

Health inequalities in India and Switzerland: measurement and distribution of well-being and vulnerability

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Who we are – The Indian team

- Work on conceptual and measurement issues regarding inequality in non-income dimensions, including health and education
- Research on India's human development with a policy focus
- Simantini Mukhopadhyay PhD:
 - The intersection of gender, caste and class inequalities in child nutrition in India
 - Do public services reach the worst affected children in rural India?
 - Using the mean of squared deprivation gaps to measure undernutrition and related socioeconomic inequalities
- Experience with analyses of large scale sample survey data in India

Who we are – the Swiss team

- NCCR Lives "Overcoming vulnerability: life course perspectives"
 - Stéphane Cullati Phd in sociology: Factors of change in health trajectories. A life course approach (2013)
 - Edited book: *A life course perspective on health trajectories and transitions* (2015), New York: Springer
- Socio-demographic and socioeconomic inequalities in cancer screening, Switzerland 1992-2012
- Experience with analysis of large scale sample surveys for Switzerland, including longitudinal analyses

Background

In India

- Growing literature on inter-group health inequality (wealth, social group affiliation)
- Intersectional inequalities: how interactions between different axes of social power shape health outcomes
- Sen stated that self-reported health measures can be misleading (BMJ 2002)

Background

In Switzerland

- Despite high levels of well-being and good health, a social gradient in health is observed and it remains stable
- Research documents the role of different determinants: socioeconomic factors, working conditions, work-life balance, gender and access to healthcare
- Growing interest for trajectories of health, considering 'health as the ability to adapt and self-manage' (Huber 2011), using self-reported measures

Background

	India	Switzerland
GNI per capita	1'610 \$	90'670 \$
Population	1.3 billion	8.2 million
Life expectancy at birth	♂ 65 years ♀ 68 years	♂ 81 years ♀ 85 years
% of GDP dedicated to health	3.8%	11.4%
Medical density (nb of physicians/10'000 inhabitants)	7.0	40.5

The project

Objective

- to compare levels of well-being, as well as factors and processes determining well-being in India and Switzerland
- health indicators as measures of well-being and vulnerability
- Focus on variations across social groups to address
 - (1) methodological issues
 - (2) context issues

The data

India

- WHO study of global ageing and adult health
- World Health Survey
- India Human Development Survey
- National Sample Survey Round

Switzerland

- Swiss Health Interview Survey
- Swiss Household Panel
- Survey of Health, Ageing and Retirement in Europe (SHARE, Swiss sample)

The data

Health measures

- Self-rated health
- Self-reported morbidity/ailment/symptoms
- Physical measurement
- Biomarkers data
- ...

The methodological perspective

- How to measure the population's health : self-reported versus external measures?
- What is the Influence of culture, at both the inter-country and intra-country levels?
- Can analyses in the two contexts help assess the validity of self-reported health?

The context perspective

- How is the distribution self-reported health influenced by the context, along different social characteristics (caste, religion, income, education, gender...)?
- Are patterns of intersectional inequalities similar in both contexts?
- What is the specific role of public and private factors in both contexts?

Outcomes of the project

- a unique opportunity of comparison between completely different social contexts,
- an interdisciplinary dialogue between researchers affiliated with health economics in India, sociology and social epidemiology in Switzerland,
- a learning opportunity in methodology and theory for all involved researchers

Outcomes of the project

4 visits over an 18 months period

- 2 visits India → Switzerland
- 2 visits Switzerland → India

Preparation of 2 scientific papers:

- One focused on methodological issues regarding self-reported health measures
- One focused on the variations in health inequalities across and within the 2 countries