

Book Review

Concepts, Theories and Evidence: Examining the Landscape of Health Inequities Research in India

Sundari Ravindran, T.K. and Gaitonde, Rakhal (2018). *Health Inequities in India: A Synthesis of Recent Evidence*. Singapore: Springer. Pp 239 pages. ISBN 10.1007/978-981-10-5089-3

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Health Inequities in India: A Synthesis of Recent Evidence is a recently released edited compendium of essays that strives to unpack the multiple social dimensions and determinants of health in India. A novel effort by a collective of Indian academics to contextualize global theoretical knowledge with evidence and insights from India, this volume is useful to students as well as practitioners in public health and development interested in understanding the landscape of health inequities research in India. The current climate of activism against growing economic inequalities and towards universal health coverage as an instrument of power to undo the impact of those inequalities sets the context for this book. India's large national public health programs and initiatives (for instance, the National Rural Health Mission or the current Ayushman Bharat) have also originated due to widely prevalent inequities in health access and health outcomes across multiple social stratifiers such as caste, gender, income and ethnicity. Essays in this volume raise questions on the roots and intersectionality of multiple forms of inequities and their impact on disease development, health access and wellbeing through careful and rigorous investigation. In doing so, it makes the argument that the goals of health for all cannot be achieved without addressing 'fundamental causes' of disease and health.

A Political Project

In this volume curated by editors Ravindran and Gaitonde, multiple authors collate and analyze empirical knowledge from research studies in India to examine the mechanisms, conceptual moorings and core issues surrounding the complex interplay of the social determinants of health in India. Authors collectively conclude in the final chapter that the agenda of addressing health inequity in India is a

'political project'. This conclusion is arrived at through careful analyses of evidence, that is intersectional, context driven and historical in nature and gives recognition to entrenched social hierarchies related to power and privilege that impact health. As this landscape is mapped by the authors, they expose challenges of working across multiple disciplines, how questions are framed and hypothesize explanations for certain resilient forms of inequities. To me, the book posed three fundamental questions - where are we on the research on health inequities in India, how did we get here and where do we go from here?

In Chapter 1: Structural Drivers of Inequities in Health, Ravindran, Gaitonde and Srinivas set the context for the volume, anchoring the discussion on health inequities within neoliberal politics. The chapter outlines a range of ideas, referring to the work of Dahlgren, Whitehead, Wilkinson, Stiglitz, Picketty and even Raghuram Rajan (!). Gaitonde in Chapter 2: Conceptual Approaches to Examining Health Inequities, provides a cogent summary of the historical and conceptual roots to researching inequalities globally. Theories outlined in this chapter are essential reading for any student of public health, not just for those interested in health inequalities. However, in most of this description, Indian scholarship from the fields of public health and medical sociology/anthropology is silent, which in itself is a statement to make. In the next chapter, Gaitonde explains the contours of the book, describing the methodology for the literature reviewed and the emergent themes that led to thematic chapterization in the volume, for instance including separate chapters on socioeconomic position, caste/ethnic/Dalit/Adivasi inequities, gender inequities, socially-constructed vulnerabilities and health system inequities. The review confirms that health inequity research studies are predominantly quantitative and descriptive in nature, with sizeable contributions from non-Indian authorship/institutions.

A Conceptually Clear Chapter and a Trickiest One

Prasanth's chapter on Health Inequities in India by Socioeconomic Position is conceptually the clearest chapter in the volume and provides a critical overview of the research and meaning of socioeconomic position in the Indian context. His succinct critique highlights the overemphasis on the 'economic' in socioeconomic, and he argues that we need to bring forth conceptual clarity on what 'social' and 'status' mean through deeper examination of constructs like discrimination. Chapter 5: Inequalities in Health in India and Dalit and Adivasi populations by Sudharshini Subramanian is well-written providing evidence as well as explanations for caste-based health inequalities. Subramanian uses a historical lens to explain these social categorizations and three explanations for caste-based health inequities are hypothesized: namely historical social exclusion, neo-material factors such as education or employment differences and institutional discrimination.

Perhaps the most ambitious and also the trickiest chapter is the one on Gender Based Inequities in Health in India (Chapter 6), authored by Priyadarshini Chidambaram; this chapter in my view merits its own book! The author tries to cover considerable ground to describe whether research on health inequities in India has gone beyond sex-based differences to understand the nature of gender-based discriminations faced by women. A sincere effort, and one that tries to provide the reader a range of relevant sociological concepts (e.g. norms, gender roles, autonomy); what is missing is adequate background and references to those concepts and definitions, which would help the reader engage with this topic further.

Chapter 7 by G.A. Chitra defines Socially Constructed Vulnerabilities as "systemic denial of equal rights to a group through social sanctions, policies and programs" (p.158) and focuses on two groups - people Living with HIV/AIDS and migrants. This chapter is interesting as it picks two specific types of vulnerabilities and examines their intersections; the qualitative content makes the discussion meaningful and rich. The final thematic chapter in the volume on the Role of the Health System (Chapter 7) by Gaitonde provides a critical analysis of structures and relations in the health system and equity impacts from the lens of neoliberal economics. This chapter raises the scope for reflective discussion on a range of issues such as accountability, access and coverage, systematic starvation of the public health system, fragmentation of the market, political commitment and non-financial barriers. While the chapter structure is sometimes chaotic, Gaitonde's critique is sharp, engaging and deeply analytical.

This collection of essays on health inequity research in India comes at a time when private sector models

for delivering health services are found to be inequitable and remain out of reach of a large section of the Indian population, while the public health system is unable to address health needs of populations and is underfunded. Systematic investigations into health inequities such as this volume are a reminder about the resilient nature of social inequities that lead to unequal health access and disease development for Indian populations. The challenge for authors of this book was to strike the right balance between description and critique and between evidence and meaning; this varies across chapters.

Two Particular Epistemological Insights

Two particular epistemological insights reverberated through the book. First, a majority, if not all concepts and theories used to study health inequalities originated outside of India; concepts and theories on inequalities from Indian social sciences do not seem to have trickled down to the teaching and practice of public health locally. Public health is largely an applied discipline, expected to draw from diverse social and medical sciences; research on health inequities in India shows that public health has not capitalized on the rich knowledge base of social science scholarship from Indian theorists. Authors attribute this to predominance of the biomedical perspective in public health practice and a resistance to engaging in social science inquiry in medical research. This continues to be a barrier in transforming public health into a truly interdisciplinary as a science.

Second, research on health inequities often demonstrates an inertia in defining, elaborating, linking and contextualizing definitions, theories and frameworks, which has impeded conceptual clarity. Authors in this volume are able to overcome this sometimes and clarify concepts and distinctions, for example, differences between inequality and inequity, or horizontal versus vertical inequity, and definitions of terms such as exclusion, marginalization and discrimination. While one may intellectually disagree with their definition or typology, the effort by the authors to offer explanations demonstrates meaningful and mindful engagement with constructs and issues.

To conclude, this new volume represents a welcome step that contributes to the field on health inequities research, pushing researchers and practitioners to ask the right questions, conceptually grounding research questions to add meaning to findings and provides a rich tapestry of the past and present research on health inequities in India.

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