

# Comment on Jusot, Menendez and Mage: Inequality of Opportunity in Health in Indonesia

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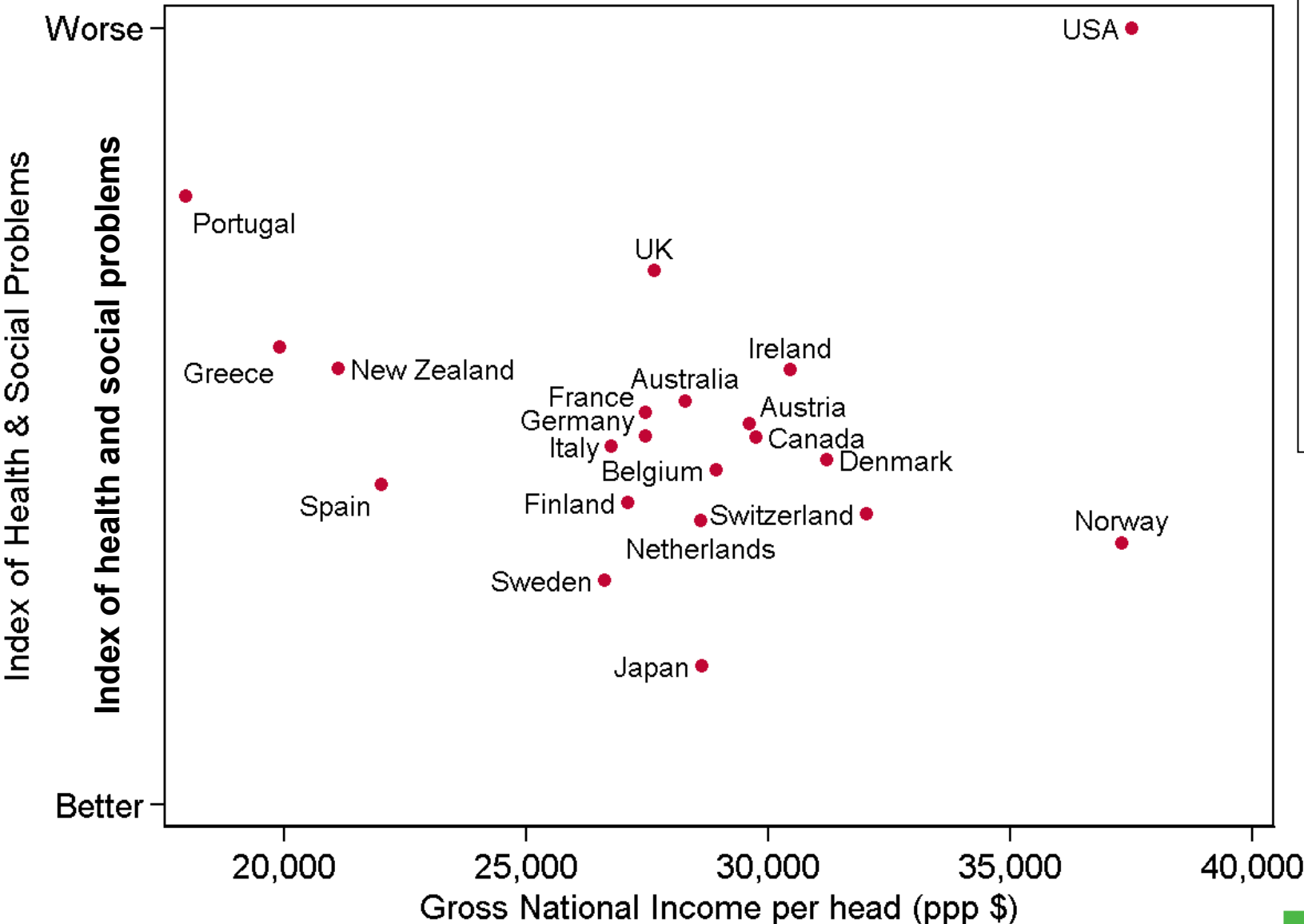
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## Summative comments

- Cross-sectional study of large sample Indonesia Family Life Survey, 2007 wave
- Ex-ante, direct approach to measuring inequality of opportunity in health
  - Ex-ante: if everybody faces the same set of opportunities regardless of chance circumstances
  - Direct: all inequality due to differences in effort have been eliminated
- Circumstances regressors:
  - Parental education
  - Parental health status
  - Community belonging (language spoken at home and declared religion)
  - Location/province controls
- Major finding:
  - religion, spoken language, and location all have effect on equality of opportunity in health
  - Underscore relevance of “community belonging variables”
- Omitted variable bias? Income

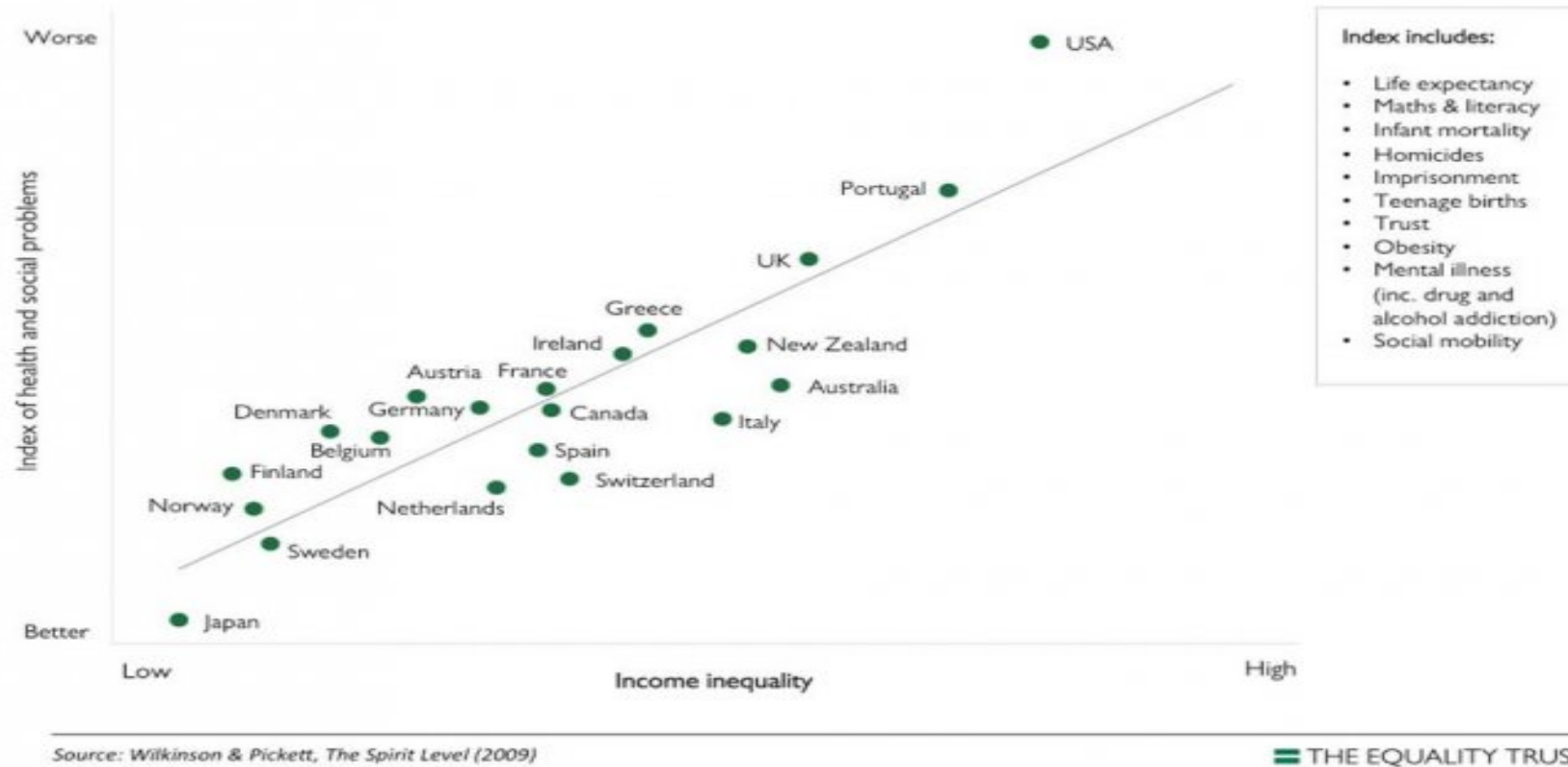
Health and social problems are unrelated to per capita income levels in different countries



- Index of: Health and Social Problems:
- Life expectancy
  - Math & Literacy
  - Infant mortality
  - Homicides
  - Imprisonment
  - Teenage births
  - Trust
  - Obesity
  - Mental illness – incl. drug & alcohol addiction
  - Social mobility

Data: UN Human Development Reports: 2003-2006

## Health and social problems are worse in more unequal countries



- According to World Bank website: GINI in Indonesia in 2011: 0.381
  - Comparable to U.S. at 0.38 and worse than UK at 0.34 and the Scandinavian countries (all around 0.25) (OECD Factbook, 2014)
- Increased income inequality leads to lower levels of trust (Jordahl, 2007).
  - This lack of trust is closely linked to higher homicide rates and worse health,(Elgar and Aitken 2011;
- Further, increased income inequality leads to lower levels altruism, and less civic participation (Paskov and Dewilde 2012; Lance and Werfhorst, 2012)