



Table 3(a): Cause-specific childhood mortality rates in urban areas (2017/18-2022)

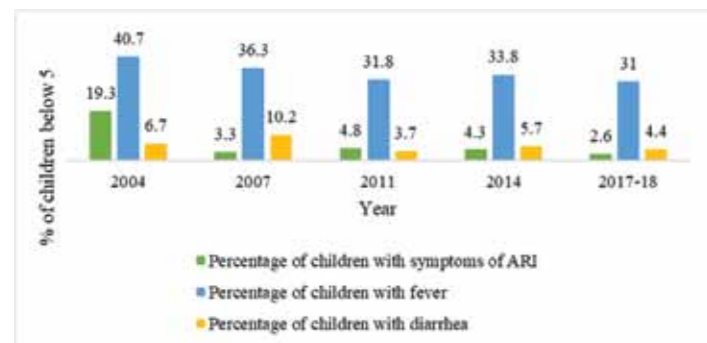
Year	Causes			
	Pneumonia	Pre-term birth	Birth asphyxia	Congenital Abnormalities
2017	8	4.9	7.1	2.2
2022	7.4	6.9	5.8	3.1

Table 3(b): Cause-specific childhood mortality rates in urban areas (2017/18-2022)

Year	Causes			
	Drowning	Possible serious infection	Diarrhea	Birth injury
2017	3.5	3.5	1.4	1.6
2022	1.9	1.3	0.8	0.2

(*All measures are taken per 1000 live births)

Figure 3.4: Children with ARI, fever, and diarrhea in urban areas (2004 -2022)



To be updated as soon as BDHS report 2022 is published

4. Child Nutrition and Feeding

According to the BDHS reports, the nutritional status of children has been classified into three categories:

Stunting- Measure of growth faltering in children by height-for-age ratio.

Wasting- Describes acute undernutrition by weight-for-height index.

Underweight- Weight-for-age is a composite index of height-for-age and weight-for-height that takes into account both wasting and stunting.

Figure 4.1: Nutritional status of children (Percentage of children under 5 based on WHO growth standard) in urban areas



Conclusion

The factsheet reveals that the urban settings have had improvements in the majority of the indicators, including early marriage, adolescent childbearing, contraceptive use, ANC, skilled health care providers, neonatal and childhood mortality. However, some indicators, such as wasting, newborn care, child nutritional status etc. needs special focus as these indicators have worsened. Improvement of these indicators are essential to achieve specific targets of the SDGs by 2030. So, these indicators need to be paid attention.

References

1. BBS. (2022). Population & housing census 2022: Preliminary report.
2. Strategic Investment Plan (SIP, 2023) of the 5th Health, Nutrition, and Population Sector Program (2024-2029). Ministry of Health and Family Welfare, Bangladesh.



This policy brief is based on a study titled "Strengthening the Urban Primary Health Care System to Deliver Essential Non-Communicable Disease Care to the Urban Poor" conducted by ARK Foundation, Bangladesh under the project titled "Community-Led Responsive and Effective Urban Health Systems (CHORUS)" funded by the UK Aid from the UK Government.



Background

Bangladesh is going through rapid urbanization. Currently, around 31.5% of the population (more than 52 million) are urban dwellers, while 35% of the urban people reside in urban slums (BBS, 2022). Rapid urbanization has positively contributed to the fast-growing economy of Bangladesh (SIP, 2023). However, it poses a challenge for health systems to effectively address the health needs of the urban population. This factsheet presents the trend of selected health indicators for the urban population using Bangladesh Demographic and Health Survey (BDHS) data.

For this factsheet, we have used data from BDHS 2004 to BDHS 2022, covering the last 18 years, focusing on four aspects: 1) marriage, fertility, and family planning (FP); 2) maternal and newborn care; 3) childhood mortality; and 4) child nutrition and feeding. This factsheet will help policymakers, civil society organizations, and researchers to understand the overall scenario of the urban health status, establish priorities and take policy actions accordingly.

Key Findings

Indicators that have improved in urban areas:

- Early marriage and teenage childbearing have decreased between 2014 and 2022 and are at their lowest rate in the last 20 years. (Table 1 and Figure 1.2)
- Contraceptive use in urban areas has increased between 2004 and 2022. (Figure 1.3 and Figure 1.4)

- Both the percentage of pregnant women receiving ANC and the Quality of ANC have increased in 2022. (Table 2 and Figure 2.1)
- Assistance during birth from qualified doctors and medically trained providers and Birth at facilities has increased. (Figure 2.2 and Figure 2.3)
- Between 2004 and 2022, the percentage of children with stunting and the percentages of children who are stunted and underweight decreased. (Figure 4.1)
- Overall childhood mortality fell between 2004 and 2014 with a spike afterwards in 2017. The neonatal mortality rate also decreased between 2004 and 2017. (Figure 3.1, Figure 3.2, and Figure 3.3)
- In private facilities the rate of deliveries in 2022 is more than double than that of 2011, whereas, for public facilities, the rate increased by less than 2 percent. (Figure 2.4)
- Prevalence of Fever, Diarrhea and symptoms of Acute Respiratory Infections (ARI) have decreased since 2004. (Figure 3.4)

Indicators that have demonstrated a plateau in urban areas:

- The trend of Total Fertility Rate (TFR) demonstrates somewhat of a plateau. (Figure 1.1)

Indicators that have worsened in urban areas:

- Essential newborn care was steady between 2014 and 2017 however, it dropped between 2017 and 2022. (Figure 2.5)
- Wasting in children increased between 2004 and 2022. (Figure 4.1)





1. Marriage, Fertility and Family Planning

Figure 1.1: Total Fertility Rate (TFR) in urban areas (2004-2022)

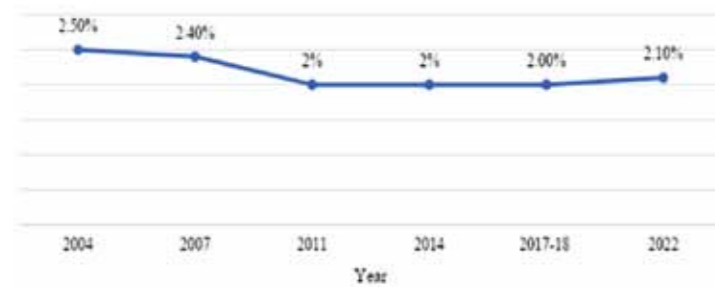
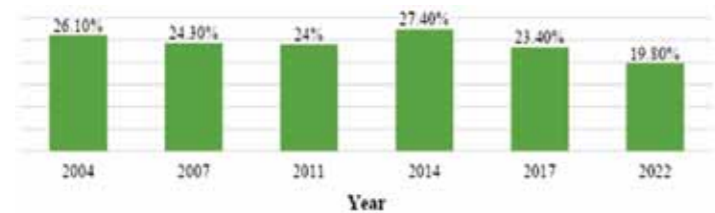


Table 1: Early Marriage Rate in urban areas (2004-2022)

Year	Rate
2017	54.6%
2022	44.4%

Figure 1.2: Teenage (13-19) childbearing in urban areas (2004-2022)

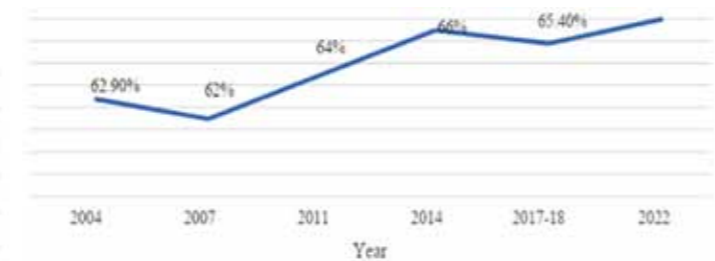


The contraceptive prevalence rate (CPR)

Figure 1.3: Contraceptive use by methods in urban areas (2004-2022)



Figure 1.4: Use of contraceptives (any method) in urban areas (2004-2022)



2. Maternal and Newborn Care

Antenatal Care (ANC)

Figure 2.1- Percent of pregnant women receiving Ante Natal Care from a skilled provider

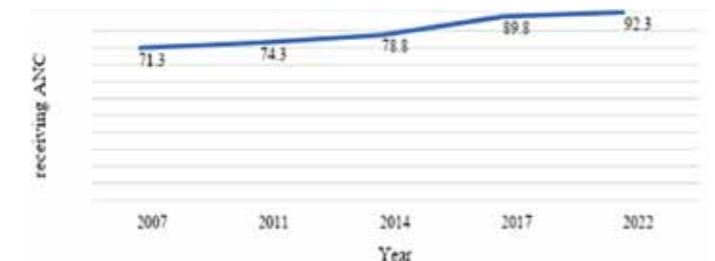


Table- 2: Quality of ANC

Year	Percentage of pregnant women receiving all components of ANC
2017	34.6%
2022	47.7%

Figure 2.2: Assistance during delivery (% of pregnant women delivering a child by qualified doctors and medically trained providers) in urban areas (2007-2022)

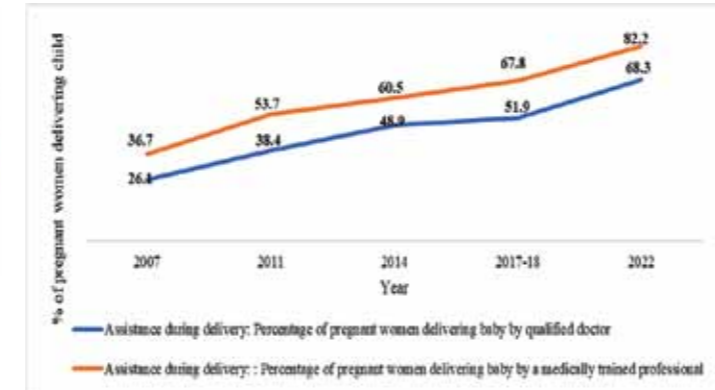


Figure 2.3: Percentage of pregnant women delivering children in health facilities in general

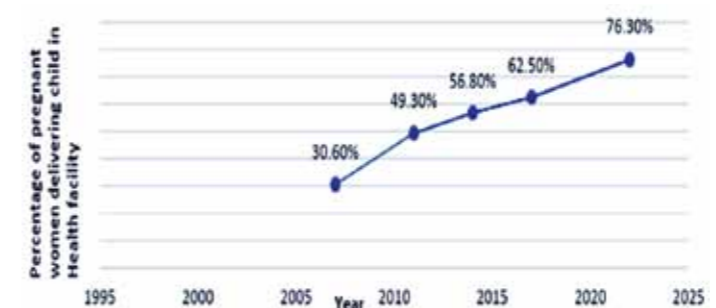


Figure 2.4: Place of delivery (Public and Private health care facilities) in urban areas (2011 -2022)

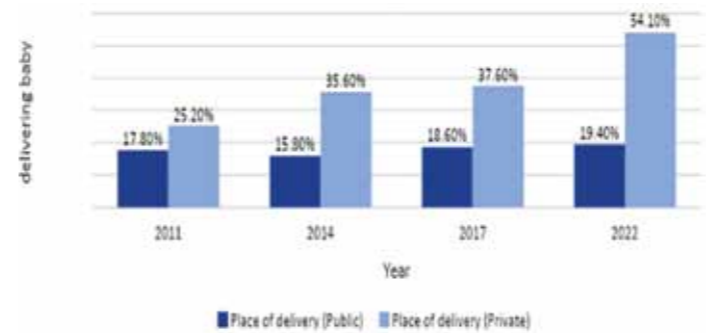
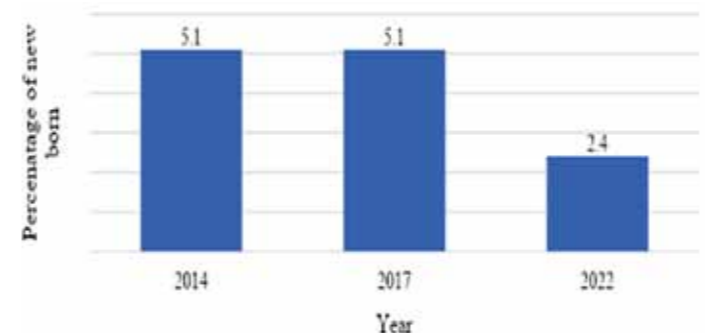
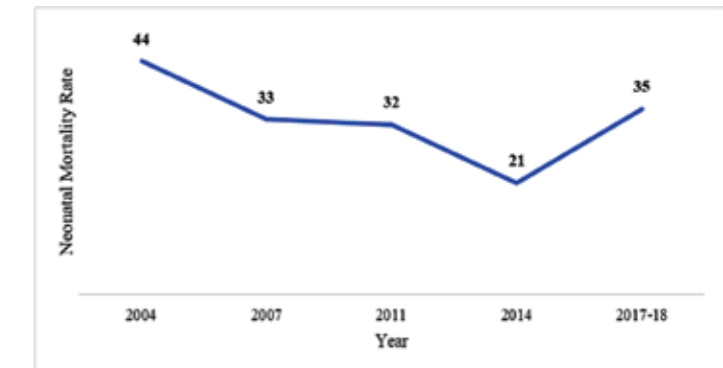


Figure 2.5: Essential newborn care practices in urban areas (2014 -2022)



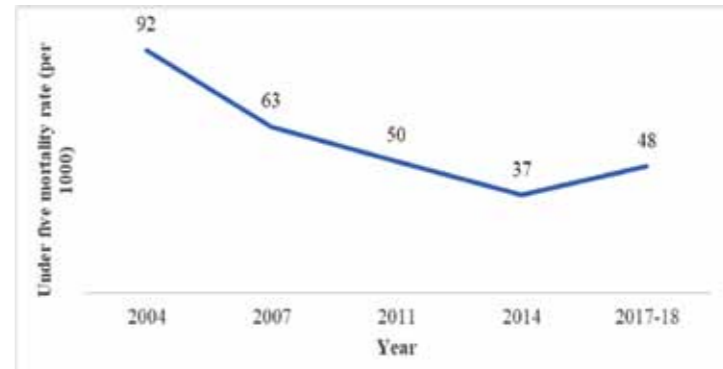
3. Childhood and Neonatal Mortality

Figure 3.1.: Neonatal Mortality Rate in urban areas (2004- 2017-18)



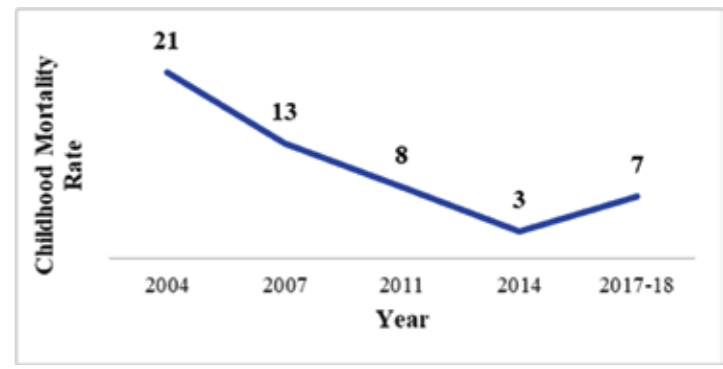
To be updated as soon as BDHS report 2022 is published

Figure 3.2: Under-five mortality Rate (2004 -2017-18)



To be updated as soon as BDHS report 2022 is published

Figure 3.3: Childhood mortality Rate (2004 -2017-18)



To be updated as soon as BDHS report 2022 is published

