Understanding and Addressing Health Inequities

Experiences from India

My Experiences with Health Inequities

- Family Planning Programme
- Maternal Health Programme
- Immunisation Programme

  Etc…….

Each of these programmes have huge differences in service delivery uptake and in outcomes across districts, states and population groups

Family Planning in India

- Huge anxiety about population explosion
- Population growth rates and Total Fertility Rate varied across the country
- High population growth rate despite lowering of Total Fertility Rate – Demographic Momentum in a very young population
- Contraceptive services limited to Female Sterilisation- more than 75% of all users
- Delivered in rural India through Mass Sterilsation Camps – very poor quality
- Incentives and targets to providers for Mass Sterilsation camps
- Very high rates of complications, failures and deaths
- India is an active member in the global FP 2020 initiative

Maternal Health in India

- India contributes a large proportion of global maternal mortality and morbidity burden
- Following MDG 5 India has adopted a policy of universal Institutional Delivery promoted by a conditional cash transfer mechanism which has incentives from women and providers
- Huge increase in numbers of institutional deliveries – but uneven across the country – also over-reporting in common
- Quality of ID is poor with uneven availability of EmOC
- Reduction in maternal death but no association with Institutional Deliveries
- A third of all women continue to delivery at home – there is no policy support/ budgetary support for home deliveries – seen as 'bad' practice and stigmatised

Common areas of concern

- Policy articulations appear progressive and in tune with global 'good practice' trends, backed by budgetary support
- Incentives for the poor to adopt these measures
- Uneven service availability and quality – very slow incremental improvement
- Poor review mechanisms – limited to finding ways to increase and intensify coverage
- Policy fundamentalism – lack of appreciation of diversity of community realities, needs and aspirations; as well as programme limitations
- Coercion and Stigmatisation of 'non-performing' community

Understanding and interpreting 'Inequity'

- Equality as a constitutional aspiration
- Formal Equality – Substantive Equality – Equity

  (economic and <u>social</u>)
- Marginalisation (physical/economic) and Exclusion
- Exclusion – (Atrocity – Discrimination) – Inclusion
- Developing a nuanced understanding 'community'/'people' , 'participation'
- Expanding understanding of **special** interest – mother and child; rural ; poor ………

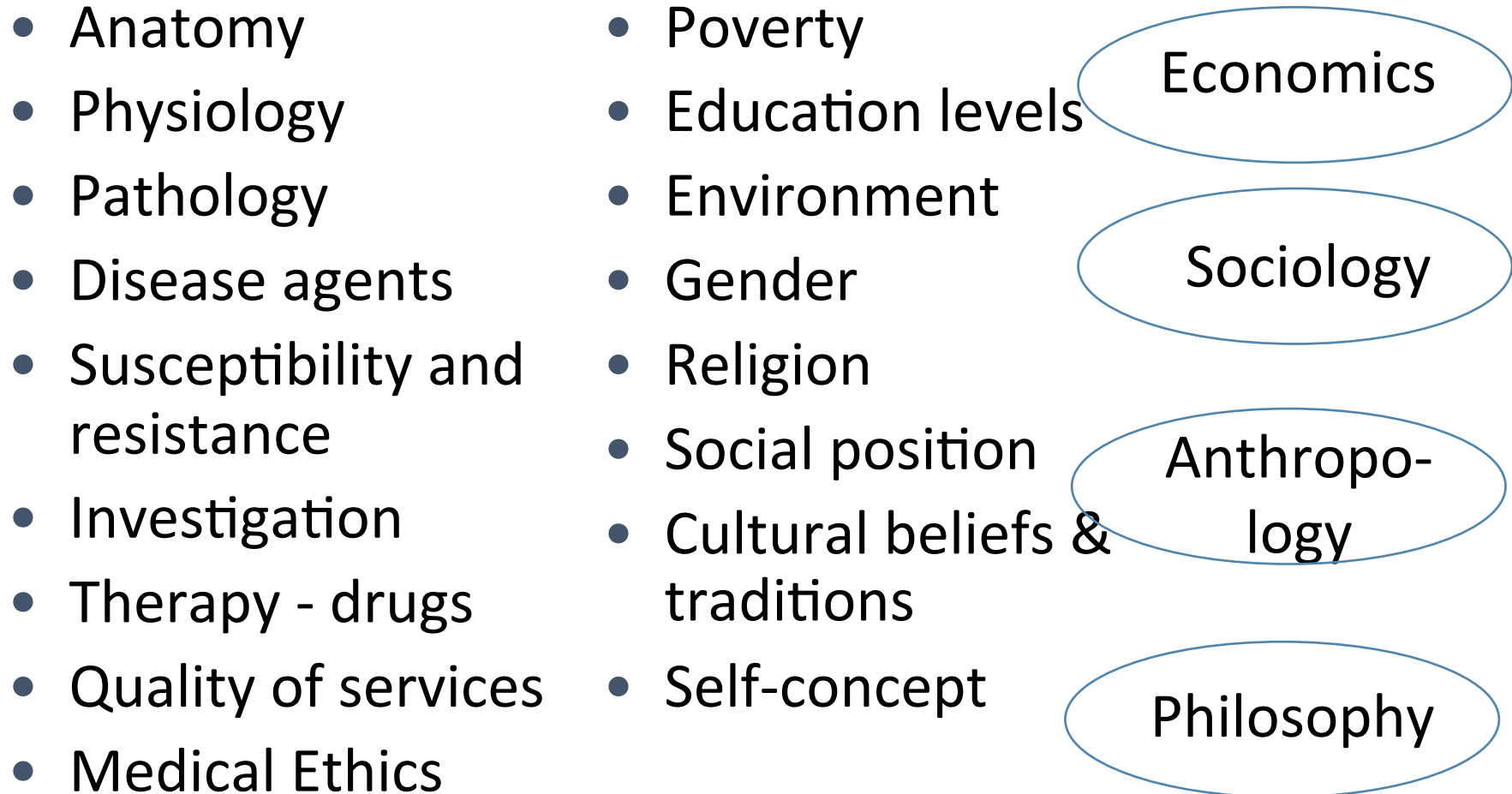- Less/small
- Discriminated
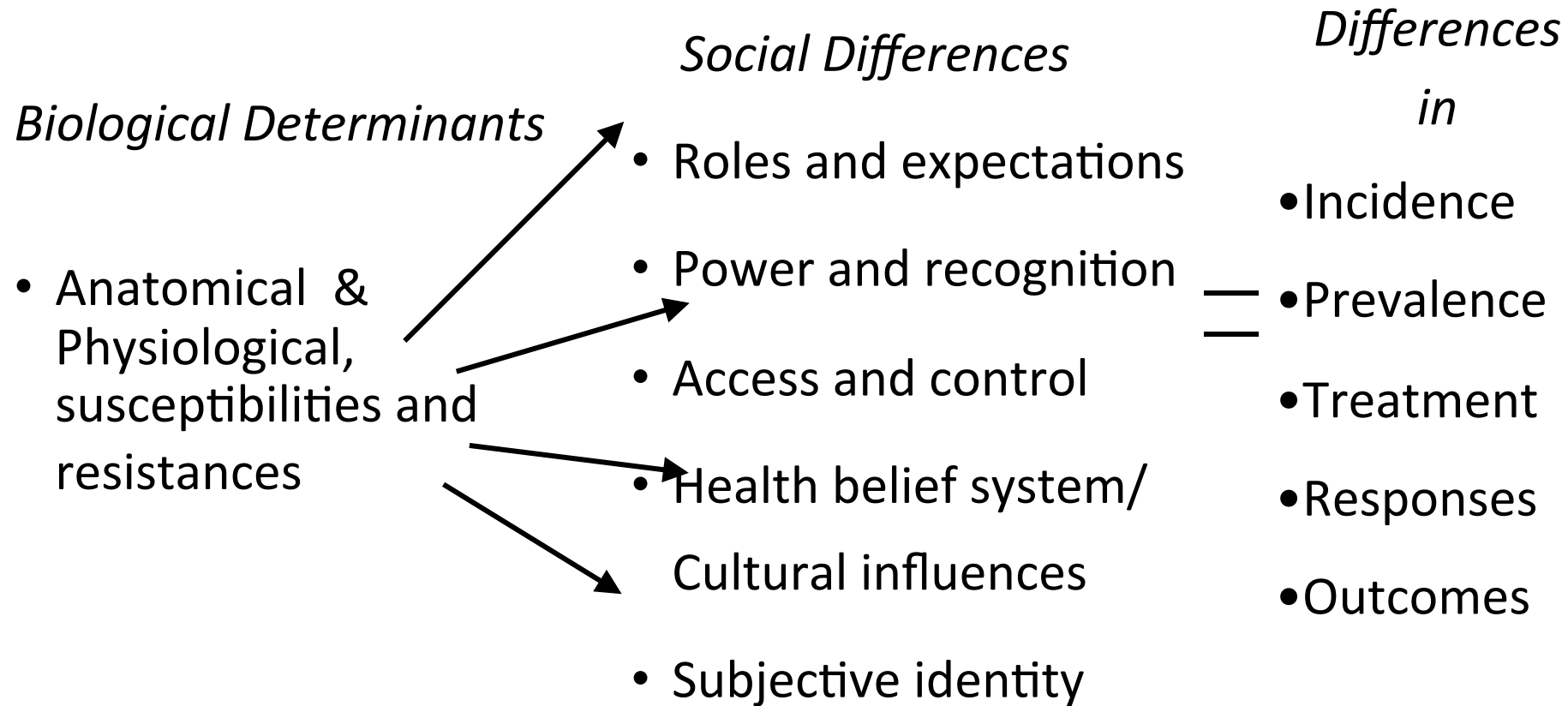- Different
- Diverse

Empirical

Humanrights

Epistemological

Conceptual Framework
Bio-medical and Socio-cultural Approach

- Anatomy
- Physiology
- Pathology
- Disease agents
- Susceptibility and resistance
- Investigation
- Therapy - drugs
- Quality of services
- Medical Ethics

- Poverty
- Education levels
- Environment
- Gender
- Religion
- Social position
- Cultural beliefs & traditions
- Self-concept

Economics

Sociology

Anthropo-logy

Philosophy

Interaction between these differences in health outcomes

Biological Determinants

Social Differences

Differences in

- Anatomical & Physiological, susceptibilities and resistances

- Roles and expectations

- Power and recognition

- Access and control

- Health belief system/

- Cultural influences

- Subjective identity

- Incidence

- Prevalence

- Treatment

- Responses

- Outcomes

Addressing Inequity in Design of Programmes

- How much diversity of lived health related experiences have we really understood ? (data sources/ interpretation)

- What are Our key motivations / fears / anxieties?

- Global politics / concerns ?

- Does one size fit all? – what if it does not?

- Public health approach / human rights approach

Maternal health – Institutional Delivery under JSY

Family Planning - Sterilisation

Desired Behavior → Model Behaviour / Deviant Behaviour → Stigma/ Coercion
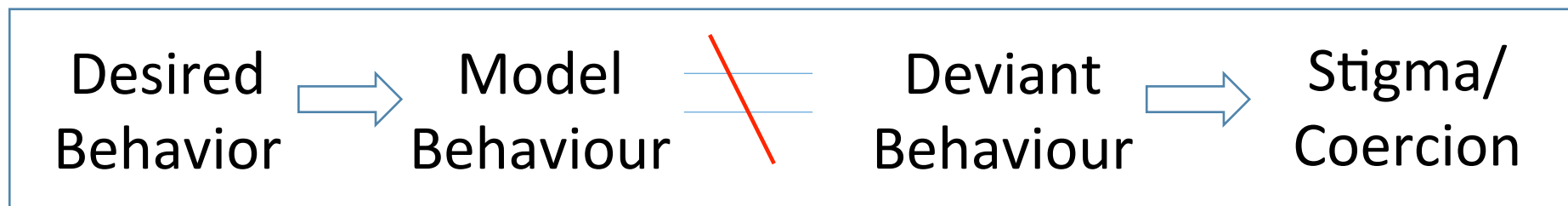
Addressing Inequity : Implementation Issues

Availability/ Access
- Where is service delivery point?
- Adequacy of personnel , equipments, supplies
- Delays, facilitation

Denial – Quality – Stigma - Coercion
- Attitude of providers – discrimination, respect/comfort/ social solidarity
- Quality of care
- Accountability

Cultural Competence
- Understanding and meeting cultural/ contextual differences in Expectations and Realities
- Differential planning and provisioning
- Feedback mechanisms

Monitoring and Review

- Disaggregated data
- Appropriate analysis – frameworks, tools
- Appropriate indicators
- Quantitative and qualitative data available
- Local capacity to interpret data
- Data based planning
- Levels of 'community' participation