

Socio-economic differentials in health status in India

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Social and economic class affects one's life chances across a broad spectrum of social phenomenon from health care, to educational attainment, to participation in the political process. Health inequalities are an endemic characteristic of all modern industrial societies, but the size of the differential varies between countries and over time, indicating that there is nothing fixed or inevitable about having such a health divide. Inequalities in health are differences that are unnecessary and avoidable and judged to be unjust and unfair. Inequality in health is mainly a consequence of large economic and social inequalities in society. The inequalities include differences between geographical areas, ethnic groups in the population, occupations which can be classified into social classes, those with jobs and those who are unemployed, those with different levels of educational achievement, income groups, and the sexes. Governments and international organizations have recognized the need to reduce the health inequalities between social and economic groups. India too has committed herself to the pursuit of achieving the goal of health for all by AD 2000 in accordance with the Alma Ata declaration of 1978. Nearly thirty years have passed since the Alma Ata declaration; however health for all remains an elusive goal. The paper focuses on the differential experiences of social and economic groups in India today in different aspects of health, using NFHS -3 data. Analysis reveals that there exist wide discrepancies between social and economic groups in aspects of health status, health risk, care seeking behavior, incidence of disease etc. The rural-urban divide, the rich-poor divide, the high educated-low educated divide, the employed-unemployed divide, the backward caste-upper caste divide, the marital-non marital divide etc in health status is alarming in India, even after sixty years of planned development. Interventions in the social and economic environment clearly are necessary and continued research on social and economic factors therefore must become an important priority in both public health planning and programmes for development.