Ambedkar Path I Year : 1 I Volume : 1 I Jan - June 2024 I ISSN : 3048-7781

Social Determinants of Health in India: Reimagining Dr. Ambedkar's Vision for Marginalized Communities

—Prof. Bawa Singh

Abstract

The paper investigates the relationship between the social determinants of health for marginalised population in India and the retrospection of Dr. B.R. Ambedkar's vision. It evaluates the effects of Social Determinants of Health (SDH) and restricted access to resources on health outcomes through a comprehensive review of the literature. The study highlights the persistence of healthcare disparities and suggests that social determinants should be addressed in order to attain health equity. Retrospecting Ambedkar's views on social justice and their applicability to addressing healthcare disparities, the paper employs qualitative analysis of primary and secondary sources, including his writings. It points out shortcomings in the state of health policy at the moment and makes suggestions that are in line with Ambedkar's goal of achieving universal healthcare, especially for underprivileged populations. This study intends to improve our knowledge of social determinants of

*Department of South and Central Asian Studies, School of International Studies Central University of Punjab, Bathinda (Pb.)-INDIA"
Email : bawasingh73@gmail.com

health and offer methods for improving the health of marginalised communities in India by revisiting Ambedkar's observations.

Key-words :

****Social Determinants of Health, Marginalized Communities, Healthcare Disparities, Dr. B.R. Ambedkar's Vision, Health Equity, Social Justice in Healthcare***

Introduction

Marginalized communities in India—comprising women, children, Scheduled Castes (SC), Scheduled Tribes (ST), and Other Backward Classes (OBC)—experience severe social exclusion and health disparities. These disparities are linked to broader social issues such as poverty, inequality, and limited access to essential resources like clean water and safe housing. The 2021 Inequality Report highlights that socioeconomically marginalized groups face higher rates of health problems, underscoring the importance of understanding SDH beyond traditional healthcare settings (Braveman & Gottlieb, 2014).

The World Health Organization (WHO) defines SDH as the various conditions and settings affecting people's lives from birth to death, including factors such as caste, class, education, income, and access to resources like clean water and sanitation ("Social Determinants of Health," n.d.). There are various barriers faced by Indian women in accessing healthcare, including geographic, cultural, and socioeconomic factors. Baru (2010) notes that the intersection of caste and socioeconomic status exacerbates healthcare disparities, severely affecting marginalized communities. The 2011 census reveals that women constitute 48.5% of the population, children 13%, STs 8.6%, SCs 20.14%, and OBCs 41%.

Dr. B.R. Ambedkar advocated for addressing socioeconomic determinants of health to improve healthcare for marginalized

groups (Ambade, 2022). Meka (2022) connects Ambedkar's vision to the Sustainable Development Goals (SDGs), emphasizing the need to empower marginalized communities and address structural injustices. Meka (2022) also discusses Ambedkar's policies on women's maternity benefits, while Achim Steiner of the UNDP highlights Ambedkar's commitment to social justice and equality (Jadhav, 2016). This study aims to assess how Ambedkar's ideas on social democracy and human rights can address contemporary inequalities in India's marginalized communities

1. Marginalized Communities in India: Overview and Challenges

Marginalization in India stems from structural inequalities and social hierarchies, affecting women, children, SCs, STs, and OBCs. These groups often face exclusion from social, political, and economic spheres, encountering compounded challenges Understanding these challenges is crucial for ensuring equitable healthcare access for all.

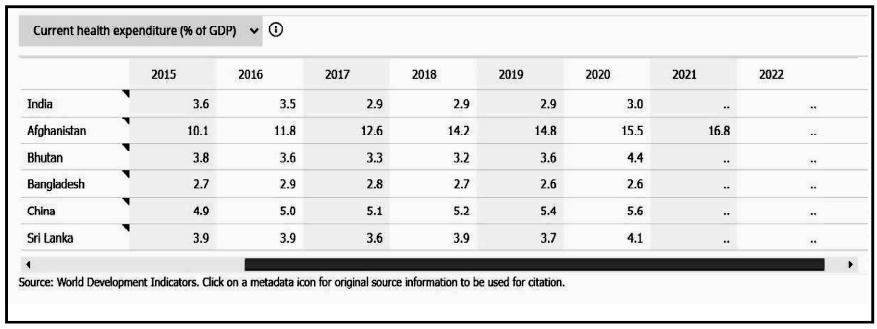
1.1 Economic Factors: Poverty and Access to Healthcare

Economic challenges, defined by Acharya (2022) as the inability to access goods and services due to low income and social status, including caste, race, and gender, remain pervasive. The 2030 Agenda for Sustainable Development emphasizes inclusivity and aims to end poverty through comprehensive measures beyond income (Niti Ayog, 2023). Despite India's economic growth, significant portions of its population, including marginalized groups, continue to face poverty (Behera, 2023).

The Global Multidimensional Poverty Index (GMPI) reveals stark regional and social class disparities in poverty rates.

For instance, Jharkhand and Uttar Pradesh have poverty rates of 42.16% and 37.79%, respectively, while Meghalaya and Madhya Pradesh have rates of 32.67% and 36.65% (Behera, 2023). India's health spending is comparatively low, with only 3% of GDP allocated to health, highlighting inadequate public healthcare provisions. Out-of-pocket health expenses, at 50.6%, push millions into poverty annually, disproportionately affecting marginalized communities ('Demand for Grants 2022-23 Analysis', n.d.). The figure below illustrates the consistently low budget allocations that are the cause of India's inadequate public healthcare provision.

Figure 1. Current health expenditure (% of GDP)


Current health expenditure (% of GDP)

	2015	2016	2017	2018	2019	2020	2021	2022
India	3.6	3.5	2.9	2.9	2.9	3.0	..	..
Afghanistan	10.1	11.8	12.6	14.2	14.8	15.5	16.8	..
Bhutan	3.8	3.6	3.3	3.2	3.6	4.4	..	..
Bangladesh	2.7	2.9	2.8	2.7	2.6	2.6	..	..
China	4.9	5.0	5.1	5.2	5.4	5.6	..	..
Sri Lanka	3.9	3.9	3.6	3.9	3.7	4.1	..	..

Source: World Development Indicators. Click on a metadata icon for original source information to be used for citation.

Source: World Development Indicators https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.Z

Economic disparities also affect informal sector workers, such as gig workers and taxi drivers, who often face physical exhaustion and increased health risks due to long working hours and low.

Pay (Jigeesh, 2024). Despite India's economic growth, these inequalities persist, exacerbating challenges for disadvantaged communities (Behera, 2023).

1.2 Infrastructure and Environmental Factors: Sanitation, Water, and Health

Access to water, sanitation, and hygiene (WASH) is critical for health. The World Health Organization defines WASH as the provision of sanitation facilities, clean water, and handwashing resources to prevent disease (Ghosh et al., 2022). SDG6 aims to ensure universal access to safe drinking water and sanitation by 2030. However, marginalized communities often face inadequate access to WASH facilities, increasing their vulnerability to health issues like dysentery, malaria, and diarrhea (Selvraj et al., 2022a).

Government initiatives such as the Swachh Bharat Mission, the National Rural Drinking Water Programme, and the Jal Jeevan Mission aim to improve WASH conditions. Despite these efforts, significant disparities remain. In 2017, 98% of the wealthiest households had access to latrines, compared to only 66% of the poorest households (Selvraj et al., 2022b). Tribal and marginalized communities often rely on unsafe cooking methods and face inadequate access to clean water, contributing to health risks (Aneesh, 2021). Economically disadvantaged groups, including Scheduled Tribes and Scheduled Castes, have inadequate water availability on their premises, which is significantly lower than the national average of 25.8% (see table below). Furthermore, water is accessible to 2.8% of ST families and 11.5% of SC families on the premises.

Table 1. Availability of Principal Source of Drinking Water within Premises by Social Group and Inco OPEN IN VIEWER
%)

Social Group	Rural	Urban	Total
ST	2.8	2.7	2.8
SC	13.8	9.8	11.5
OBC	49.5	34.9	41.3
Others	33.9	52.6	44.5
Quintile class of MPCE			
0–20	12.2	5.8	8.6
20–40	19.0	5.3	11.3
40–60	25.3	11.9	17.8
60–80	22.1	20.2	21.0
80–100	21.4	56.8	41.3

Source: Calculated by the author using unit record data of the 69th round of NSSO.

Note: Monthly per capita consumption expenditure (MPCE).

Figure 2. Availability of principal source of drinking water premises by social group and income class in 2012(in%) Adapted from (Aneesh, 2021).

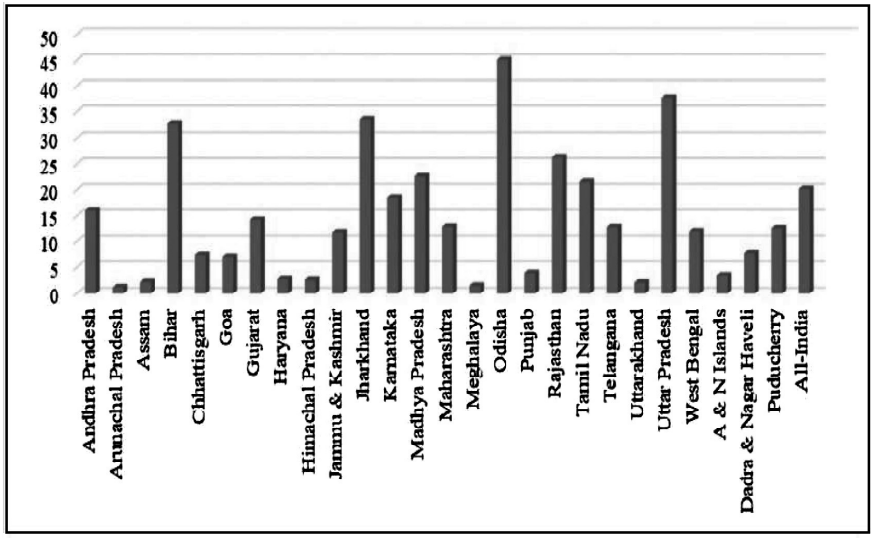


Figure 5. Percentage Distribution of Households with No Latrine in India in 2018

Source: NSS Report No. 584 (2018)

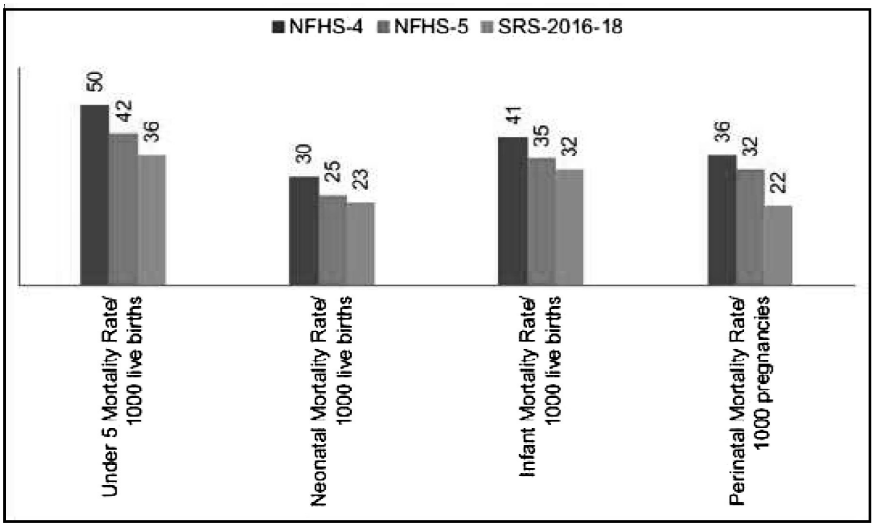
Figure 3 Percentage distribution of households with no Latrine in India in 2018 (Adapted from, Aneesh, 2021).

The aforementioned data illustrates those certain states, namely Orrisa, Jharkhand, Uttar Pradesh, and Bihar, are classified as among the poorer states in India due to their comparatively high distribution rates. Incredibly, the government has constructed 10.28 crore toilets throughout the nation. Nevertheless, the subsequent information suggests that despite the presence of lavatory facilities, their utilization is not always guaranteed. One might choose not to utilise the lavatory facilities for a variety of reasons, including construction and water supply issues, the lack of a suitable structure, and others. Notwithstanding the numerous endeavours undertaken by the federal and state governments, the scarcity of potable water continues to be a significant apprehension. Access to this fundamental necessity varies considerably between social groups, impeding the progress towards inclusive development (Aneesh,2021).

1.3 Women and Children's Health: Current Status and Health Outcomes

Ensuring the health of women and children is crucial for overall health outcomes. SDG3 targets include reducing maternal mortality, providing skilled birth attendants, and preventing child deaths. Initiatives like the National Health Mission include programs for family planning, immunization, and maternal health (Bustreo & Doebbler, 2019).

The National Family Health Survey-5, conducted from 2019 to 2021, reports improvements in infant and child mortality rates. The Under-5 Mortality Rate, Neonatal Mortality Rate, and Infant Mortality Rate are reported as 42/1000 live births, 25/1000 live births, and 35/1000 live births, respectively, compared



to 50/1000 live births, 30/1000 live births, and 41/1000 live births in NFHS-4. The Prenatal Mortality Rate has decreased from 36 to 32 deaths per 1000 pregnancies, indicating positive trends (Tripathi et al., 2023).as shown below figure:

Figure 4. Showing infant and child mortality rate comparison of NFHS-4, NFHS-5, and SRS-2016-18(Adapted from Tripathi et al., 2023).

1.4 Caste: A Major Social Determinant of Health

Caste discrimination impacts work, education, income, and housing, perpetuating social exclusion in India. Dalits, including SCs and STs, often face severe health disparities. For example, Dalit women experience lower life expectancies and higher anemia rates compared to women from dominant castes. Despite public health policies, caste discrimination continues to create barriers to healthcare access for these communities (Majumdar & Banerjee, 2022).

1.5 Government Policies and Health Equity: Assessing Effectiveness

India's health policies aim to improve healthcare equity and access for disadvantaged communities. The Bhore Committee Report 1946 and subsequent National Health Policies have sought to provide universal primary healthcare (Chokshi et al., 2016). The National Rural Health Mission and the National Urban Health Mission focus on rural and urban poor populations, respectively, while the Rashtriya Swasthay Bima Yojna provides health insurance for economically disadvantaged families (Devadasan et al., 2013).

The Ayushman Bharat Programme, launched in 2018, aims to achieve universal health coverage through health insurance and Health and Wellness Centers. Despite these initiatives, significant inequities remain. Many marginalized individuals, particularly those in the informal sector, remain uninsured and face barriers to accessing healthcare (Bhat et al., 2018).

2. Revisiting Dr. Ambedkar's Vision for Health Equity in India

Dr. Bhimrao Ramji Ambedkar, who passed away in 1956, was a pivotal figure in shaping modern India. His ideas on ending poverty, promoting inclusivity, addressing hunger, and ensuring safe drinking water played a crucial role in the conceptualization of Sustainable Development Goals (SDGs). Ambedkar devoted his life to formulating affirmative action measures aimed at creating a more equitable society where marginalized individuals could achieve social justice. His efforts laid the foundation for an era characterized by rationalism and social equality, and he remains a symbol of moral guidance for contemporary India (Jadhav, 2016). His extensive writings and speeches addressed urgent challenges related to sanitation, water management, food security, labor

security, and the government's responsibility to uplift impoverished and marginalized communities. This analysis explores Ambedkar's viewpoints on sanitation, water, health literacy, women's health, food security, government responsibilities, social security for the marginalized, and health equity.

2.1 Sanitation and Water

In India, essential sanitation encompasses critical infrastructure such as sewage and water systems, solid waste management, and rainwater drainage. Manual scavenging, the laborious task of cleaning latrines and septic tanks by hand, remains prevalent among marginalized communities, particularly Dalits. This highlights the ongoing influence of the caste system on sanitation practices (Alves, 2022). The term 'Harijan,' used derogatorily for manual scavengers, exacerbates their distress and falsely suggests the eradication of this practice.

Ambedkar was recognized as a progressive advocate for sanitation workers, not only acknowledging their plight but also implementing legal protections. He voiced concerns in legislative debates and was committed to improving housing and sanitary conditions for marginalized communities, including construction workers and coal miners, and enhancing village sanitation. Unlike Gandhi, who was indifferent to sewerage schemes, Ambedkar focused on water resource development, including irrigation, flood control, hydropower, and water supply (Masuki, 2022). He emphasized the importance of efficient water use and mechanization. His approach included large-scale public works to improve sewerage systems and liberate scavengers. In the 1930s, he mobilized Dalits to demand their rights, including access to public resources like water wells. The Mahad Satyagraha of 1927, led by Ambedkar, sought equitable access to water for marginalized

communities. He also played a key role in forming a sanitation workers' union in Delhi in 1944, advocating for improved working conditions and social status (Alves, 2022).

2.2 Social Security Measures for Labor and Women's Health

From July 1942 to June 1946, Ambedkar served on the Viceroy's Labour Executive Council, enacting significant legislation to improve labor welfare. He believed that laborers deserved more than fair working conditions; they required a government that genuinely represented their interests. Ambedkar emphasized the need for collective responsibility among the government, employers, and employees in safeguarding labor welfare. He supported health insurance initiatives and led discussions on monetary and medical benefits, treatment modalities, and government funding (Jadhav, 2016).

During his tenure, he also addressed issues such as labor welfare, equitable remuneration, social security, and the establishment of industrial canteens to ensure food accessibility. His memorandum to the Plenary Session of the Tripartite Labour Conference in 1944 highlighted these concerns (Jadhav, 2016).

2.3 Food Security

The United Nations aims to eliminate all forms of hunger and malnutrition by 2030, ensuring access to adequate and nutritious food for all. This goal mirrors Ambedkar's vision of food security (Meka, 2022). He emphasized state-sponsored food security measures as essential for safeguarding public health. Ambedkar's writings and speeches often linked public health with food security. He criticized the failure to address poverty, which prevented many from obtaining nutritious food, despite advancements in economic conditions in other countries (Mahanand, 2020).

Ambedkar's socialist theory advocated for government ownership of agricultural land and resources to ensure just

distribution. The government, both central and state, must contribute to the cost of food to keep it affordable. Ambedkar's emphasis on food security reflects the critical situation facing the nation (Moon, 1991).

2.4 Government Role in Ensuring Public Healthcare Accessibility

Ambedkar's views on public health and social security sought to address societal disparities through government intervention. He believed that government involvement should extend beyond infrastructure and specific medical interventions to improve the social determinants of health. This includes ensuring access to nutritious food, consistent financial resources, and clean water (Mahanand, 2020).

Ambedkar argued that government tax revenue should be used to alleviate agricultural debt, eradicate poverty, and fund education. The national budget should prioritize public welfare over tax collection and punitive measures. He envisioned a government that would guarantee all citizens access to essential resources for personal development. Ambedkar insisted that the government should be responsible for labor welfare, issuing directives and establishing agencies to oversee their implementation (Jadhav, 2016).

3. Conclusion

The paper highlights the need to address fundamental elements contributing to health disparities and advocates for a robust primary healthcare system ensuring affordable access for all. Access to healthcare remains a significant barrier for marginalized communities, revealing gaps between government programs and these groups. Addressing disparities requires prioritizing

healthcare and other essential resources for marginalized communities and increasing government funding for healthcare services. Although some policies have been implemented, further development is necessary. Embracing Ambedkar's vision, which prioritizes equity over mere equality, is crucial. He advocated for universal healthcare access as a fundamental human right and the expansion of health insurance coverage, initially benefiting marginalized individuals. His vision calls for increased health expenditures and a more inclusive, equitable healthcare system, particularly for the economically disadvantaged. Federal and state governments must work together to provide optimal growth opportunities and financial security for all citizens. Adopting Ambedkar's vision is essential for effectively addressing health disparities and establishing universal healthcare in India.

References:

Ambade, P. (2022, April 14). On Ambedkar Jayanti, a reminder why healthcare for Bahujans must get special attention. Scroll. https://scroll.in/article/1021793/on-ambedkar-jayanti-a-reminder-why-healthcare-for-bahujans-must-get-special-attention

Alves, M. F. B. (2022). Sanitation and the caste system in India: A tribute to B. R. Ambedkar. Geographers, 35. https://journals.openedition.org/geografares/5414#tocto1n2

Aneesh, M. R. (2021). Quality of drinking water and sanitation in India. Indian Journal of Human Development, 15(1), 138–152. https://doi.org/10.1177/09737030211003658

Acharya, S. S. (2022). Health Disparity and Health Equity in India: Understanding the Difference and the Pathways Towards Policy. CASTE: A Global Journal on Social Exclusion, 3(2), 211–222. https://www.jstor.org/stable/48695948

Baru, R., Acharya, A., Acharya, S., Kumar, S., & Nagaraj, K. (2010). Inequities in access to health services in India: Caste, class and region. Economic and Political Weekly, 45(5), 49-58. https://www.researchgate.net/publication/289058749_Inequities_in_access_to_health_services_in_India_Caste_class_and_region

Behera, R. S. (2023, October 24). India's Most Marginalized and Excluded Communities. Social Dhara. https://socialdhara.com/indias-most-marginalized-and-excluded-communities/

Bustreo, F., & Doebbler, C. (2019). Universal health coverage: Are we losing our way on women's and children's health? Health and Human Rights, 21(2), 229–234. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6927374/

Bhat, R., Holtz, J., & Avila, C. (2018). Reaching the missing middle: Ensuring health coverage for India's urban poor. Health Systems & Reform, 4(2), 125–135. https://doi.org/10.1080/23288604.2018.1445425

Chokshi, M., Patil, B., Khanna, R., Neogi, S. B., Sharma, J., Paul, V. K., & Zodpey, S. (2016). Health systems in India. Journal of Perinatology, 36(S3), S9–S12. https://doi.org/10.1038/jp.2016.184

Devadasan, N., Seshadri, T., Trivedi, M., & Criel, B. (2013). Promoting universal financial protection: Evidence from the Rashtriya Swasthya Bima Yojana (Rsby) in Gujarat, India. Health Research Policy and Systems, 11(1), 29. https://doi.org/10.1186/1478-4505-11-29

Fan, V. Y., Karan, A., & Mahal, A. (2012). State health insurance and out-of-pocket health expenditures in Andhra Pradesh, India. International Journal of Hea4lth Care Finance and Economics, 12(3), 189–215. https://doi.org/10.1007/s10754-012-9110-5