**Social Determinant of Health**

The social determinants of health (SDH) are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.

The SDH have an important influence on health inequities - the unfair and avoidable differences in health status seen within and between countries. In countries at all levels of income, health and illness follow a social gradient: the lower the socioeconomic position, the worse the health.

The following list provides examples of the social determinants of health, which can influence health equity in positive and negative ways:

* Income and social protection
* Education
* Unemployment and job insecurity
* Working life conditions
* Food insecurity
* Housing, basic amenities and the environment
* Early childhood development
* Social inclusion and non-discrimination
* Structural conflict
* Access to affordable health services of decent quality.

Research shows that the social determinants can be more important than health care or lifestyle choices in influencing health. For example, numerous studies suggest that SDH account for between 30-55% of health outcomes. In addition, estimates show that the contribution of sectors outside health to population health outcomes exceeds the contribution from the health sector. Addressing SDH appropriately is fundamental for improving health and reducing longstanding inequities in health, which requires action by all sectors and civil society.

As India rapidly urbanizes, within urban areas socioeconomic disparities are rising and health inequality among urban children is an emerging challenge. This paper assesses the relative contribution of socioeconomic factors to child health inequalities between the less developed Empowered Action Group (EAG) states and more developed South Indian states in urban India using data from the 2005–06 National Family Health Survey. Focusing on urban health from varying regional and developmental contexts, socioeconomic inequalities in child health are examined first using Concentration Indices (CIs) and then the contributions of socioeconomic factors to the CIs of health variables are derived. The results reveal, in order of importance, pronounced contributions of household economic status, parent’s illiteracy and caste to urban child health inequalities in the South Indian states. In contrast, parent’s illiteracy, poor economic status, being Muslim and child birth order 3 or more are major contributors to health inequalities among urban children in the EAG states.

Urbanization is such a powerful phenomenon that it has become a major determinant of public health in the 21st century (WHO, 1999). It is generally understood that city dwellers, on average, enjoy better health than their rural counterparts; therefore, increasing urbanization has led to the continuous improvement in average health status

Cities and urban areas are supposedly centres of growth, dynamism, vibrancy and economic development. Growing urbanization has led to the continuous improvement in the average household socioeconomic condition and child health status of India; however, urban slums lack basic amenities such as safe and adequate water supply, sewerage and sanitation. Indian cities are virtual hotspots that foster huge regional disparities in living and health conditions. This has also fuelled a debate on the impact of urban growth on socioeconomic and regional inequalities in child health. Questions that arise include (a) whether urbanization drives average health improvement leading to child health inequalities; (b) whether child health inequalities are the same across the least developed Empowered Action Group states (EAG) and the more developed South Indian states of urban India, given the socioeconomic and cultural diversity of Indian cities

India’s unprecedented urbanization represents a huge opportunity for increasing the quality of life of urban people, but it also poses formidable challenges for dealing with mounting socioeconomic urban disparities and rising health inequalities. Poor economic status emerges as a critical determinant of child nutrition; and mother’s illiteracy is the key determinant for children not being fully immunized. However, child underweight is more sensitive to changes in socioeconomic inequalities and has a less pronounced association with development. Health policy interventions have to focus ideally on both health averages and within- and between-group inequalities, but should be based on region-specific evidential outcomes on varying contributions by socioeconomic factors. Third, the results suggest that progress in economic growth and average of literacy and health outcomes cannot be expected to lead to a reduction in inequality among urban children in India. Public health and social policy initiatives and programmes aimed at reducing social disparity and income-related inequality in health should be targeted at specific dimensions of health for specific populations. The health goals for urban India have to focus on equitable access to quality health care across a varying socioeconomic spectrum to achieve a healthy and sustainable urban India. Achieving health equity for India’s urban children remains a critical challenge of India’s urban health mission.