

Health Status and Calorie Inequalities Linkage among Major Indian States: An Empirical Exploration

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Paper Abstract: This paper aims at making an assessment of temporal shifts in relative positioning of the major Indian states, jointly through the chief concomitants of health, as also through the measures of calorie inequalities. The task was accomplished through *factor analysis* (with *promax oblique rotation*), duly coupled with *canonical correlation analysis*, on the information on 16 indicators of health during *three rounds* for *seventeen* major Indian states. As per the findings, major determinants of health status have undergone voluminous reshuffling during the study span. Through *composite index*, states like Tamil Nadu, Maharashtra and Kerala were observed to have undergone perceptible temporal improvements in health status, whereas the so-called better-off states like Punjab and Gujarat have slipped fairly sharply in their relative rankings. As per FGT(2) index (due to Foster *et al.*, 1984, 2010; measuring *relative deprivation*), the averaged inequalities, within each of rural and urban regions, were highly significantly different among the states as also among the rounds. Temporally, the inequalities portrayed an inverted-U pattern. Gravity of the situation on calorie inequalities in south Indian states (like Tamil Nadu, Karnataka and Kerala) was alarming whereas, on the other extreme, the same in certain north-Indian hilly states (like Himachal Pradesh and Jammu & Kashmir) was manageable. Further, through *panel data estimation*, association between the composite index of health status and FGT(2) measure of the inequalities was indirect and statistically significant. There was a feeble indication of an indirect association between the measure of inequalities and per capita Income. However, association between the composite index of health and per capita income was direct and very robust. Thus, as a policy measure, there is a dire need for shifting priorities in favour of investment on both physical and social health infrastructure, particularly in laggard states and in those states which have undergone a rapid slippage in their ranking. *Public-private-partnership model* in this important social activity (which otherwise has remained a soft target by the governments), may prove beneficial.