ARI among under-five children from medical facility or provider, UHS 2006 and 2013

- Prevalence of ARI is between 2-3 percent across the three urban domains (Table 9.2).

- More than half of under-five children with symptoms of ARI in slums are taken to a health facility or a medically trained provider for treatment compared to two-thirds in non-slums. However, skilled care-seeking for childhood ARI improved only in slums during 2006-2013 (Figure 9.2).

- Between 2006 and 2013, skilled care seeking for childhood ARI improved in slums only (Figure 9.2).

- About half of the children with ARI received antibiotics in slums and other urban areas – use of antibiotics is slightly lower in non-slums.
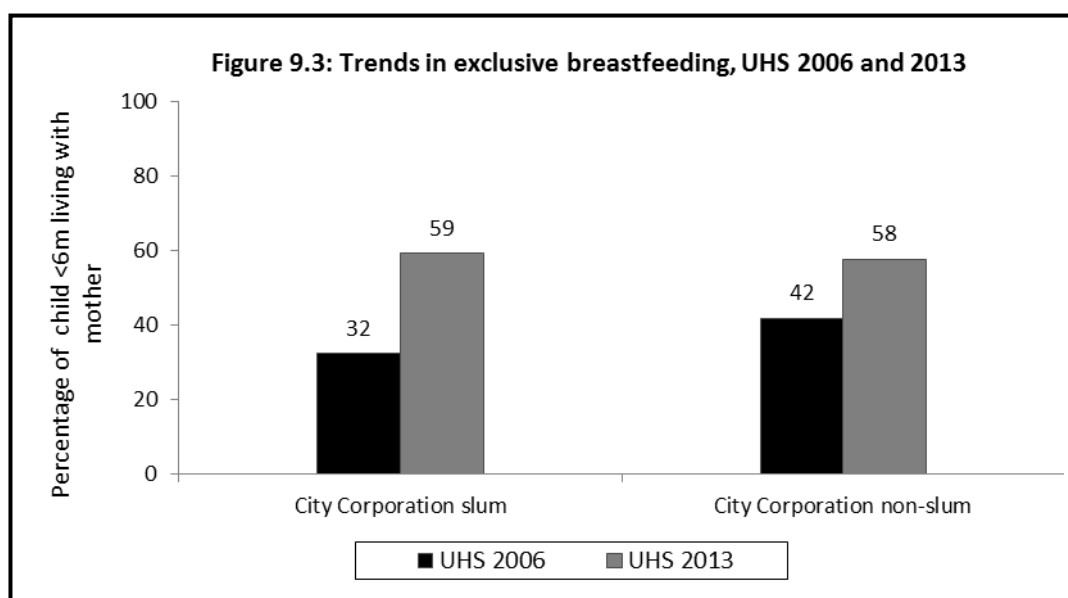
9.3   Breastfeeding and IYCF Practices

Table 9.3: Breastfeeding status

Percent distribution of youngest children under age six months who are living with their mother, by breastfeeding status, City Corporation slum, City Corporation non slum and Other urban areas, UHS 2013

Domain	Not breast-feeding	Exclusively breastfed	Breastfeeding and consuming plain water only	Breastfeeding and consuming non-milk liquids1	Breast-feeding and consuming other milk	Breastfeeding and consuming complementary foods	Number of children under age 6 months
City corporation slum	0.3	59.2	15.8	4.0	13.8	6.9	470
City corporation non-slum	0.1	57.7	13.2	2.9	18.8	7.3	253
Other urban	0.6	66.1	10.0	2.6	12.5	8.2	343

Note: Breastfeeding status refers to a "24 hour" period (yesterday and last night). Children who are classified as "breastfeeding and consuming plain water only "and "consumed no liquid or solid supplements." The categories of not breastfeeding, exclusively breastfed, and breastfeeding and consuming plain water, non-milk liquids, other milk and complimentary foods(solid or non-solid) are hierarchical and mutually exclusive, and their percentages add to 100 percent. Thus children who receive breast milk and non-milk liquids and who do not receive other milk and who do not receive complimentary foods are classified in in the non-milk category even though they may also get plain water. Any children who get complimentary foods are classified in that category as long as they are breastfeeding as well.

Non-milk liquids includes : juice, juice drinks, other liquids

Figure 9.3: Trends in exclusive breastfeeding, UHS 2006 and 2013

- Exclusive breastfeeding of children under six months approached 60 percent both in slums and non-slums, and slightly higher in other urban (66%) (Table 9.3).

- During 2006-2013, exclusive breastfeeding among children under six months increased substantially in slums and non-slums (Figure 9.3).

Table 9.4: Infant and young child feeding practice

Percent distribution of youngest children age 6-23 months living with their mother who are fed according to three IYCF feeding practices based on breastfeeding status, number of food groups, and times they are fed during the day or night preceding the survey, City Corporation slum, City Corporation non slum & Other urban areas , UHS 2013

Domain	Among breastfed children 6-23 months, percentage fed:				Among non-breastfed children 6-23 months, percentage fed:					Among all children 6-23 months, percentage fed:				
	4+ food groups[1]	Minimum times or more[2]	Both 4+ food groups and minimum times or more	Number of breast-fed children 6-23 months	Milk or milk products[3]	4+ food groups	4+ times or more	With 3 IYCF practices	Number of non-breastfed children 6-23 months	Breast milk , milk or milk products[3]	4+ food groups	Minimum times or more[5]	With 3 IYCF practices	Number of all children 6-23 months
City Corporation slum	31.2	72.0	28.3	1,653	32.9	42.7	76.8	15.6	58	97.5	31.6	67.7	25.9	1,718
City Corporation non-slum	49.1	81.2	44.4	785	41.8	60.4	76.5	23.6	63	95.7	50.0	75.9	40.4	850
Other urban	40.9	82.1	39.1	1,143	50.3	51.1	82.7	25.6	58	97.3	41.4	77.4	37.3	1,206

Note: [1] Food groups: a. infant formula, milk other than breast milk, cheese or yogurt or other milk products; b. foods made from grains, roots, and tubers, including porridge and fortified baby food from grains; c. vitamin A-rich fruits and vegetables (and red palm oil); d. other fruits and vegetables. eggs; f. meat, poultry, fish, and shellfish (and organ meats); g. legumes and nuts.

[2] At least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months;

[3] Includes two or more feedings of commercial infant formula, fresh, tinned, and powdered animal milk, and yogurt;

[4] Non-breastfed children ages 6-23 months are considered to be fed with a minimum standard of three Infant and young child feeding practices if they receive other milk or milk products and are fed at least the minimum number of times per day with at least the minimum number of food groups

[5] Fed solid or semi-solid food at least twice a day for infants 6-8 months, 3+ times for other breastfed children, and 4+ times for non-breastfed children

- Only one in four children of age 6-23 months in slums are fed with proper IYCF practices. In non-slum and other urban areas, feeding with proper IYCF practices is low but better than slums (40% in non-slums and 37% in other urban) (Table 9.4).

## 9.4   Nutritional Status of under-five Children

Table 9.5: Nutritional status of children

Percent distribution of children under five years classified a malnourished according to three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, City Corporation slum, City Corporation non slum & Other urban areas, UHS 2013

Domain	Height-for-age		Weight-for-height		Weight –for-age		Number of children
	Percentage below -3SD	Percentage below -2SD	Percentage below -3SD	Percentage below -2SD	Percentage below -3SD	Percentage below -2SD	
City corporation slum	24.5	49.6	5.7	18.5	14.6	42.5	5,235
City corporation non-slum	14.3	33.4	5.4	16.4	7.2	26.4	2,656
Other urban	14.8	36.8	4.7	15.9	8.5	30.3	3,851

Note: Table is based on children who stayed in the household the night before the interview and who have a valid date of birth and valid height, weight measurement

Figure 9.4: Trend in nutritional status of under-five children, UHS 2006 and 2013
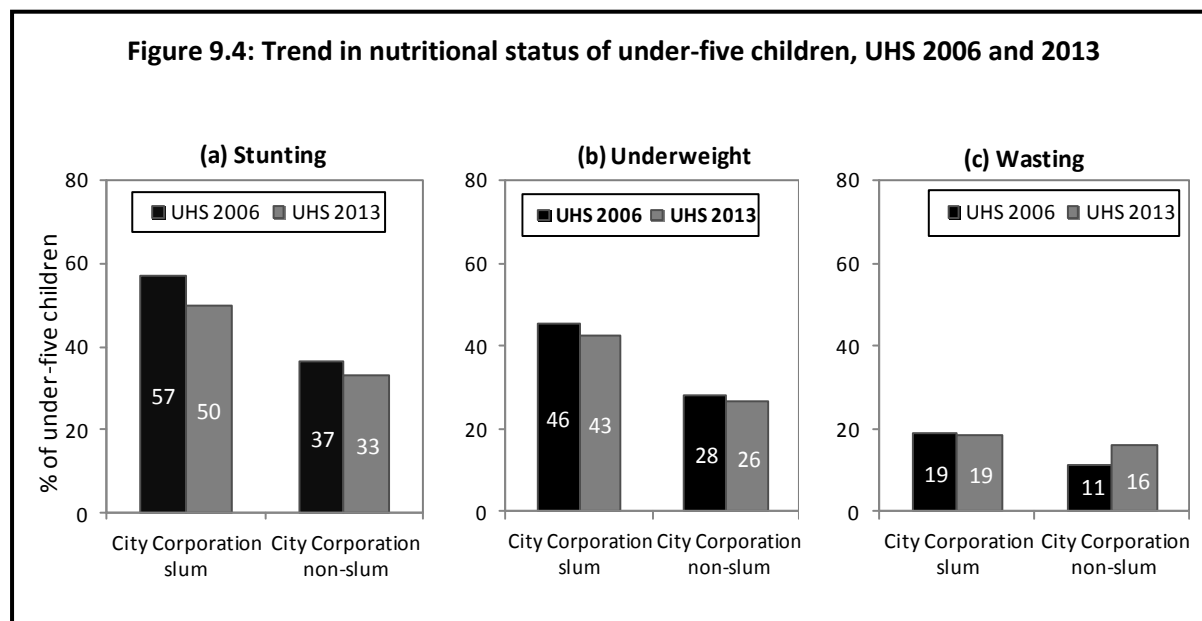
- Half of under-five children in slums were stunted (height-for-age below -2SD), which is around one-third for non-slums and other urban areas. Underweight among under-five children in slums (43%) is considerably higher in non-slums (26%) and rest urban areas (30%) (Table 9.5).

- In the last seven years, there has only been a slight improvement in nutritional status in both slums and non-slums (Figure 9.4a-c).

- In all urban domains, overall wasting rate surpassed the WHO specified emergency level (15%). In both slum and non-slum areas, wasting has increased in the last seven years (Table 9.5 and Figure 9.4c).

Key Findings

## Section 10: Intra-urban Differentials in Health Service Utilization and Outcomes

The intra-urban inequality between slums and non-slums in total fertility rate (TFR), contraceptive prevalence rate (CPR), antenatal care (ANC) 4+ visits, skilled birth attendants (SBA), nutrition and postnatal care (PNC) for newborns have declined between 2006 and 2013.

## 10 Intra-urban Differentials in Health Service Utilization and Outcomes

Contraceptive Prevalence Rate (CPR)

- Health Population and Nutrition Sector Development Program (HPNSDP) aims to reach a Contraceptive Prevalence Rate (CPR) of 72 percent by 2016. Couples in slums are closest to this level with a CPR of 69.6 percent in 2013.

- In the last seven years, CPR increased by 12 percentage points in slums compared with two percentage points in non-slums. This change has resulted in a higher CPR in slums than in non-slums in 2013 (Figure 10.1).

Figure 10.1: Contraceptive use among currently married women age 15-49, UHS 2006 and 2013
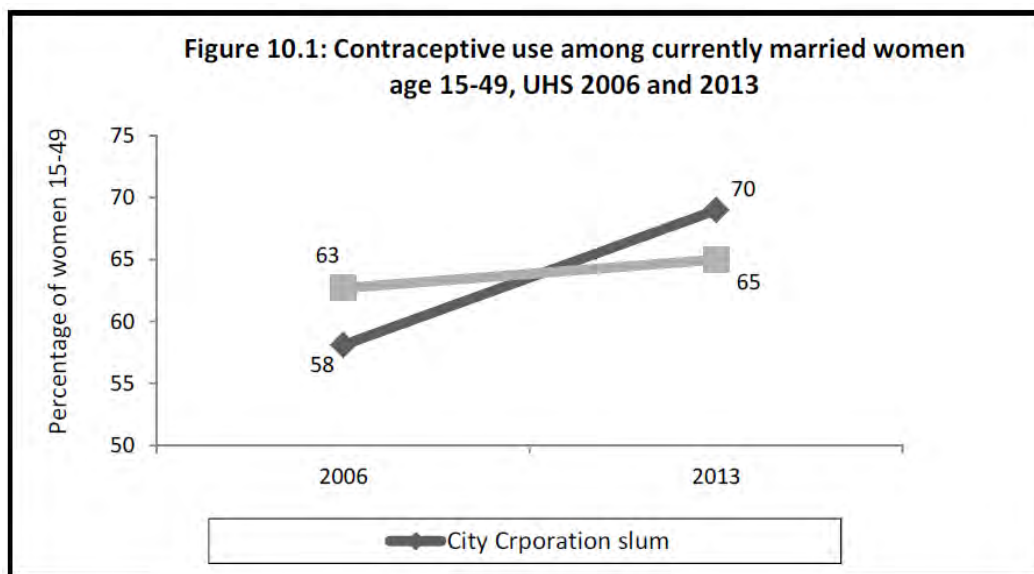
Total Fertility Rate (TFR)

- HPNSDP aims to reach TFR of 2.0 by 2016. All three urban domains have reached this level or below during 2010-13.

- Intra-urban difference in TFR between slum and non-slum has narrowed from 0.6 birth in 2006 to 0.3 birth in 2013 (Figure 10.2).

Figure 10.2: Total Fertility Rate(TFR) , UHS 2006 and 2013
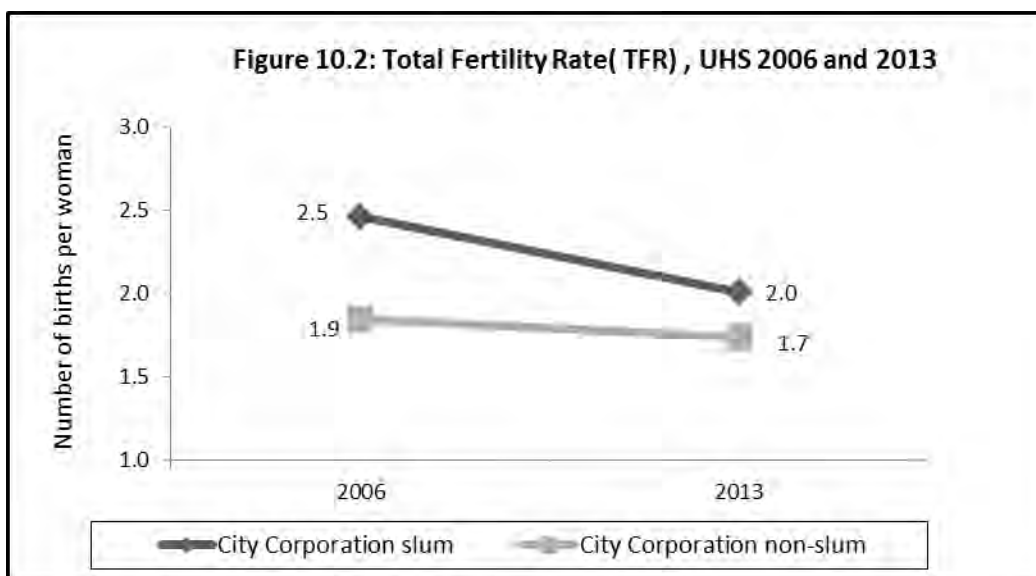
Antenatal Care (ANC 4+ Visits)

- HPNSDP aims to achieve coverage of four or more antenatal care (ANC 4+) visits of 50 percent by 2016. This target has been surpassed in non-slums only (58%).

- There is still large inequity between slums and non-slums in coverage of ANC 4+ (Figure 10.3).

- Between 2006 and 2013 intra-urban differentials in coverage of ANC 4+ between slums and non-slums has declined slightly. In 2006, ANC 4+ was 2.4 times higher in non-slums compared to women in slums. This ratio has declined to 2.0 in 2013. Also, the absolute difference in seeking ANC 4+ between slums and non-slums has declined from 31 percentage points to 29 percentage points in the last seven years.
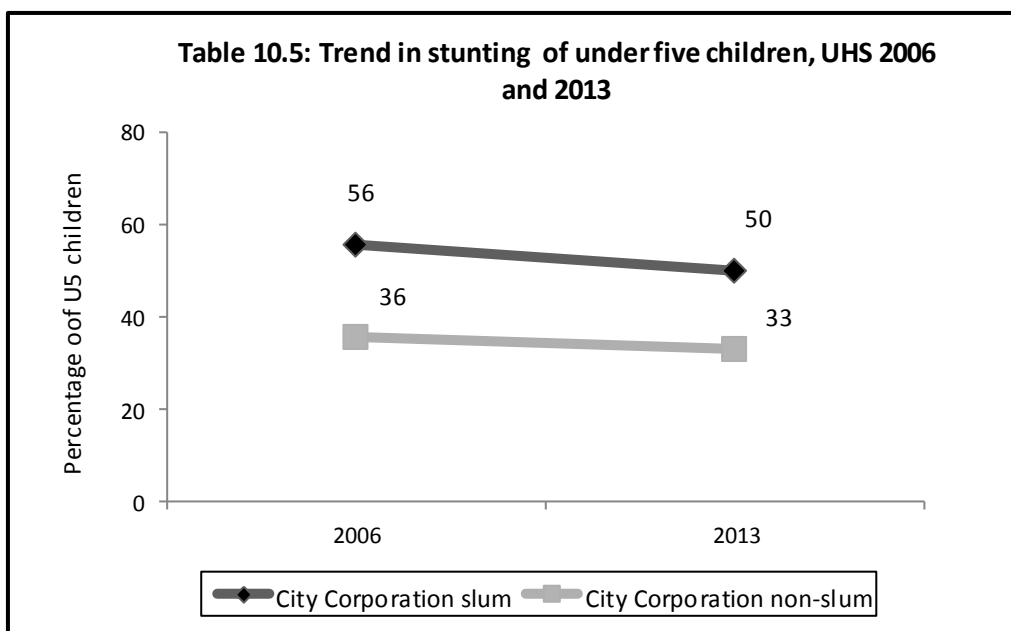

Figure 10.3: Number of 4+ ANC visits, UHS 2006 and 2013
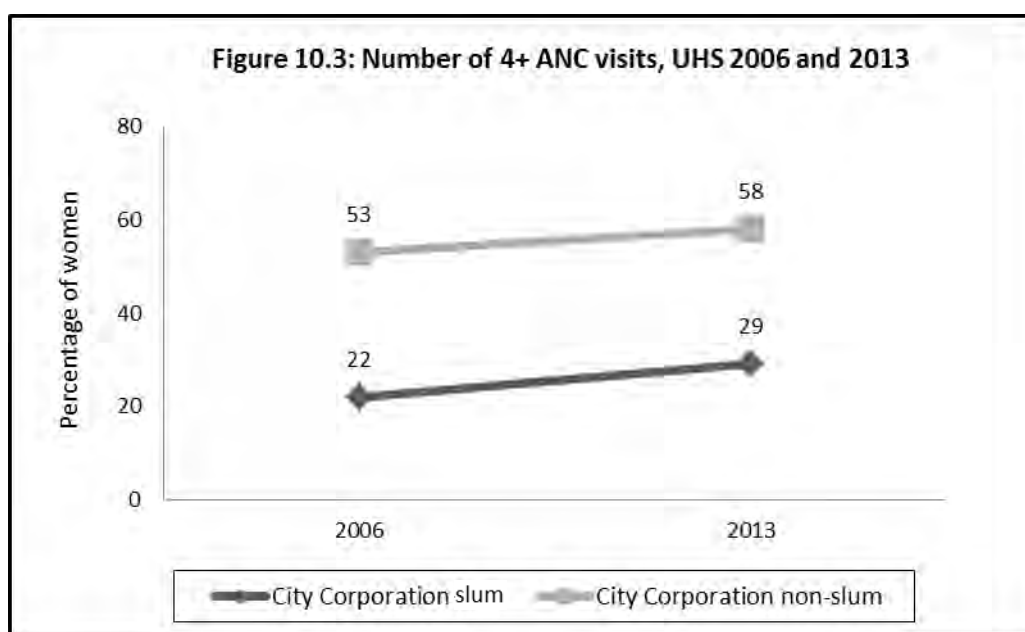
Skilled Birth Attendants (SBA)

- HPNSDP aims to achieve skilled birth attendance rate of 50 percent by 2016. This target has been surpassed in non-slum and other urban areas

- There is still large inequity between slums and non-slums in use of skilled birth attendants for delivery (Figure 10.4).

- Between 2006 and 2013 intra-urban differentials in use of skilled birth attendants declined. In 2006, births among non-slum women were 3.1 times more likely to be assisted by a medically trained provider compared to births among slum women. This ratio has declined to 1.8 in 2013. Also, the absolute difference in use of skilled birth attendance between slums and non-slums has declined from 38 percentage points to 31 percentage points in the last seven years.

Figure 10.4: Trend in use of medically trained provider for delivery, UHS 2006 and 2013
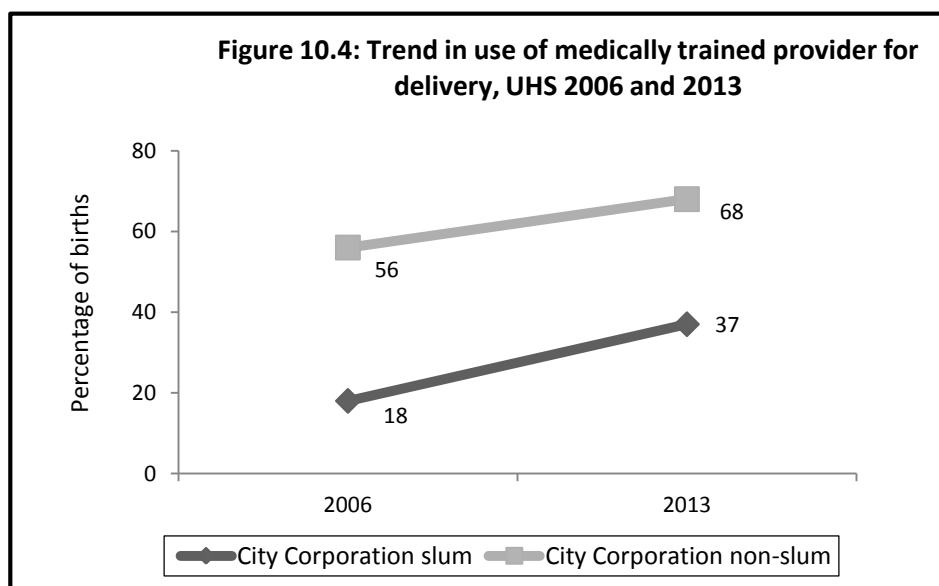
Child Nutrition
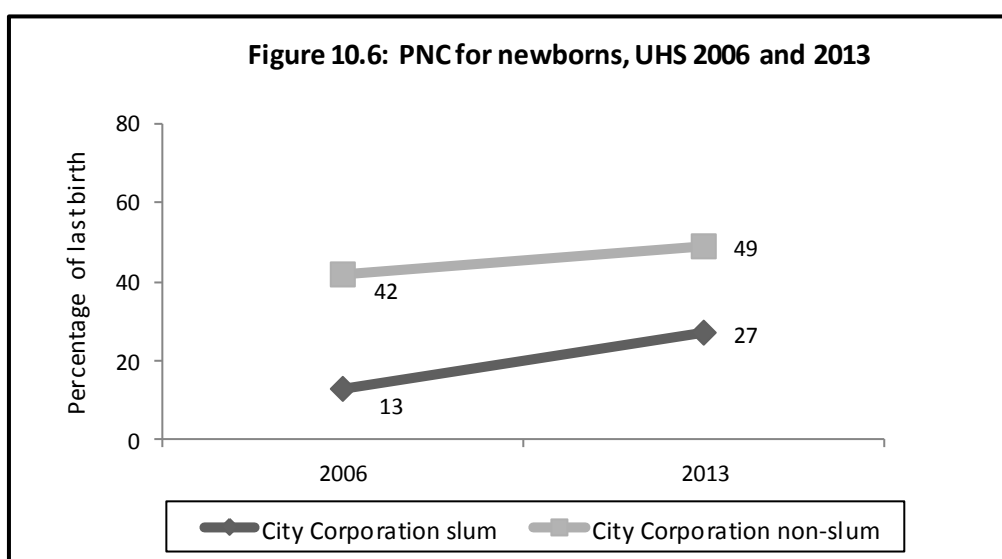
- HPNSDP aims to reduce prevalence of stunting among young children to 38 percent by 2016. This target has been achieved in non-slum (33 percent) and other urban areas (37 percent). In slums, stunting is still as high as 50 percent in 2013.

- Intra-urban differential in nutritional status between slum and non-slum children has improved marginally between 2006 and 2013 (Figure 10.5).

Table 10.5: Trend in stunting of under five children, UHS 2006 and 2013

Percentage oof U5 children

- 2006: City Corporation slum = 56, City Corporation non-slum = 36
- 2013: City Corporation slum = 50, City Corporation non-slum = 33

Legend: City Corporation slum, City Corporation non-slum

Postnatal Care for Newborns

- HPNSDP aims to achieve 50 percent postnatal care (PNC) for newborns by 2016 from a medically trained provider. In 2013, both non-slums (49%) and other urban areas (45%) are close to reaching this target. Slums are lagging behind in approaching this PNC level with a rate of 27 percent in 2013.

- Although there is large inequity in seeking PNC for newborns between slums and non-slums, the gap has narrowed substantially in the last seven years (Figure 10.6).

- In 2006, PNC for newborns in non-slums was 3.2 times higher compared to children in slums. This ratio has declined to 1.8 in 2013. Also, the absolute difference in PNC for newborns between slums and non-slums has declined from 29 percentage points to 22 percentage points in the last seven years.

Figure 10.6: PNC for newborns, UHS 2006 and 2013

Percentage of last birth

- 2006: City Corporation slum = 13, City Corporation non-slum = 42
- 2013: City Corporation slum = 27, City Corporation non-slum = 49

Legend: City Corporation slum, City Corporation non-slum

Summary Indicators

Summary Indicators	City Corporation slum		City Corporation non-slum		District Municipality	Other urban
	UHS 2006	UHS 2013	UHS 2006	UHS 2013	UHS 2006	UHS 2013
Fertility and Family Planning						
Total Fertility Rate (TFR) 15-49	2.5	2.0	1.9	1.7	2.1	1.9
Percentage of women age 15-19 who have begun childbearing	21	21	11	13	16	20
Contraceptive Prevalence Rate (CPR)[i]						
Any method	58	70	63	65	58	67
Any modern method	53	62	56	56	50	58
Pill	29	32	31	27	26	33
IUD	1	1	1	0	1	1
Injectables	14	18	8	8	10	9
Condom	3	6	11	16	9	9
Female sterilization	4	4	4	4	4	4
Male sterilization	1	1	0	0	0	1
Implants	1	2	1	1	0	1
Any traditional method	5	7	7	9	8	9
Source of modern contraceptive methods						
Public sector	22	16	16	11	34	24
Private sector	56	69	71	82	52	69
NGO sector	22	15	13	7	15	7
Maternal and Newborn Health						
Antenatal care (ANC)						
Percentage of last live births in the three years preceding the survey for which women received at least four ANC from medically trained provider	22	29	53	58	38	36
Delivery Care						
Percentage of live birth in the last three years delivered in any health facility	12	40	46	66	31	53
Percentage of live birth in the last three years delivered by C-section	-	16	-	42	-	33
Skilled assistance at delivery						
Percentage of live births in the three years preceding the survey attended by medically trained provider	18	37	56	68	39	56
Postnatal care (within 2 days of delivery)						
Percentage of last live births in the three years preceding the survey where **mother** received PNC from a medically trained provider within 2 days of delivery	14	34	41	60	38	50
Percentage of last live births in the three years preceding the survey where **child** received PNC from a medically trained provider within 2 days of delivery	13	27	42	49	38	45
Essential newborn care						
All the essential newborn care practices	-	2	-	3	-	4
Child Health and Nutrition						
Childhood mortality (0-4 years preceding the survey)						
Neonatal mortality rate	44	31	20	-	43	-
Postnatal mortality rate	19	18	10	-	9	-
Infant mortality rate	63	49	30	-	53	-

Bangladesh Urban Health Survey

Summary Indicators	City Corporation slum		City Corporation non-slum		District Municipality	Other urban
	UHS 2006	UHS 2013	UHS 2006	UHS 2013	UHS 2006	UHS 2013
Child mortality rate	19	9	1	-	8	-
Under 5 mortality rate	81	57	31	-	61	-
Prevalence of Acute Respiratory Infection (ARI)						
Percentage children under five years of age with symptoms of ARI[ii] in the two weeks preceding the survey for whom advice or treatment was sought from a facility or provider[iii]	41	56	73	66	42	57
Exclusive Breastfeeding						
Percent of children under six months who are exclusively breastfed (based on 24 hour recall)	32	59	42	58	48	66
Infant and Young Child Feeding (IYCF)						
Percent of youngest children age 6-23 months living with their mother who are fed according to three IYCF feeding practices	-	26	-	40	-	37
Nutritional status of children						
Percentage of children under five years of age clarified as malnourished according to three anthropometric indices of nutritional status[iv]						
Height-for-age (stunting)	56	50	36	33	-	37
Weight-for-height (wasting)	17	19	10	16	-	16
Weight-for-age (underweight)	46	43	28	26	-	30

[i] Refers to currently married women age 15-49

[ii] Symptoms of ARI (cough accompanied by short, rapid or difficult breathing which was chest related is considered as proxy pneumonia

[iii] Excludes pharmacy, traditional doctor and others

[iv] Based on WHO Child Growth Standards adopted in 2006