

Gender and rural-urban differences in ailment-free life expectancy in India: Causes for concern

Introduction

In India the average life expectancy at birth has increased from 49.7 years in 1970-75 to 69.4 years in 2014-18 (Office of the Registrar General & Census Commissioner, India, 2020). Also, the share of elderly population, which was 5.6 per cent in 1961, is projected to increase to 12.4 per cent of total population by 2026 (Central Statistics Office, Government of India, 2011). As longer life is associated with greater load of chronic diseases, globally public health researchers are paying special attention to the burden of diseases along with mortality. Disability-Free Life Expectancy (DFLE) is one of the widely used measures of health that combines both mortality and morbidity statistics. Although commonly women enjoy higher life expectancy and disability-free life expectancy than males but the proportion of years in good health to total life expectancy is higher among the males. This is called gender paradox. Only limited studies explored gender paradox in health in India (Thomas, James and Sulaja, 2014; Bora and Saikia, 2015). Also, studies on rural-urban disparity in DFLE are rare in the context of India. Therefore, in this paper we have examined the issues of gender paradox and rural-urban difference in DFLE in India. We have defined disability in terms of prevalence of reported ailments/diagnosis. Therefore, in our study we have used the terms 'disability-free life expectancy' and 'ailment-free life expectancy' (AFLE) interchangeably.

Data and Method

We have applied Sullivan method to estimate ailment-free life expectancy. Data on mortality is collected from Sample Registration System (SRS) life tables of India for the periods 2002-06 (Office of the Registrar General, India, 2008) and 2014-18 (Office of the Registrar General & Census Commissioner, India, 2020).. We have used morbidity data from the 60th round (2004) and the 75th round (2017-18) of National Sample Survey (NSS). During the NSS survey, respondents were asked about their status of ailment. Status of ailment in terms of time of initiation and time of end/continuation till survey date was grouped into 4 categories. These are:

Status 1: started more than 15 days ago and is continuing (on survey date)

Status 2: started more than 15 days ago and has ended (before survey date)

Status 3: started within 15 days and is continuing (on survey date)

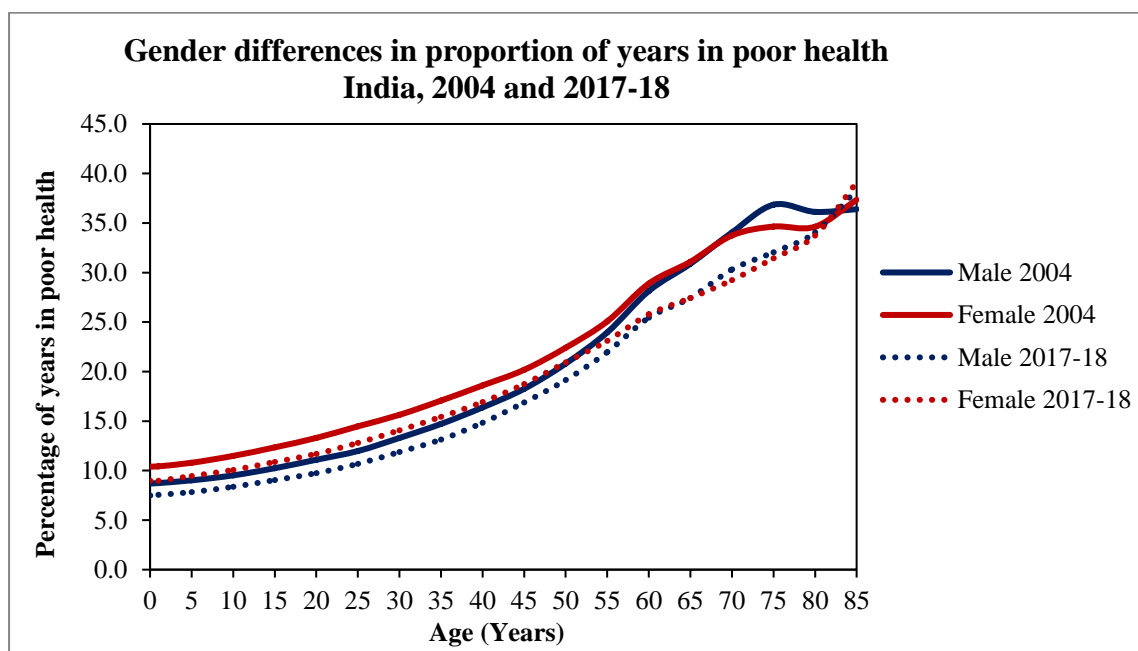
Status 4: started within 15 days and has ended (before survey date)

To compute morbidity prevalence rate, we have used the information on proportion ailing at a particular point of time (survey date).

Findings

It was found that both life expectancies and ailment-free life expectancies remained higher for women than men at any stage of life in both 2004 and 2017-18. Fig. 1 represents the gender differences in proportion of years under poor health to total life expectancy in India.

Fig 1: Proportion of years in poor health experienced by males and females in India: 2004 and 2017-18

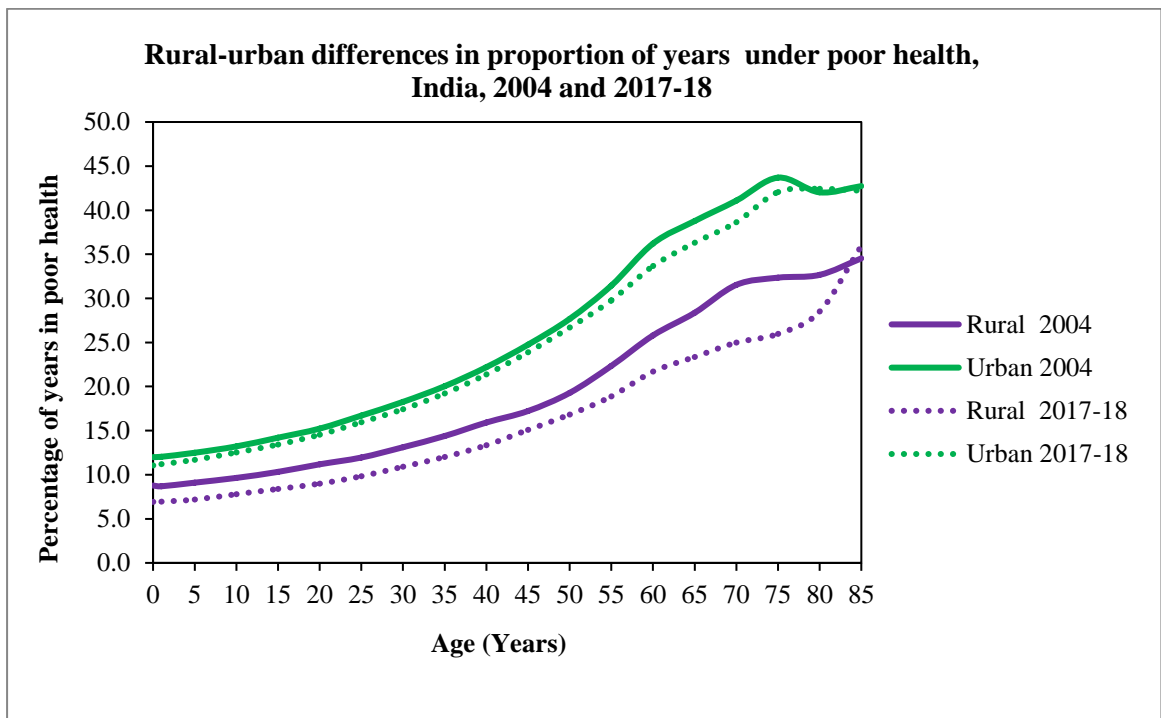


Previous studies from India (Thomas, James and Sulaja, 2014; Bora and Saikia, 2015) observed that the number of years in poor health to total life expectancy was greater among females at any stage of life. In our study, the proportion of years in poor health was found higher among men in the age group 70 to 84 years in 2004 and 70 to 79 years in 2017-18. However, the gender paradox in health sustained for the rest of the age groups. Our analysis suggests that men aged 70 to 84 years are particularly vulnerable to health problems.

In India life expectancy is higher in urban areas compared to rural areas (Office of the Registrar General, India, 2008; Office of the Registrar General & Census Commissioner, India, 2020). We observe that except infancy and early childhood, AFLE was higher among

rural population compared to urban population in India in both the years 2004 and 2017-18. Fig 2 depicts that the percentage of years in poor health to total life expectancy prevailed higher in urban areas among all the age groups. This trend is observed in 2004 and also in 2017-18.

Fig 2: Proportion of years in poor health experienced by rural and urban population in India: 2004 and 2017-18



The rural-urban gap regarding proportion of years lived in poor health tend to increase with growing age. Wider rural-urban gap is found in 2017-18 than 2004, particularly among the age group 60 to 80 years.

Conclusion

Gender paradox in health is observed in India with some exceptions. Higher proportion of years in poor health to total life expectancy was reported by males in age group 70 to 84 years in 2004 and in age group 70 to 79 years in 2017-18. Therefore, we recommend that in India special attention should be paid to the health care needs of older men (70 years and above) because not only their life expectancy and AFLE are lower than the females; they also spend higher percentage of life in disability compared to their female counterparts. Our analysis demonstrates that higher life expectancy prevailed in urban areas but higher proportion of years in poor health was observed among urban population. Therefore, it can be

said that the survival advantage of the urban population in India has not been translated into better health. This finding will certainly draw attention of the public health policy makers.