

Social Determinants of Health and Health Inequities: Reframing Health through a Social Lens in India

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ABSTRACT

Biological susceptibility and medical treatment are not even a quarter of the factors that form health. The social, economic and environmental status plays a decisive role with regard to the way health is distributed among people. The said conditions are known as social determinants of health (SDH), which are a main factor in creating health inequities, namely, undue and preventable disparities in health among social groups. In India, social stratification and high rates of economic and demographic changes have created enduring health inequality and further widening of the same. This overview critically evaluates the idea of social determinants of health and defines the major areas of determinants and the mechanism of how they promote health inequity in the Indian context. It also examines the current policy responses, points out areas of weakness in implementation, and the necessity of multisectoral, equity-based approaches to public health. To achieve universal health coverage and sustainable health improvement in India, social determinants must be addressed.

KEYWORDS: Health inequity, India, Public health, Social determinants, Social disparities.

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INTRODUCTION

The advancement in healthcare technologies and disease-targeted interventions has led to the increase in health indicators globally, although such improvements have not been distributed equally. There is still a considerable variation in health outcomes between and within nations on a larger social and economic disparity than merely of biological difference. There is mounting evidence that medical care is only a portion of the entire health outcomes with social conditions taking a significantly larger portion of the share.¹

The social determinants of health paradigm bring the emphasis off the risk factors of a person and the broader societal conditions that affect health throughout the life course. These determinants include socioeconomic status, education, employment, housing, food security, social inclusion and access to essential services.² In case these resources are not evenly distributed, predictable behavioural patterns of illness and premature death are displayed, resulting in health inequities.

In India, regional and social inequality play a significant role in the health status. Caste, gender, income, education, place of residence disparities still influence access to opportunities and services, leading to health results that are not equal regardless of advances by nations in health indicators.³ Proper comprehension of social determinants is then important in dealing with the cause of health disparities.

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THEORETICAL KNOWLEDGE OF SOCIAL DETERMINANTS OF HEALTH

The Commission on Social Determinants of Health of the World Health Organization offers a theoretical basis on how the social circumstances are converted into health outcomes.² In this model the determinants have been divided into structural and intermediary elements.

Structural Determinants: Structural determinants are the social and political factors in the upstream that orchestrate societies and allocate resources. These are economic policies, forms of governance, social and institutional regulations. In such ways, societies establish social hierarchies that are characterized by income, education, occupation, gender, caste, and ethnicity.

Structural sources of health inequities in India are still strong due to the caste hierarchies, gender disparities, and regional imbalances. These are the factors that define chances of life since early childhood and continue to disadvantage successive generations.⁴

Intermediary Determinants: The intermediary determinants explain the immediate circumstances in which structural inequalities determine health. These are living and working conditions, food access, psychosocial stress factors, behavior, and applicability and quality of healthcare services. With the help of such intermediate pathways, structural determinants influence health outcomes.

MAJOR DOMAINS OF SOCIAL DETERMINANTS OF HEALTH

Economic Status and Poverty: One of the best predictors of health is economic conditions. Those with low incomes will tend to lack proper housing, food insecurity, working in unfavorable environments and access to healthcare services. Poverty is always linked to increased disease burden as well as lower life expectancy.⁵

Economic deprivation in India is still a common phenomenon, especially among people in the rural area as well as those in urban informal settlements. States with higher poverty will have worse maternal and child health status, low service use, and worse mortality rates.⁶

Education and Literacy: Education has health impacts in the form of better knowledge, skills in problem solving and economic opportunities. The greater the education, the healthier the behaviour, utilization of preventive services and management of chronic diseases.⁷

The trend of educational disparities in India, particularly in women and marginalized population still influences the health outcomes. Poor maternal education has been greatly associated with poor child health such as malnutrition and mortality.

Work and Professional Well-Being: Work gives one income, social identity and stability and these are all associated with health. Nonetheless, a great percentage of the Indian labor force is working in the low-paid, unstable and unprotected informal sectors.⁸

Occupational exposures that are hazardous, especially in agriculture, construction, and small scale industries are associated with injuries, respiratory diseases, and permanent disability. There is also a correlation between unemployment and precarious employment and psychological stress and mental illness.

Living Conditions and Living Environment: Healthy physical environment and proper housing should be adequate disease preventive and well-being measures. During overcrowding in housing, lack of hygiene, unclean drinking water, and air pollution all expose the individual to a great deal of risk of contracting infectious and chronic diseases.⁹

The high rate of urbanization in India has resulted in the spread of informal settlements of poor infrastructure. There are also housing quality and environmental health issues in rural areas, especially in underserved areas.

Food Availability and Nutrition: Physical and cognitive development is based on access to healthy food. Food insecurity is a contributor to undernutrition, a lapse in micronutrients and poor immunity. At the same time, due to the shift in dietary habits and the growth in the consumption of processed food, there have been growing trends in obesity and non-communicable diseases.¹⁰

India is a complicated physical environment in terms of nutrition, with child undernutrition at a fairly stable level and a growing incidence of overweight, diabetes, and heart disease in adults.

Social Marginalization and Social Exclusion: Caste-based, gender-based, religious, and disability based, as well as, migration-based social exclusion has a negative impact on health since health is denied access to resources and services. Discrimination and social marginalization experiences correlate with chronic stress, a low mental state, and decreased healthcare use.¹¹

Scheduled castes, scheduled tribes and minority groups in India are always recorded to have worse health indicators, which is a cumulative social deprivation.

Access to Health Services: Though the provision of healthcare services is not the key to health, affordable and quality care is important in avoiding preventable morbidity and mortality. Poor quality of care, lack of finances, and geographic barriers are disproportionately impacting disadvantaged people.¹²

Although the government has had policy measures to increase the number of people covered by health insurance, out-of-pocket spending in health is still high in India, which can cause disastrous economic outcomes to families.

HEALTH AND SOCIAL DETERMINANTS AS HEALTH DRIVERS

Social inequities cause variations in health based on systematic disparities and not randomly. These inequalities are socio-economically graded, with the positive results of health enhancement with higher socioeconomic status.²

Inequality is manifested in infant mortality, maternal mortality, life expectancy, and prevalence of chronic diseases in India. To a great extent, these differences can be explained by social inequality and not by the biological peculiarities.¹³

Since the health inequities can be prevented, it is a social organization and a societal policy failure. Their treatment involves interventions that target the upstream determinants and not individual behaviour.

POLICY STRATEGIES AND COMMUNITY HEALTH

Health inequity can be effectively reduced, but only through a concerted effort by other sectors. Education, employment, housing, sanitation, food security and social protection policies have significant health consequences.¹⁴

Table 1: Major Social Determinants of Health and Their Pathways to Health Inequities.

Social Determinant	Key Components	Mechanisms Influencing Health	Resulting Health Inequities
Income and Poverty	Household income, economic security, wealth distribution	Limits access to nutrition, housing, healthcare, and education; increases psychosocial stress	Higher morbidity, premature mortality, poor maternal and child health
Education	Literacy level, years of schooling, quality of education	Influences health literacy, employment opportunities, health-seeking behaviour	Increased communicable and non-communicable disease burden
Employment	Job security, wages, working conditions, social protection	Exposure to occupational hazards; income instability; stress	Occupational injuries, mental health disorders, chronic diseases
Housing and Environment	Housing quality, sanitation, water supply, air quality	Exposure to infections, pollutants, unsafe living conditions	Respiratory diseases, diarrheal illnesses, vector-borne diseases
Food Security	Availability, affordability, dietary quality	Undernutrition, micronutrient deficiency, unhealthy diets	Stunting, anemia, obesity, diabetes
Social Inclusion	Caste, gender, ethnicity, migration status	Discrimination, social exclusion, chronic stress	Mental health disorders, poor service utilization
Healthcare Access	Availability, affordability, quality of services	Delayed diagnosis, inadequate treatment	Preventable morbidity and mortality

Table 2: Social Determinants and Selected Health Inequities in India

Population Group	Key Social Determinants	Observed Health Inequities
Rural populations	Poverty, limited education, poor infrastructure	Higher infant and maternal mortality, undernutrition
Urban slum dwellers	Overcrowding, poor sanitation, insecure employment	Infectious diseases, respiratory illnesses
Scheduled Castes and Tribes	Social exclusion, low education, poor access to services	Higher anemia, malnutrition, lower life expectancy
Women	Gender inequality, low autonomy, limited education	Maternal morbidity, anemia, mental health issues
Informal workers	Job insecurity, hazardous work, no social protection	Injuries, chronic stress, poor access to healthcare

Table 3: Policy interventions addressing social determinants of health in India.

Policy / Program	Primary Determinant Targeted	Health Equity Impact
National Health Mission	Healthcare access, maternal and child health	Improved service coverage in underserved areas
Integrated Child Development Services (ICDS)	Nutrition, early childhood development	Reduction in child undernutrition (variable across states)
Swachh Bharat Mission	Sanitation, environmental health	Reduced open defecation; improved hygiene
National Food Security Act	Food availability and affordability	Improved food access among low-income households
Ayushman Bharat	Financial protection, primary healthcare	Reduced catastrophic health expenditure (partial)

Table 4: Levels of action for reducing health inequities.

Level of Action	Examples of Interventions	Expected Health Outcome
Structural	Poverty alleviation, education reforms, labour policies	Reduction in socioeconomic health gradients
Community	Housing improvement, sanitation, local nutrition programs	Improved environmental and population health
Health System	Strengthening primary care, financial protection	Equitable access and improved outcomes
Individual	Health education, behaviour change communication	Improved self-care and service utilization

India has also implemented several programs that aim at social determinants, which include the National Health Mission, Integrated Child Development Services, Swachh Bharat Mission and food security programs. Although these programs have a role to play in improving specific indicators, there have been inequities in access and outcomes.

Health systems need to focus on equity by improving primary healthcare, financial protection, and service responsiveness to the vulnerable groups. The way forward is community engagement and decentralized governance to deal with context-specific determinants.

PROBLEMS WITH INTERVENTION ON SOCIAL DETERMINANTS

The attempts to mitigate social determinants demonstrate a number of obstacles, such as the lack of intersectoral coordination, political prioritization, fragmented implementation, and data on the health inequities.¹⁵ There is a tendency to break long-term social developments investments as a result of short-term policy cycles.

Close monitoring and the production of non-aggregated data is important to detect inequity and the effectiveness of interventions.

CONCLUSION

In India, social determinants of health is a decisive factor that determines the health outcomes and creates health inequities. Recent inequalities on economic resources, education, employment, housing and social inclusion give rise to systematic and avoidable health disparities. To overcome these determinants, it is necessary to make the policies in the field of public health more equity-focused, maintain intersectoral cooperation and be socially just. Without this strategy, healthcare factors will not be enough to bring any meaningful and sustainable health equity.

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