

79      *UNDERSTANDING MULTIPLE HEALTH INEQUITIES IN A DEVELOPING NATION: THE IMPORTANCE OF THE SOCIAL CONTEXT AND METHODOLOGICAL INNOVATION*

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Equity research would be incomplete without an understanding of how health inequities result from contemporary social processes and manifest in different social groups. The present paper highlights multiple health inequities in India in the context of the country's development and liberalization of its economy. In doing so, it not only dwells on conventional equity 'stratifiers' like class and ethnicity but goes beyond to present a case for groups like the migrants. It also argues for methodological innovation in the generation of evidence on health inequities.

India (in South Asia) has commonalities with many developing nations, having gained independence from colonial rule in the 1940s and embarked on the development mission thereafter. Like most multicultural societies, India too is characterized by marked cultural and socio-economic diversities of caste groups, class, tribes, religion, etc. The complex interplay of various socio-historical forces in such a diverse setup has created /perpetuated multiple health inequities in the country. India's history of governance, the 'development' project that it has engaged in since the 1950s, the communalisation of Indian Society and more recently, the liberalization of the Indian economy have had differential effects on the different socio-economic groups in the country. The health status of many disadvantaged groups in India is grossly inferior to that of its privileged social groups. There is inequitable access to basic determinants of health like food and water among the country's disadvantaged groups. Conventional demographic indices (e.g. infant and child mortality rates) and prevalence of infectious and communicable diseases among such groups are very high. Access to healthcare is highly skewed in favour of the urban elite in a predominantly rural nation. Emerging evidence also suggest how the development and the liberalization processes have compounded health inequities in the country, by adversely affecting social groups like the migrants.

The present paper systematizes available evidence on such health inequities among the various social groups in the country. It argues that in any enquiry into health inequities in the country, it is necessary to be informed by the socio-historical context and widen our focus beyond the conventional categories of class, caste, rural-urban and gender to include groups like the migrants, the differently abled, and others among the disadvantaged. Citing evidence, it is stated that, survey research needs to be complemented by qualitative and participatory tools to understand the health inequities experienced by disadvantaged groups in the country.