

Socio-Economic Inequalities in Self-Reported Non-Communicable Health Diseases in Sri Lanka

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Non-communicable health diseases are growing health concern in Sri Lanka with transition from a low income country to a middle income country. Although mortality from infectious diseases has reduced significantly over the years owing to the expansion of public health care facilities, non-communicable diseases such as cardiovascular diseases, diabetics, cancers, asthma, and hypertension have emerged as the predominant cause of mortality. It is important to understand the socio-economic inequalities in non-communicable health diseases and their determinants in order to provide appropriate information for policy interventions. This study, therefore, explore socio-economic inequalities in self-reported chronic non-communicable health diseases in Sri Lanka. This study uses three waves of Household Income and Expenditure Survey (HIES) data compiled by Sri Lanka Department of Census and Statistics in 2006/07, 2009/10 and 2012/13. HIES is nationwide household cross-sectional survey aimed to cover all 25 districts of Sri Lanka, several northern and eastern districts had been excluded from the surveys in 2006/07, 2009/10 due to the civil conflict which ended only in 2009. HIES collects detailed information on household income, expenditure as well as individual health and educational attributes. The survey respondents were asked if they suffer from non-communicable health diseases. Information from over 147,000 individuals, aged 20 years and over, are used for the analysis. Descriptive statistics, concentration indexes as well as factor decomposition technique are used to measure the inequalities in self-reported non-communicable health disease prevalence. Results from descriptive statistics and concentration indexes indicate that while heart diseases, hypertension and diabetics are more concentrated among the higher income people, asthma is more concentrated among lower income people. Factor decomposition analysis suggest that education level, age, rural-urban location is significantly contributed to inequalities in the self-reported non-communicable health diseases. Therefore, future health policy interventions should target to reduce inequalities in non-communicable health diseases among Sri Lankan adult population.

Keywords: Non-Communicable Health Diseases, Health Inequality, Factor Decomposition, Sri Lanka

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