

Socio-economic variation in gender differentials in health: A lifecycle analysis

The gender discrimination has been serious concern particularly in south Asian countries like India. In general, females are disadvantaged in health status; inequalities in morbidity, functional limitation and health-seeking behaviour are the usual features. It is well-established evidence that socio-economic status is strongly associated with health. People from higher socio-economic strata experience relatively better health in compared to people those belong to higher socio-economic strata.

Research on gender has extensively focused on gender inequalities in socio-economic status and its impact as gender differentials in health. However, with the context of changes in socio-economic differentials across the different stages of life course (Dasgupta), research has neglected to observe how gender differentials in health vary with the changes of socio-economic strata across the different stages of life course. Again, it is also required to know how the impacts of various socio-economic variables on gender differentials in health vary over the different stages of life course.

Socio economic determinants of health

It has been well established that the level of mortality as one of the most important indicator of health, vary inversely with the socio-economic status (Richard, 1995; Smith et al., 1997; Potter, 1991). Similarly, It has been validated by studies that poverty, low educational attainment, income inequality, racial differences are associated with poor health status, high illness (Wilkinson 1992; Kaplan et al. 1996; James et al. 1983).

In India, the study on socioeconomic differentials in adult mortality has been neglected. Only one recent study by Subramanian et al. (2006) has shown socio-economic variation in mortality from National Family Health Survey-II data. However, the evidence on the association between sickness or morbidity prevalence and socio-economic strata is not similar with the developed countries. For instance, the NSS (National Sample Survey) 52nd round estimate depicts a positive association between morbidity prevalence rate and higher socio-economic status. Similarly, it has been observed that morbidity prevalence

rate is use to be higher in socially and economically advanced states in India than the backward states. As an example, the morbidity prevalence rate of Kerala, Andhra Pradesh and Tamil Nadu is much higher than that of for Bihar and Uttar Pradesh (Kumar 1993). Although it is note that these estimates are based on self-reporting morbidity and perhaps the poor and, uneducated people do not perceive themselves sick until it is very serious (Sundar and Sharma 2002).

Socio-economic position and gender

In the context of socio-economic status, the position of women in India is fare poor compared to men. Apart from gender inequalities in socio-economic status, various socially and culturally determined norms, and the synergy of socio-economic backwardness and discrimination norms put women in worse condition. Starting from childhood period Indian females are discriminated from economic, cultural and social perspectives. It is perceived that males are more likely to enter in the labour market and the return of investment on them is much higher than female (Bardhan, 1988, Miller, 1981). the gender discrimination norms are very much associated with various socio-economic indicators and culture. It is believed that economic pressures that driven the household to discriminate against female; gender discrimination is inversely associated with poverty (Koenig and D'Souza 1986).

Nevertheless, it is worthwhile to note that status of women as well as gender discrimination does not remain same across the different stages of life course. As Dasgupta (1995) has explained the changes of women status across different stages of life course; after facing discrimination at the childhood period female enter the higher level of discrimination at the early reproductive age followed by declining discrimination from the late reproductive age. In the later stages of the life cycle, women start to enjoy power and autonomy in the household, resulting less discrimination in intra-household resource allocation. However, at the later age women's hardiness can rise when they are widowed. Study in Bangladesh (Rahman et al. 1992) and in rural Maharashtra (Vlassoff 1990) showed how widowhood leads to vulnerability of their health.

Data Source: This study uses the National Sample Survey data, conducted in 2004. This is cross sectional data, collected information from 72678 household. Interview had been taken from each adult member and for children information was collected from any adult member regarding sick ness, health seeking behaviour and medical expenses.

Conclusion: This study confirms that gender differentials in health changes through the different stages of life. Using logistic regression analysis, it has been observed that the affect of various socio-economic variables on gender differentials in health also varies.