
184 *MEASUREMENT AND DECOMPOSITION OF SOCIOECONOMIC INEQUALITY IN HEALTH AND MENTAL HEALTH IN TAIWAN*

OBJECTIVES: This paper aims to measure and decompose socio-economic inequality in health and mental health of Taiwan residents by using concentration indices and decomposition techniques. Using a representative national survey in Taiwan, this is the first attempt to quantify the level and the causes of inequalities in health and mental health

METHODS: The data from the 2001 Taiwanese National Health Interview Survey incorporated a multi-stage systematic sampling. 18,142 subjects aged 12 and above provided effective answers to the questions on general and mental health domain of SF-36 Taiwan version. We measured inequality in general and mental health using concentration indices. Decomposition techniques were used to decompose inequalities into their socio-economic causes. The interval regression approach was involved to map the empirical distribution function of ordinal household income, while measuring income-related health and mental health inequality.

RESULTS:

Significant inequalities in health favouring the higher income groups emerge in both general and mental health, but particularly high for residents in remote areas. The decomposition analysis shows that in remote areas income itself accounts for a significant and sizeable contribution (43.1%~63.1%) of general and mental health inequality. By contrast, in non-remote the largest contributions inequality comes from inequality in education (29.6%) to general health inequality and from being employment (30.3%) to mental health inequality. Apart from these factors, age, suffering chronic diseases and lifestyles are also important contributors to both general and mental health. After controlling for demographic inequality, in non-remote areas the avoidable income-related health inequalities are 0.0116 and 0.0072 to general and mental health respectively, while in remote areas they are 0.0255 and 0.0136.

CONCLUSION: Although in Taiwan socioeconomic health and mental health were distributed fairly equally, the evidence of pro-rich inequality is obvious. Our results have implications for the design of appropriate social and health policies targeting health within different vulnerable groups.

Key words: health, mental health, inequality, decomposition, interval regression, Taiwan