Regional Morbidity Pattern in India: Analysis Based on NSS 60th Round (2004)

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This paper aims to explore the regional disparities in the prevalence of reported morbidity in India. Using data on morbidity from the 60th round of National Sample Survey (NSS), 2004, we have calculated prevalence of individual diseases and major disease groups for India and six broad regions, namely, north, central, east, north-east, west and south. The results point to considerable regional heterogeneity both in the morbidity profile and its level. South and west regions have predominance of non-communicable diseases and functional limitations, while north and north-east regions show higher prevalence of communicable diseases. The results also point to the double burden of disease with remarkable prevalence of communicable diseases and relatively higher prevalence of non-communicable diseases, particularly among the elderly across the regions.

Introduction

As experienced by countries across the globe, mortality has declined and consequently life expectancy has improved over the years. However, the mortality decline alone cannot be taken as the indicator of improved health because the other component of population health -morbidity- has been proved not to accompany the secular trends of mortality decline. Certainly, mortality decline is induced by a decline in the prevalence of infectious and parasitic diseases but alongside the prevalence of lifestyle-related chronic diseases like diabetes, cardiovascular diseases, lung diseases and mental illness increased over the period. Such changes in the morbidity profile are often termed as the epidemiological transition suggested by Omran (Omran 1971, 1982). He (1982) postulated that pandemics which include infectious diseases like plague, cholera, malaria, etc., are displaced by the degenerative and man-made diseases. Such a pattern has been profoundly documented in the western countries, which are believed to be in the last stage of this transition. The developing countries are

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