Urban-Rural and Poverty-Related Inequalities in Health Status: *Spotlight on Bangladesh*

Introduction

National surveys contain a wealth of family planning, reproductive health, and maternal and child health indicators. Comparing these indicators across subnational groups, such as urban versus rural populations or by relative poverty, can pinpoint inequalities and gaps in coverage and assist policymakers and program planners in developing more effective and efficient interventions.

In most developing countries, poverty is highly correlated with place of residence; that is, urban households tend to concentrate among the highest-wealth groups, while rural households tend to concentrate among the poor. Thus, any national comparison of the least poor with the most poor tends to compare the bulk of the urban population with the poorest of the rural poor, making it impossible to determine to what degree the findings reflect inequalities by wealth and/or inequalities by geography. The development of separate urban and rural wealth indices provides a way out of this dilemma.

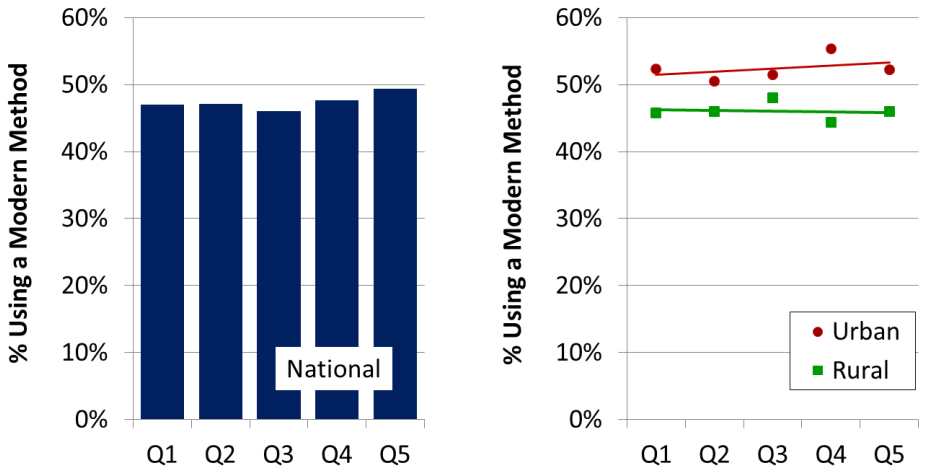
This fact sheet summarizes a few findings from secondary analyses of the Bangladesh 2007 Demographic and Health Survey (DHS). Separate wealth classifications for urban and rural women were constructed to examine inequalities in key population and reproductive health indicators, including family planning and antenatal care. The analyses demonstrate that disaggregating relative wealth by place of residence reinforces patterns observed in the national trends and the importance of examining multiple indicators.

Findings

Family Planning – National Quintiles vs. Residence-Disaggregated Quintiles

Figure 1 below compares use of modern contraceptives by national wealth quintiles with contraceptive use by urban- and rural-specific wealth quintiles. Bangladesh is strikingly free of the wealth-related differentials found in most other countries; however, rural women show consistently lower modern method use than urban women in every wealth quintile.

Figure 1: Poverty-related inequalities in modern contraceptive use

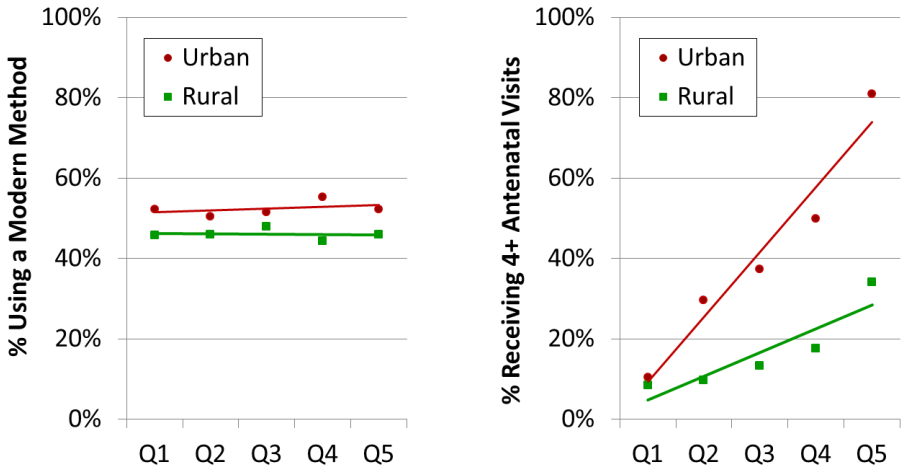


Family Planning vs. Antenatal Care

A potential ambiguity in interpreting differences in family planning is that use is affected not only by access to and ability to pay for modern contraceptives but also by women's interest in and motivation to regulate their fertility. In settings marked by cultural differences and/or variation in educational and economic opportunities for women and girls, it is possible that rural and poorer women want more children than their urban and wealthier counterparts.

Maternity care is a less ambiguous health outcome. Motivation for good outcomes (i.e., healthy mother and healthy child) is unlikely to be subject to cultural factors that may influence family planning. Figure 2 below compares use of modern contraception with adequate antenatal care for the last birth (four or more visits as recommended by WHO and UNICEF). Note that both family planning and antenatal care can be provided in non-clinical settings. Stark differences are clearly seen between contraceptive use and antenatal care: wealth-related differentials characterize both urban and rural women, and only the wealthiest urban quintile reaches the target of 80% receiving four or more antenatal visits.

Figure 2: Contraceptive Use Compared to Antenatal Care



Considerations for program design

The findings presented above are only a few of the further analyses that could be conducted with the Bangladesh 2007 DHS.

- Given the striking success of the family planning program, program designers and managers may want to consider ways of integrating safe motherhood interventions into family planning programs.
- While pro-poor targeting for antenatal care may be a useful option in urban areas, it is notable that 80% of urban women fall short of optimal coverage.
- A generalized rural antenatal strategy may be indicated in the short to medium term, at least until the wealthiest rural women begin to approach target coverage levels of four or more visits.
- Including family planning promotion into a rural antenatal strategy may also help boost rural modern method use to urban levels.

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