



DATA FOR DEVELOPMENT



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IHDS research community.

**June 2022**

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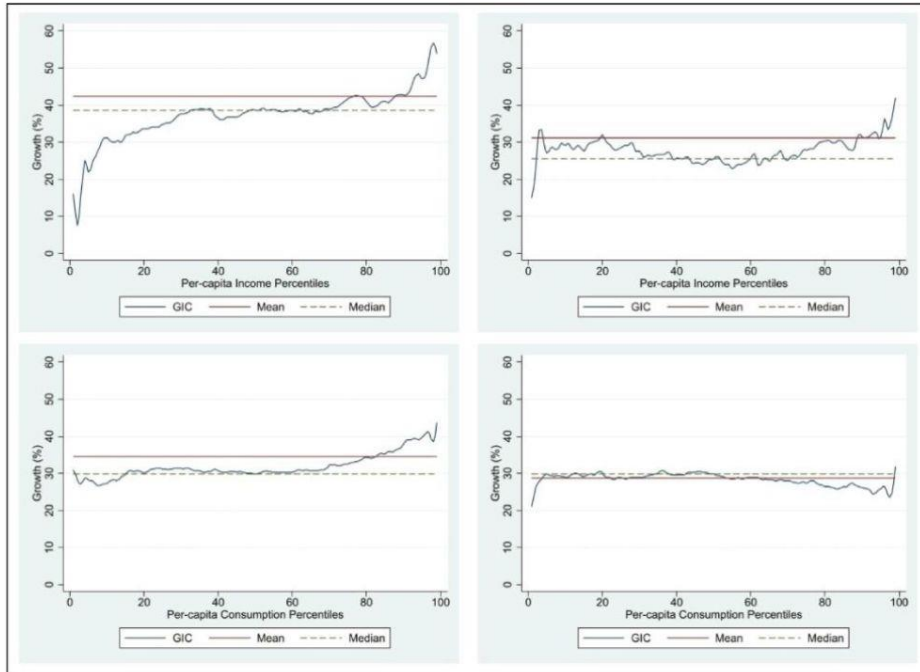
IHDS DATA COMMUNITY RESULTS

# ***Beyond Consumption Expenditure: Income Inequality and Its Sources in India***

*By Tushar Agrawal and Ankush Agrawal*



A considerable body of research on inequality in India has focused on consumption inequality. This paper compares inequality in consumption expenditure and income, using two waves of the India Human Development Survey. The authors find that while income inequality increased marginally, expenditure inequality remained stable. The paper also undertakes the decomposition of income inequality by sources and finds that wage and agricultural incomes contribute most to inequality in rural areas whereas wage and business incomes are the major contributors in urban areas. Wages and government transfers are found to be inequality-decreasing sources of income, and agricultural income is found to be inequality-increasing. While government transfers benefit low-income households, there is potential for increasing their efficacy and for attaining a more egalitarian distribution of income by better targeting. Further, the authors examine how expenditure and income are associated with the ownership of household assets. The findings in the paper suggest that low consumption is a better indicator of material well-being than low income.



**Figure 1.** Growth Incidence Curve (GIC): Income and Consumption Expenditure

**Source:** The authors' calculations based on IHDS data.

**Note:** Each panel depicts the growth for percentile groups between 2004–2005 and 2011–2012.

[Full Article Here](#)

**Tushar Agrawal** is a faculty in the economics area at the Indian Institute of Management (IIM) Udaipur. Prior to joining IIM Udaipur, he worked as an Associate Fellow at the National Council of Applied Economic Research (NCAER), New Delhi. His areas of research include issues related to education and the labour market in India.

**Ankush Agrawal** teaches economics at the Indian Institute of Technology Delhi. His research interests include applied econometrics, development economics, and India's official statistics.

# ***Morbidity Status and Changes in Difficulty in Activities of Daily Living among Older Adults in India: A Panel Data Analysis***

*By Priyanka Patel, T. Muhammad, and Harihar Sahoo*



This study explores the socio-economic and demographic factors that determine the onset of difficulty, recovery from difficulty, and difficulty remaining in functional activity in the later years of life. Additionally, the study examines the effects of several combinations of chronic diseases on the changes in later-life functional difficulty.

The authors have used data from two rounds of the India Human Development Survey (IHDS) conducted during 2004-2005 and 2011–2012. A sample of 13,849 respondents aged 55 years and above, with a seven year follow-up, was considered for this study. The Katz Index of Independence in Activities of Daily Living (ADL) was used to measure functional disability as an outcome variable. Multinomial logistic regression has been conducted to fulfil the study objectives.

The findings suggest that the risk of onset of functional difficulty is higher among older individuals with single and multiple morbidities compared to their

healthy counterparts. It is also found that functional difficulty increased with age and was more prevalent in older women and rural residents, suggesting the need for appropriate policy interventions with special focus on the vulnerable senior adults.

| Morbidity Combination      | N (%)      | Functional difficulty   |                  |                              |                  |                              |                  |
|----------------------------|------------|-------------------------|------------------|------------------------------|------------------|------------------------------|------------------|
|                            |            | Onset of difficulty (%) | RR (95% CI)      | Recovery from difficulty (%) | RR (95% CI)      | Remained with difficulty (%) | RR (95% CI)      |
| No morbidity combination @ |            |                         |                  |                              |                  |                              |                  |
| DI+CA                      | 199 (1.44) | 49.0                    | 1.6*** (1.1 2.4) | 4.7                          | 1.7 (0.7 4.1)    | 5.4                          | 1.0 (0.4 2.4)    |
| DI+HD                      | 174 (1.26) | 41.8                    | 1.3 (0.8 1.9)    | 3.4                          | 1.8 (0.6 5.2)    | 7.7                          | 3.2** (1.3 7.9)  |
| DI+ASTH                    | 80 (0.58)  | 50.4                    | 1.7* (1.0 3.0)   | 4.3                          | 2.7 (0.5 13.2)   | 10.2                         | 1.5 (0.5 4.9)    |
| DI+HBP                     | 660 (4.77) | 38.2                    | 1.7*** (1.4 2.0) | 4.1                          | 1.9** (1.1 3.0)  | 6.6                          | 3.8*** (2.5 5.8) |
| CA+HD                      | 105 (0.76) | 38.6                    | 0.8 (0.5 1.4)    | 1.9                          | 0.4 (0.1 1.9)    | 5.5                          | 0.7 (0.2 2.3)    |
| CA+ASTH                    | 163 (1.18) | 42.6                    | 3.1*** (2.1 4.6) | 2.4                          | 2.0 (0.6 7.0)    | 7.5                          | 4.2*** (1.8 9.8) |
| CA+HBP                     | 308 (2.23) | 44.5                    | 2*** (1.5 2.6)   | 5.0                          | 3.1*** (1.6 6.0) | 6.1                          | 3.7*** (1.9 7.3) |
| HD+ASTH                    | 79 (0.57)  | 37.4                    | 1.3 (0.7 2.4)    | 0.0                          | 1.1 (0.8 3.5)    | 9.1                          | 2.9* (0.9 8.8)   |
| HD+HBP                     | 272 (1.96) | 36.8                    | 1.4** (1.0 2.0)  | 2.9                          | 1.1 (0.4 3.1)    | 5.5                          | 0.7 (0.2 1.9)    |
| ASTH+HBP                   | 173 (1.25) | 38.9                    | 1.2 (0.8 1.7)    | 0.3                          | 0.2 (0.0 1.6)    | 8.2                          | 1.4 (0.5 3.7)    |

[Full Article Here](#)

**Priyanka Patel** is a PhD candidate at the Department of Family and Generations at the International Institute for Population Sciences (IIPS), Mumbai. She is currently working on the association of multi-morbidity with functional health, and the quality of life and health expenditure in a study on the elderly in India. Her major areas of interest include health among vulnerable populations, mental health, and population ageing. She has an MPS and MPhil in Population Studies from IIPS, Mumbai, and an MA in Health Statistics from the Banaras Hindu University.

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## IHDS DATA IN THE NEWS



**OP-ED FROM SONALDE DESAI:** “Should we have been surprised by the Agnipath protests?”, *The Hindu*, June 21. 2022. [Link.](#)



**OP-ED FROM PALLAVI CHOUDHURI, SONALDE DESAI AND SANTANU PRAMANIK:** "Urban Exclusion: Rethinking Social Protection in India in the Wake of COVID-19", *Ideas for India*, June 13. 2022. [Link.](#)

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### Recent publications from IHDS users:

Olsen, W., M. Bera, C. Cascella, A. Dubey, J. Kim, Z. Williams, and P. Yadav. 2022. "Labour, Gender and Work in the Regions of India during the Covid-19 Period", Chapter in Lygia Sabbag Fares and Pedro Henrique Evangelista Duarte (eds.), *Decent Work or Decent Income: 'Corona Crisis' Experiences*, Rainer Hampp Verlag. [Link](#).

Rashmi, R. and R. Paul. 2022. "Early Childhood Circumstances and Educational Well-being Inequality among Tribal and Non-tribal Children in India: Evidence from a Panel Study", *Sci Rep* 12, 9839 (2022). [Link](#).

Ahsan, M.N., M.S. Emran, H. Jiang, and F. Shilpi. 2022. "What the Mean Measures of Mobility Miss: Learning about Intergenerational Mobility from Conditional Variance", *Policy Research Working Paper 10074*, World Bank Group. [Link](#).

Thomas, B.K., and K. Mishra. 2022. "Multidimensional Poverty in India", Master's thesis, Indian Institute of Science Education and Research, Pune. [Link](#).

Rajkhowa, P. and M. Qaim. 2022. "Mobile Phones, Women's Physical Mobility, and Contraceptive Use in India", *Social Science & Medicine*, Vol. 305. <https://doi.org/https://doi.org/10.1016/j.socscimed.2022.115074>. [Link](#).

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## ABOUT IHDS

The India Human Development Survey (IHDS) is a nationally representative, multi-topic survey of 41,554 households in 1503 villages and 971 urban neighbourhoods across India. The first round of interviews was completed in 2004-05; data are publicly available through ICPSR. A second round of IHDS re-interviewed most of these households in 2011-12 (N=42,152) and data for the same can be found here. IHDS 3 is in development and expected to be in the field in 2021.

IHDS 3 has been jointly organised by researchers from the University of Maryland, the National Council of Applied Economic Research (NCAER), Indiana University and the University of Michigan. Funding for the second round of this survey is provided by the National Institutes of Health, grants R01HD041455 and R01HD061048. Additional funding is provided by The Ford Foundation, IDRC and DFID.

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