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| **Urban/rural residence and children’s health in Taiwan: a prospective longitudinal cohort study** |
| **Background/Objectives**Many studies have showed that people living in urban areas experienced better health than people living in rural areas, yet little research about the effects of urban-rural residence moving during early life on the health of children as they are growing up. The aim of this study is to examine the association between urban/rural residence and children’s health at age 5 and age 8.**Methods**Data came from Taiwan Birth Cohort Study with 18,994 children who completed 6-month, 5-year and 8-year surveys. Residence was defined by administrative area—cities and towns were categorized as urban, and villages as rural, which was measured at 6 months and 5 years old. The outcome variable was the mother-rated general health of children at ages 5 and 8. Logistic regression was used to test the relationship between urban/rural residence and children’s health. Further, we compared children’s health between never and ever poverty groups by different urban/rural residence.**Results**Based on the place of residence from 6 months to 5 years of age, children were divided into 3 groups: always urban children (68.4%), urban-rural migrant children (6.7%) and always rural children (24.5%). The prevalence of poor health at ages 5 and 8 was 28.8% and 19.9%, respectively, for always urban children; 30.1% and 18.8% for urban-rural migrant children, and 32.2% and 22% for always rural children. Compared with always urban children, always rural children were more likely to experience poorer health at age 5 (OR=1.14, 95% CI, 1.06-1.23) and 8 (OR=1.08, 95% CI, 0.99-1.17), but only difference at age 5 was statistically significant. Importantly, the health disparity between never and ever poverty groups became wider for urban-rural migrant children (from 6.9% to 7.7%) as well as always rural children (from 4.8% to 8.2%). Conversely, the income-related health disparity became narrower for always urban children (from 5.4% to 4.2%) **Discussion**Ever living in the rural area is not only a risk factor of children’s poor health, but also could worsen the adverse health effect of poverty. The government thus should take actions to reduce the urban-rural disparity in the health of children, and in particular, targeting children who are growing up in low-income families.**Keywords**health inequity, child health, health disparity, urban resident, rural resident, urban-rural migration*This work was financially supported by the Health Promotion Administration, Ministry of Health and Welfare* |