

## **Child Survival in Urban Bangladesh: Are the Migrants and Poor Disadvantaged?**

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### **Abstract**

This paper analyses the levels and trends of childhood mortality in rural and urban Bangladesh, and examines whether children's survival chances are poorer among the urban poor and rural-urban migrants, using data from the 1999-2000 Bangladesh Demographic and Health Survey. The results demonstrate that rural/urban residence has significant effect on childhood mortality in Bangladesh. However, the urban-rural differentials in childhood mortality is diminishing in recent years, which is related to rapid growth of urban-rural migration who experience higher childhood mortality. Mortality before age five is 1.6 times higher among children born to urban migrants compared to the children born to lifelong urban natives (102 and 62 per 1,000 live births, respectively). This study identifies two distinct child mortality regimes in urban Bangladesh, one for natives and one for migrants. The analysis also reveals that rural-urban migration promotes child survival compared with rural natives, since the long-time migrants have experienced lower childhood mortality than the recent migrants and rural natives. The migrant-native mortality differentials fairly correspond with the differences in socio-economic status. Like childhood mortality rates, rural-urban migrants are seems to be moderately disadvantaged by economic status than their urban native counterparts. Within the urban areas, the child survival status is even worse among the migrant poor than the average urban poor, especially the recent migrants. This poorest-richest differential in childhood mortality is higher in urban areas than that in rural areas. The study demonstrates that housing condition such as household construction materials and access to safe drinking water and hygienic toilet facilities are the most critical determinants of child survival in urban areas, even after controlling for migration status. This indicates that by simply improving the water and sanitation condition of the household, child survival status can substantially be improved, rather than by a general effort to increase the assets and income of the households. The study underscores the importance of mother's education, especially beyond secondary levels, to child survival in urban areas. Mothers parity, household size, mother's autonomy (measured by household headship), household economic status, mothers age at the time of birth, and preceding birth interval have significant differential effects on child survival in urban areas irrespective of their migration status.

The underlying efforts to improve child health in urban Bangladesh, thus, is that of urban poor, particularly the urban migrants, who are growing more rapidly than the rural poor due to heavy rural-urban migration. Urban planners should be concerned about the rapidly expanding cities and the concentration of perhaps disaffected migrants in urban areas. The study results highlight the need to target migrant groups and urban poor within urban areas in the provision of health care services. Further research is needed to understand the health care needs of migrants in urban areas in order to develop the appropriate health policy and planning.