

192 *Socially disadvantaged castes and poor health: how strong is the relation in Kerala?*

OBJECTIVE: Kerala is well known for the equitable provision of basic services- water supply, sanitation and health care. The paper discusses two issues: has the equitable provision of services altered the well known poverty – poor health relationship? Does health status show a gradient with social disadvantage?

METHODS: Cross-sectional data from a household survey of 3350 households implemented in 2003 has been used, wherein demographic, socio-economic, and health data are collected. Study population: Non-elderly women and men (18-49 years); Response variable: Self perceived health. Respondents were asked to rate their overall self-perceived health based on a five point likert scale: very bad, bad, good, very good, excellent. We collapsed the variable into 3 categories due to distribution of data: very bad/bad, good, very good/excellent. Explanatory variables used: gender, education, and size of land holding. Age-adjusted percentages of bad health were computed. Multilevel multinomial logistic regressions have been run controlling for age. Two level models (individuals at level 1, caste | tribe of head of household at level 2) where 8398 individuals are nested among 35 caste | tribe.

FINDINGS: Age adjusted odds ratios are significant for bad health, and good health (ref: excellent health) for women (ref: men), no education, primary education (ref: high school plus), land holding less than 10 cents, and 10 to 50 cents (ref: above 50 cents). While bad health is largely explained by the individual level factors, good health shows a strong residual caste gradient. As caste is an indicator of social disadvantage, this would suggest a health gradient with social disadvantage.

CONCLUSION: Social gradient in health is present in a poor society with equitable water supply and sanitation. Education and income variation explain only part of the gradient leaving a large part to be explained by social disadvantage.

Key words: social disadvantage, Kerala, health, equitable provision of services.