## Economic-status Related Inequalities in Health Care Utilisation in the Indian States: Evidence from NSS 52<sup>nd</sup> Round Data on Inpatient Care

## Subrata Mukherjee

This paper examines economic-status related inequalities in the utilisation of inpatient care for major Indian states using the central sample of NSS 52<sup>nd</sup> round data. Kerala shows the lowest inequality compared to other major Indian states. In the urban sector there seems to be a negative relationship between average rate of inpatient care utilisation and inequality in the utilisation of inpatient care. Exploration of other related factors suggests that lower availability of government hospitals and higher incidence of poverty could be some of the possible factors contributing to higher inequality in the utilisation of inpatient care.

## **I Introduction**

A number of studies have examined inequalities in health status across individuals or groups of individuals in a population using various health status variables such as age adjusted mortality rates, child mortality rates, incidence of chronic illness, individuals' assessment of their health status, etc. Depending upon their focus, these studies have examined the association of inequality with some group- or individual- characteristics. For example, researchers with an economic focus have tried to measure the differences in average health status across income groups (Wagstaff 2000, Wagstaff and van Doorslaer 2000a, 200b, van Doorslaer *et al.* 2000, van Doorsler *et al.* 2003). Researchers with sociological focus have attempted to examine inequalities in the average health status across social classes (Marmot *et al.* 1991, Brockerhoff and Hewitt 2000). Despite its importance, especially in the context of developing countries, studies examining the socio-economic status related inequality in health care utilisation are limited (Makinen *et al.* 2000).

Subrata Mukherjee, Post-doctoral Fellow, International Health Unit, University of Montreal, 3875 Rue Saint-Urbain, Montreal H2W 1V1, Canada; and Lecturer (*on leave*), Institute of Development Studies Kolkata, 1, Reformatory Street, 5<sup>th</sup> Floor, Calcutta University Alipore Campus, Kolkata 700027, India, email: msubrata100@gmail.com.

I am supported by CANADA-HOPE scholarship of the Canadian Institutes of Health Research. I am grateful to Achin Chakraborty, D Narayana, Maathai K Mathiyazhagan, T K Subramanian, Slim Haddad and Jean-Frederic Levesque for their comments/encouragement. I am thankful to the anonymous referees of the journal. However, I am alone responsible for the errors, if any.