

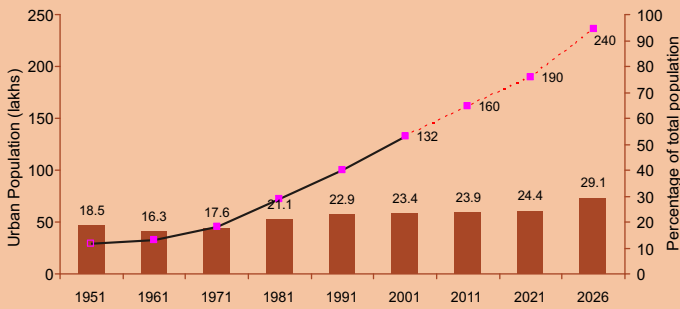
Health of the Urban Poor in Rajasthan

Key Results from the National Family Health Survey, 2005 - 06

The urban poor population in Rajasthan has been increasing rapidly in recent decades along with rapid urbanization. As per the 2001 Census, 1.32 crore persons comprising 23.4 percent of the total population were living in towns and cities of Rajasthan. It is estimated that 47.51 lakh persons comprising 32.9 per cent of the urban population of the state live below the poverty line. Urban Poverty in Rajasthan is almost double that in rural areas of the state. The urban poor rarely benefit from the facilities in urban areas and are as deprived as those in the rural areas. The health of the slum communities is considerably worse off than the non poor in urban area and is comparable to the rural figures.

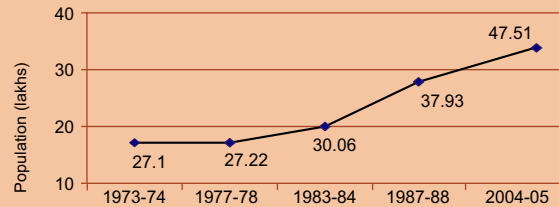
This wall chart presents health of the urban poor in Rajasthan compared with other population groups based on an analysis of the Third National Family Health Survey conducted in 2005-06. A wealth index which measures the economic status of households has been developed based on 33 assets and household characteristics. The bottom quartile in urban areas is taken as the representative of the urban poor.

Growth of Urban Population in Rajasthan, 1951 - 2026



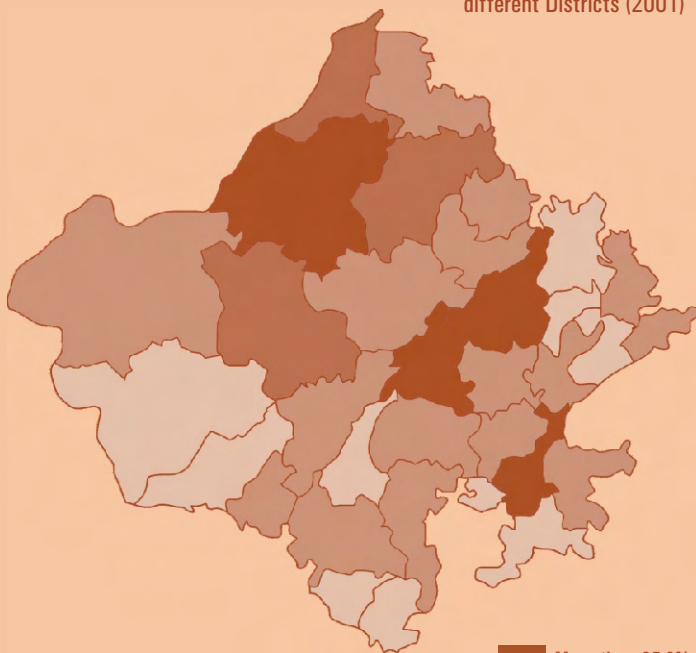
Rajasthan has been urbanizing rapidly in recent decades. The urban population in Rajasthan will nearly double from 1.32 crores in 2001 to 2.4 crores in 2026

Growth of Urban Poor Population in Rajasthan 1973-74 to 2004-05



The proportion of population below poverty line is significantly higher in urban areas of Rajasthan than in villages. In terms of absolute numbers, the urban poor population is rapidly increasing in recent decades.

Rajasthan Level of Urbanisation in different Districts (2001)



More than 35.0%
 25.1% - 35.0%
 15.1% - 25.0%
 Less than 15.0%

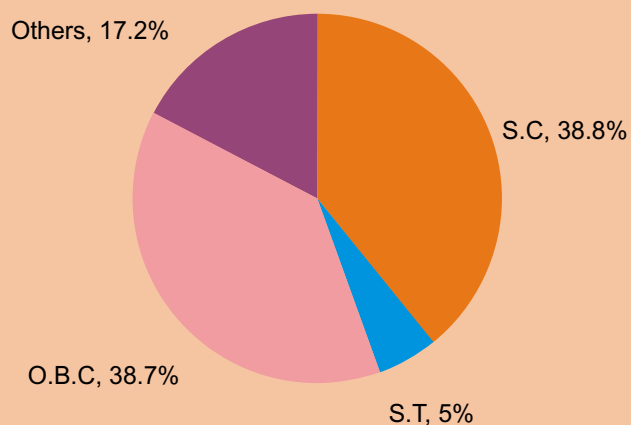
City/town	Total Population In Lakhs (2001)	Decadal Growth Rate (%) 1991-2000	Total Slum Population In Lakhs (2001)	Slum Population To City Total (%)
Jaipur	23.23	59.25	3.69	15.87
Jodhpur	8.51	27.73	1.54	18.10
Kota	6.94	29.21	1.53	21.98
Bikaner	5.30	27.24	0.98	18.51
Ajmer	4.86	20.58	1.20	24.78
Udaipur	3.90	26.21	0.45	11.52
Alwar	2.61	24.01	0.16	6.12

	Number of Poor Persons (in Lakh)	Percentage of Population below Poverty Line
Urban	47.51	32.9
Rural	87.38	18.7
Total	134.89	22.1

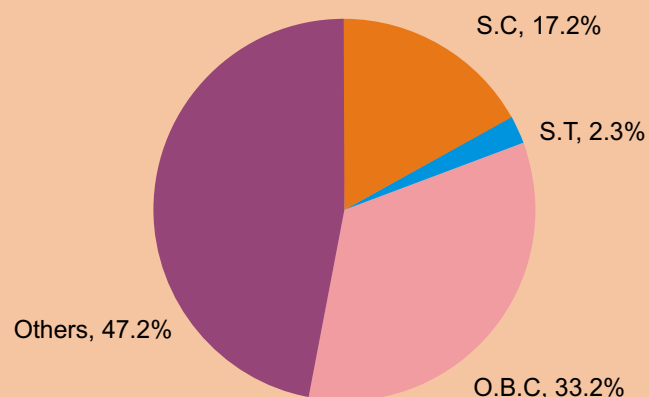
Health of the Urban Poor in Rajasthan Key Results from the National Family Health Survey, 2005 - 06

Social Composition of Population

Urban Poor

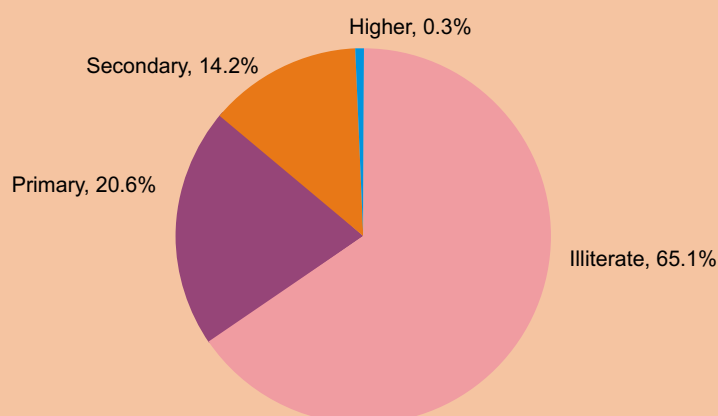


Urban Non Poor

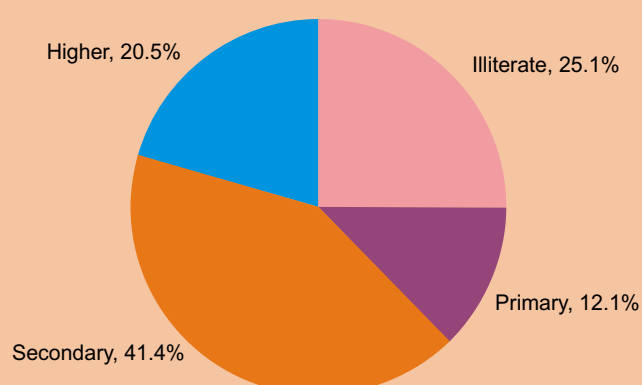


Highest Level of Education of Women Age 15-49 years

Urban Poor



Urban Non Poor

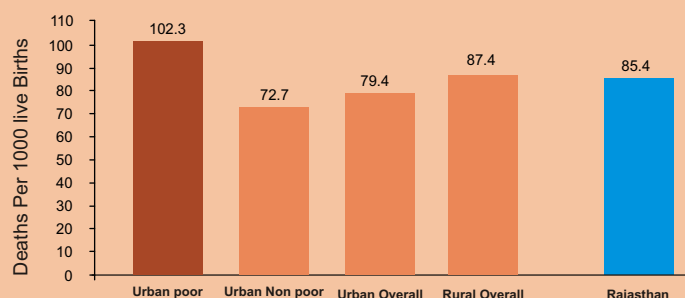


A significantly higher proportion of the urban poor women are illiterate compared to the non-poor. Further, a higher proportion of urban poor families are from disadvantage social groups such as scheduled castes and other backward castes.

Health of the Urban Poor in Rajasthan

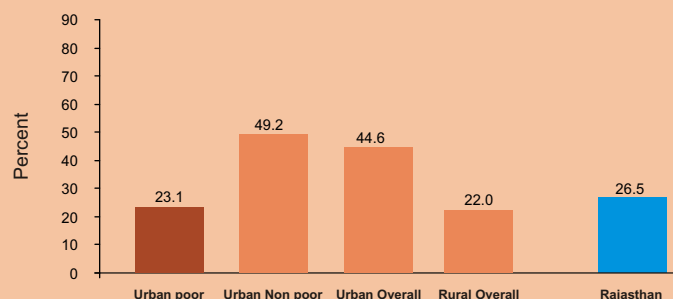
Key Results from the National Family Health Survey, 2005 - 06

Under-5 Mortality Rate



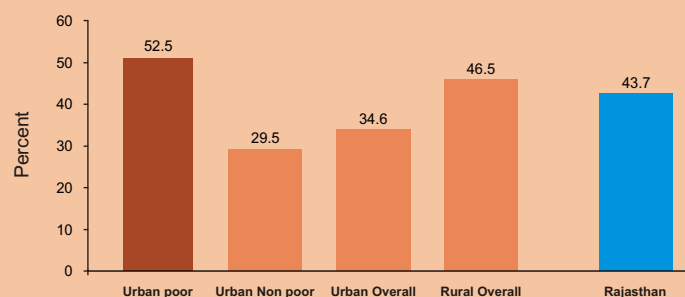
One in ten urban poor children in Rajasthan die before reaching their fifth birthday. This can be attributed to poor access to health care, poor behaviors, nutritional status and unhygienic environmental conditions.

Children Aged 12-23 Months Receiving Complete Vaccination



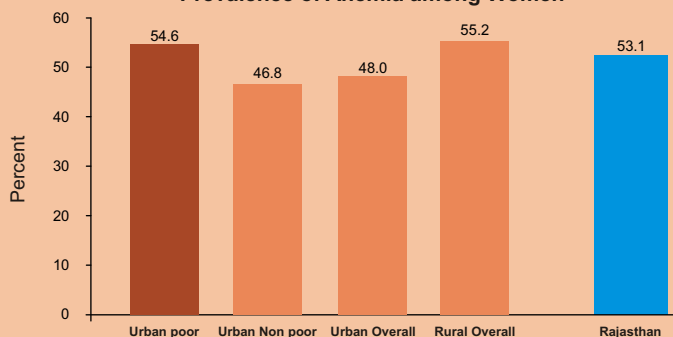
Only 23.1 per cent of urban poor children receive all the recommended vaccinations in Rajasthan. This is less than half of the urban non poor figure and similar to the rural figure. This results in a high incidence of vaccine preventable illnesses and deaths among the urban poor.

Percent of Children Stunted



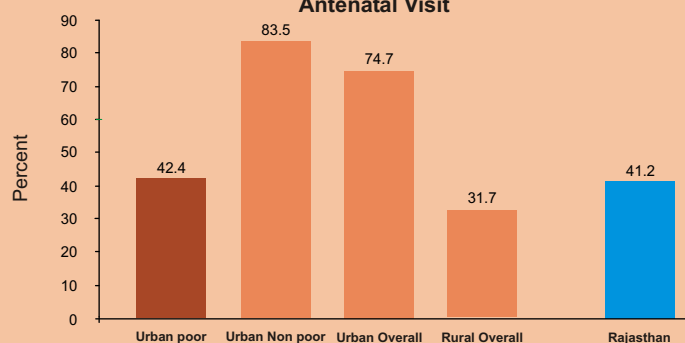
Over half of the urban poor children in Rajasthan are stunted. Prevalence of childhood malnutrition among urban poor children is higher than rural areas. High malnutrition, repeated episodes of morbidity and poor access to health care adversely affect child development.

Prevalence of Anemia among Women



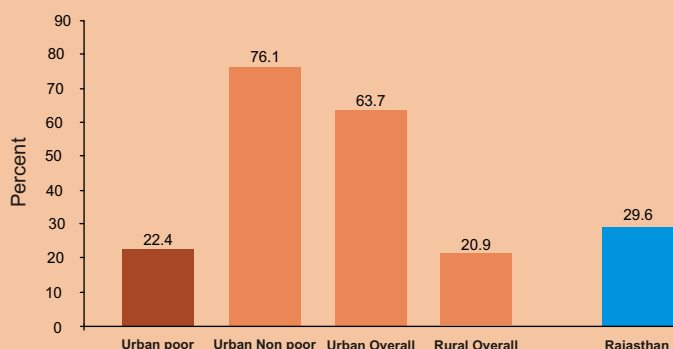
Over half of urban poor women in Rajasthan are anaemic. High prevalence of anemia contributes to high infant and maternal mortality, premature births and low birth weight babies.

Percent of Pregnant Women Receiving 3 or More Antenatal Visit



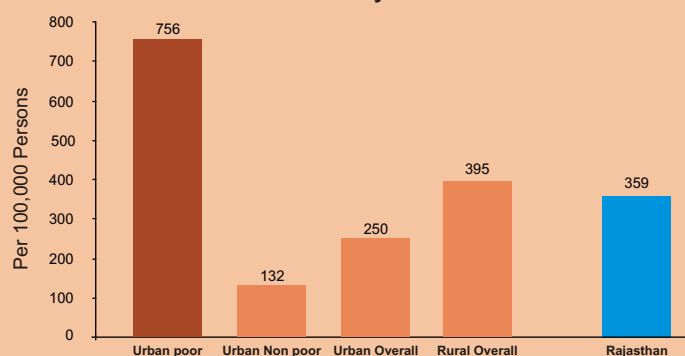
Only 42.4 per cent of urban poor women receive the recommended 3 antenatal visits during pregnancy. Low ANC coverage reflects glaring gaps in the health care system and accessibility in urban poor areas.

Percent of Deliveries in Health Facility



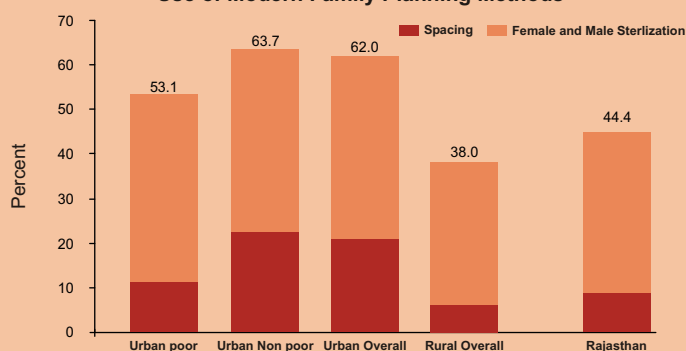
Despite proximity to world class health facilities, only 22.4 per cent of the urban poor babies are born in health facilities in the state. This contributes to high maternal and neonatal mortality among the urban poor.

Prevalence of Medically Treated Tuberculosis



Prevalence of Tuberculosis among urban poor is nearly 6 times higher in comparison urban non poor and almost double to rural over all. Over crowding and poor environmental conditions contribute to the high prevalence of tuberculosis and other infectious diseases among the urban poor.

Use of Modern Family Planning Methods

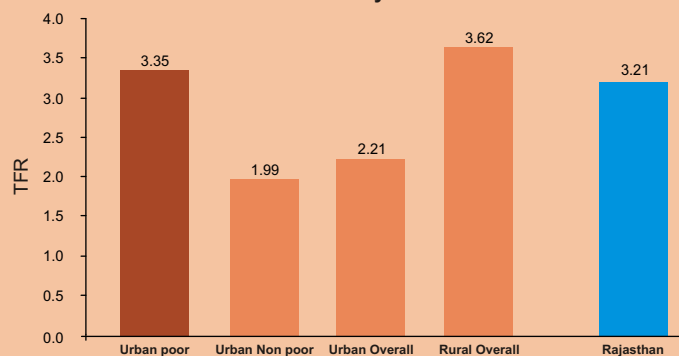


Although use of modern contraceptive methods is 53.1 per cent among urban poor, most of this is accounted for by sterilization and the use of spacing methods is very low (10.5%). Sterilization is not recommended as it is generally adopted after couples have already had large number of children. It is therefore necessary to promote spacing methods.

Health of the Urban Poor in Rajasthan

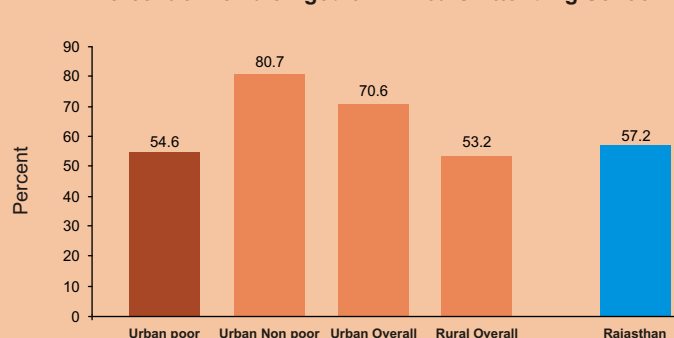
Key Results from the National Family Health Survey, 2005 - 06

Total Fertility Rate



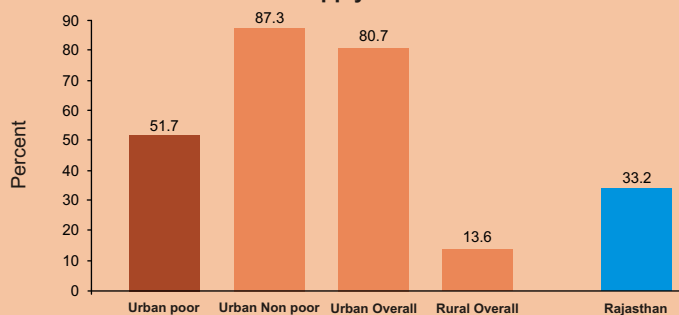
High population growth in slums is not only because of rapid in-migration but also because of large family size. An urban poor woman give birth to an average of 3.35 children during her reproductive span which is significantly higher than figure among the urban non poor and similar to that in rural areas.

Percent of Female Aged 6 - 17 Years Attending School



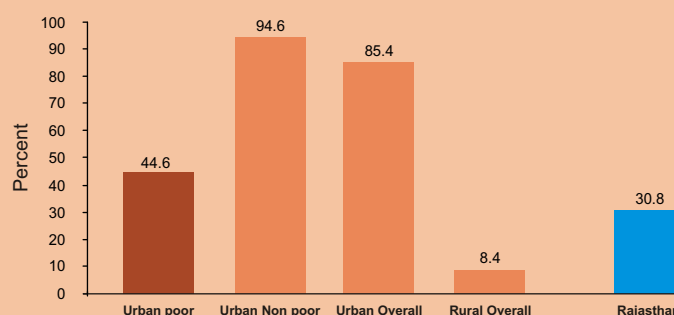
Due to lack of schooling facilities, rapid mobility and other social factors, nearly half of the urban poor girls of school going age do not attend school. This is significantly lower than the urban non-poor and similar to the rural figure.

Percent of Households Having Access to Piped Water Supply at Home



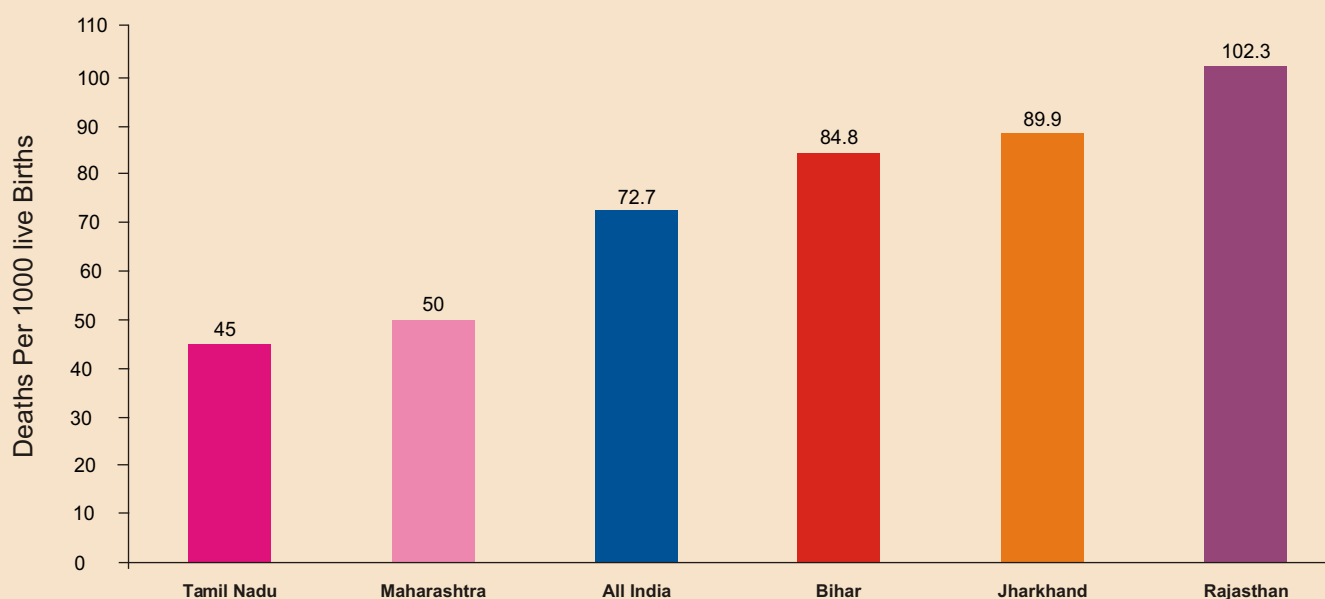
Nearly half of urban poor households in Rajasthan do not have access to piped water supply at home. Lack of access to clean and adequate water supply contributes in a large measure to the high morbidity and mortality in these areas.

Percentage of Households Having Access to Toilet



More than half of urban poor households do not have access to toilets. Lack of sanitation contributes to the high disease burden in urban poor areas.

Child Mortality Rates among the Urban Poor in Different States, 2005-06



Health conditions among the urban poor in less developed states like Rajasthan are worse. For instance, under-5 mortality rate among the urban poor in Rajasthan is 102.3 which is one of highest in the country.

Health of the Urban Poor in Rajasthan

Key Results from the National Family Health Survey, 2005 - 06

Key Indicators for Urban Poor in Rajasthan from NFHS-3 and NFHS-2	Urban Poor	Urban Non Poor	Overall Urban	Overall Rural	State Total	Urban Poor NFHS-2 (1998-99)
Marriage and Fertility						
Women age 20-24 married by age 18 (%)	65.1	30.6	35.8	65.7	57.1	70.0
Women age 20-24 who became mothers before age 18 (%)	16.2	8.7	9.8	27.5	22.4	37.3
Total fertility rate (children per woman)	3.35	1.99	2.21	3.62	3.21	5.14
Higher order births (3+ births) (%)	39.0	11.2	17.8	36.0	33.9	85.6
Birth Interval (median number of months between current and previous birth)	29.5	29.0	29.0	30.0	30.0	31.0
Maternal Health						
Maternity care¹						
Mothers who had at least 3 antenatal care visits (%)	42.4	83.5	74.7	31.7	41.2	19.8
Mothers who consumed IFA for 90 days or more (%)	6.1	36.8	30.2	8.3	13.1	29.9
Mothers who received tetanus toxoid vaccines (minimum of 2) (%)	57.6	93.0	85.4	59.6	65.2	54.0
Mothers who received complete ANC ² (%)	4.1	24.8	20.0	3.9	8.6	5.9
Births in health facilities (%)	22.4	76.1	63.7	20.9	29.6	21.9
Births assisted by a doctor/nurse/LHV/ANM/other health personnel (%)	34.0	86.2	74.2	32.5	41.0	40.1
Anaemia among women						
Women age 15-49 with anaemia (%)	54.6	46.8	48.0	55.2	53.1	53.7
Family Planning (Currently Married Women, age 15-49)						
Current use						
Any modern method (%)	53.1	63.7	62.0	38.0	44.4	28.9
Spacing method (%)	10.5	22.6	20.6	5.3	9.4	2.9
Permanent sterilization method rate (%)	42.6	41.0	41.3	32.7	35.0	26.2
Unmet need for family planning						
Total unmet need (%)	16.1	8.5	9.8	16.3	14.6	23.9
a. For spacing (%)	6.2	5.0	5.2	8.0	7.3	10.3
b. For limiting (%)	9.9	3.5	4.6	8.3	7.3	13.6
Child Health & Survival						
Child immunization and vitamin A supplementation³						
Children completely immunized (%)	23.1	49.2	44.6	22.0	26.5	6.6
Children receiving measles immunization (%)	25.0	67.2	60.3	38.5	42.7	11.1
Children left out from UIP (Children not receiving DPT 1) (%)	61.5	16.4	24.3	37.9	35.0	66.7
Children dropping out from UIP (DPT 1 to DPT 3) (%)	13.5	12.6	12.2	29.8	26.3	22.2
Child feeding practices						
Children under 3 years breastfed within one hour of birth (%)	11.5	27.2	23.9	11.4	14.1	10.6
Children age 0-5 months exclusively breastfed (%)	25.0	21.2	22.2	36.6	33.4	48.3
Children age 6-9 months receiving solid or semi-solid food and breast milk (%)	25.0	72.2	63.6	34.6	39.6	40.0
Nutritional status of children⁴						
Children who are stunted (%)	52.5	29.5	34.6	46.5	43.7	56.4 [®]
Children who are underweight (%)	35.0	30.2	31.3	42.7	39.9	56.7 [®]

Key Indicators for Urban Poor in Rajasthan from NFHS-3 and NFHS-2	Urban Poor	Urban Non Poor	Overall Urban	Overall Rural	State Total	Urban Poor NFHS-2 (1998-99)
Anaemia among children⁴						
Children with anaemia (%)	77.0	60.1	63.9	72.4	69.7	79.9 [@]
Childhood diseases and treatment⁴						
Children who had diarrhoea in the last 2 weeks (%)	20.0	13.4	14.9	9.1	10.3	24.7 [@]
Children with diarrhoea in the last 2 weeks who received ORS (%)	11.1	31.0	25.0	13.0	16.5	22.0 [@]
Children with diarrhoea in the last 2 weeks taken to a health facility (%)	47.1	75.6	67.2	52.9	56.7	24.6 [@]
Children with fever in the last 2 weeks (%)	14.4	14.5	14.5	11.3	11.9	24.7 [@]
Children with acute respiratory infection in the last 2 weeks (%)	5.6	7.2	6.8	6.9	6.9	36.5 [@]
Children with acute respiratory infection in the last 2 weeks taken to a health facility (%)	80.0	68.2	70.4	62.9	64.7	54.1 [@]
Mortality⁵						
Neonatal Mortality	29.7	49.8	45.1	43.5	43.9	71.4
Infant Mortality	65.4	66.4	66.0	65.1	65.3	117.4
Under-5 Mortality	102.3	72.7	79.4	87.4	85.4	166.3
Environmental Conditions						
Households with access to piped water supply at home (%)	51.7	87.3	80.7	13.6	33.2	47.2
Households accessing public tap / hand pump for drinking water (%)	44.9	10.5	16.9	57.5	45.6	41.2
Household using a sanitary facility for the disposal of excreta (flush / pit toilet) (%)	44.6	94.6	85.4	8.4	30.8	31.7
Median number of household members per sleeping room	5.0	3.0	4.0	4.0	4.0	4.0
Infectious Diseases						
Prevalence of medically treated TB (per 100,000 persons)	756	132	250	395	359	502
Women (age 15-49) who have heard of AIDS (%)	39.2	83.8	76.5	22.0	38.0	12.1
Educational Attainment and Schooling						
School attendance 6-17 years (male) (%)	70.0	85.3	79.6	76.5	77.2	65.9
School attendance 6-17 years (female) (%)	54.6	80.7	70.6	53.2	57.2	48.7
Women with no education (%)	64.9	25.1	31.6	73.4	61.1	86.8
Access to Health Service						
Children under age six living in enumeration areas covered by an AWC (%)	22.4	28.4	27.1	75.9	65.7	na
Women who had at least one contact with a health worker in the last three months (%)	7.6	5.1	5.5	11.6	9.8	7.4 ^{\$}

na: not available;

1. For the most recent live birth;
2. Complete ANC includes three ANC visits, two TT injections and 90 doses of IFA;
3. For the last 2 births before the survey within the age group of 12-23 months;
4. For children under 5 years of age;
5. Rates are calculated for the five-year period preceding the survey.

@ NFHS 2 figure is for children under three years; \$ NFHS 2 figure is for women who receive visit of a health/ family planning worker in the 12 months prior to the survey