

38 *Role of Economic Inequality and Social Exclusion in the Pace of Health Transition: An Exploratory Analysis for India*

The concept of "health transition" refers to worldwide increase in life expectancy on the one hand and encompasses the changing configuration of causes of death and pattern of morbidity and resulted in a so-called triple burden of acute illness, chronic illness, and behavioral pathology in the Third World on the other. India is no exception in this regard. Presently, India is facing fairly significant burdens of communicable, non-communicable diseases and behavioural problems simultaneously. The problem would be more acute in the near future and would exert tremendous pressure on health system.

There is an undisputed association between socio-economic inequality, integration and health outcomes. The association could be profound in case of Indian society, which is diverse, multicultural and undergoing rapid but unequal economic growth. Gradual withdrawal of state from various social sectors has also been observed after implementation of structural adjustment programmes in the nineties. The question that naturally arises whether this is the appropriate time of withdrawing state involvement in the health sector also, where high degree of socio-economic inequality exists within population. A natural corollary to the above question is: "is there any variation in the pace of health transition among unequal socio-economic groups?"

Under this backdrop, the present study intends to investigate the changing disease pattern in India by age and by sex during last two decades and whether the ascribed attributes such as religion and caste and the achieved attribute like household economy play a significant role in the changing pattern of diseases over the years. The principal hypothesis of the present study is that the health transition in India, where large socio-economic inequality exists among various sub-populations, is only limited to urban, educated and economically better-off sections of the society.

Data for this study are drawn from National Sample Survey Organization (NSSO) and National Family Health Survey (NFHS) covering the period of last two decades. Some other information is also gathered from extensive review of literature. Apart from showing trend and pattern by age and by sex, multivariate analyses have also been performed to identify the aforesaid attributes.

Pronounced differences have been found in the disease pattern over the years by age and by sex. Significant effects of various achieved and ascribed attributes have also been observed in the changing pattern of disease in the preliminary analysis.