

Name: Rahul Kataruka

Dept: Economics

Supervisor: Prof. Asheref Illiyan

Topic: Urbanization and Health Outcomes in India: An Analysis.

Notification No. : F. N O. COE/ Ph. D./(Notification)/582/2025;

Dated: 25-07-2025

Findings

Urbanization and Health Outcomes in India: An Analysis

This thesis, titled "*Urbanization and Health Outcomes in India: An Analysis*," explores the complex and multifaceted relationship between urbanization, health outcomes, and healthcare seeking behaviour in the Indian context. Rapid urban growth in India has brought both opportunities and challenges for public health, influencing disease patterns, healthcare behavior, and financial burdens associated with illness. The study critically examines how living in urban versus rural settings affects individuals' health status, their ability and willingness to seek medical care, and the economic impact of health-related expenditures on households.

The analysis is based on secondary data from the **75th round of the National Sample Survey (NSS)** titled "Social Consumption Health" conducted in 2017–18, which provides comprehensive information on health and morbidity patterns, treatment-seeking behavior, and healthcare expenditure across the country. This nationally representative dataset enables a detailed examination of disparities across urban and rural areas as well as among different socio-economic and demographic groups.

Objectives of the Study

The main objectives of this research are:

1. To analyse the impact of urbanization on health outcomes in India.
2. To examine differences in health-seeking behaviour between urban and rural residents.

3. To assess the economic cost of illness and the incidence of catastrophic health expenditure (CHE).

Methodology

To achieve these objectives, the study employs both descriptive and inferential statistical methods:

- **Descriptive tabulation** is used to present patterns of morbidity, healthcare seeking behaviour, and expenditure across urban and rural populations.
- **Chi-square tests** are applied to examine associations between categorical variables such as place of residence and health-seeking behaviour.
- **Binary logistic regression models** are used to identify the determinants of health-seeking behaviour and the likelihood of facing catastrophic health expenditure, taking into account factors like income, education, age, gender, caste, residence location and insurance status.

Results and Findings

The study reveals several important findings:

- **Health Outcomes:** Contrary to common assumptions, urban areas—particularly large cities—exhibit higher self-reported morbidity rates compared to rural areas. This may be due to greater disease awareness, increased prevalence of lifestyle-related illnesses, and environmental pollution in urban settings.
- **Health-Seeking Behaviour:** Urban residents, especially those with higher levels of education and income, are more likely to seek healthcare when ill. In contrast, rural populations and marginalized groups—such as Scheduled Castes (SCs), Scheduled Tribes (STs), and economically weaker households—face significant barriers to seeking healthcare, including financial constraints, lack of facilities, and cultural factors.
- **Economic Costs and Catastrophic Health Expenditure:** The incidence of catastrophic health expenditure is higher among rural households. Factors such as chronic illness, older age, and lower income increase the likelihood of facing severe financial strain due to health costs.

- **Policy Implications:** These findings underscore the need for targeted healthcare policies that address both access and affordability. Improving infrastructure in rural areas, expanding meaningful insurance coverage, and addressing the specific needs of marginalized communities are crucial for reducing health disparities and financial vulnerability.