INDIAN ASSOCIATION FOR SOCIAL SCIENCES AND HEALTH (IASSH)

HEALTH,REGIONAL DISPARITIES AND SOCIAL DEVELOPMENT

TENTH CONFERENCE REPORT

Organized by

CSMC,JNU

CENTRE OF SOCIAL MEDICINE AND COMMUNITY HEALTH, SCHOOL OF SOCIAL SCIENCES,JAWAHARLAL NEHRU UNIVERSITY, NEW DELHI, Dates: 21-23, November, 2012

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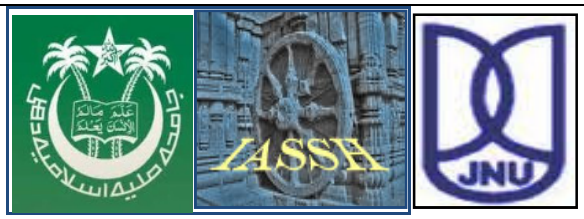

Tenth Conference of
INDIAN ASSOCIATION FOR SOCIAL SCIENCES AND HEALTH (IASSH)

Organized by

Centre of Social Medicine and Community Health, School of Social Sciences , Jawaharlal Nehru University Millia Islamia New Delhi-110067

Department of Social Work Faculty of Social Sciences, Jamia New Delhi-110025

Date:

Conference: 21-23,November 2012 **Pre ConferenceWorkshop : 19-20, November,2012**

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Theme: HEALTH, REGIONAL DISPARITIES AND SOCIAL DEVELOPMENT

Objective of the Conference

Health is a goal, which drives individuals and governments alike for the attainment of conducive status. The government is responsible for creating enabling environment for access and utilization of health care resources with equal opportunity for all individuals, without any regional, social and economic discrimination. There is a strong and universally accepted association between enabling environment for social equality and health of the people. Social and economic inequality is a major barrier in access to resources and opportunities that create enabling environment. Its effect on health is profound and evident through regional disparities in outcome indicators of health, viz., morbidity, mortality and life expectancy.

That there are regional disparities in availing resources, services and opportunities; and that, there are socio-economic inequalities which prevail; is markedly well established. Various studies have documented that income inequalities and educational differentials have strong association with morbidity and mortality in a given population. While there are evident rural-urban, regional and sub-regional differentials in socio-demographic, economic and health indicators, yet the availability of resources, services and opportunities continue to be disparate. In the context of Indian Nation, one dimension which becomes extremely important is the social axes of religion, tribe and caste which play a very significant role in this association. Social and physical access to resources and opportunities becomes important and is the crux of universal health coverage. Despite the recommendation of the Joseph Bhore Committee Report, more than

65 years ago, that the government will be completely responsible for providing preventive and curative health services to all Indians; health status of India's population remains poor. The notion of universal health coverage is endowed with the same benevolence of ensuring health and wellbeing for all members of society, including health financing and service provisioning. However, the translation of efforts in materializing this has pathways laden with many barriers. On the one hand, state with its limited resources, attempts to gear resources to meet the requirement of providing for people's health. On the other, some social institutions prevalent in India make access to these resources difficult for some people more than the others. Deprivation and denial of access to resources consequent of exclusion due to social identities is evident in access to heath care resources too as all other resources. While gender and economic factors are amply illustrated and argued for in existing literature; caste based determinants as well as consequences of such deprivation and denial have not found adequate representation and illustration. Caste based associations have mostly been seen from the lens of socio-economic indicators. Emphasis has been on income disparities while social identities have received less importance. Those deprived and marginalized, continue to suffer from chronically poor health status in accentuated forms as compared to others. Social development thus becomes extremely relevant in addressing the concern for health.

The proposed conference intends to bring together scholars, researchers, thinkers, policymakers, campaigners and advocacy groups to share their ideas emanating from their thinking, experience and research so as to address health, regional disparity and social development.

The Conference has two segments

- Conference : 21-23 November, 2012
- Pre-conference workshop 19-20 November, 2012

CONFERENCE THEMES:

The following are the themes/ sub-themes of the proposed CONFERENCE

Title/Theme- HEALTH, REGIONAL DISPARITIES AND SOCIAL DEVELOPMENT

Sub Themes:

S1. Livelihood Promotion for Health and Social Development
S2. Linkages between Health, Regional and Social Development
S3. Concept, Method and Measurement of Health Indicators
S4. Strategies, Policies and Programmes for Social Development
S5 Universal Access to Health Care

TECHNICAL SESSIONS:

T1. Health Development

T1.1 Health Planning, Reforms and Programs
T1.2 Health and women Development
T1.3 Health and consequence of Elderly
T1.4 Reproductive Health and Consequences
T1.5 Measurement of Health and Disease burden
P1 POSTER SESSION

T2. Regional Disparities

T2.1 Urban, Rural disparities in Health
T2.2 Caste, Class disparities in health status and service utilisation
T2.3 Gender disparities in health status
T2.4 Disparities in health service providers' behaviour
T2.5. Policies and programs for Regional Development
T2.6 Urbanization and Public Health or Urbanization and Urban health
P2 POSTER SESSION

T3. Social Development

T3.1 Plans and Programs for Social Development
T3.2 Social determinants of health
T3.3 Social Consequences of Seven billion Populations

T3.4 Migration and Social Development

T3.5 Socialization and Social Development

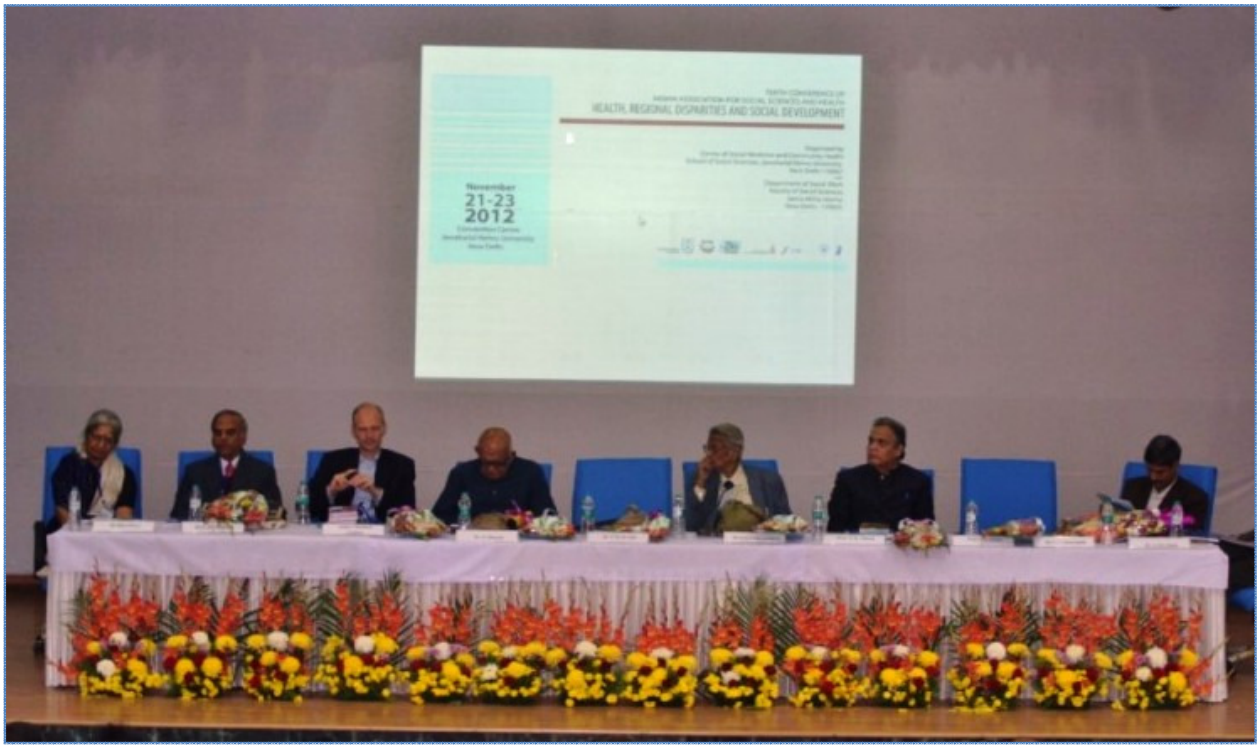
T3.6 Agriculture, Industrilization and Social Development

P3 POSTER SESSION

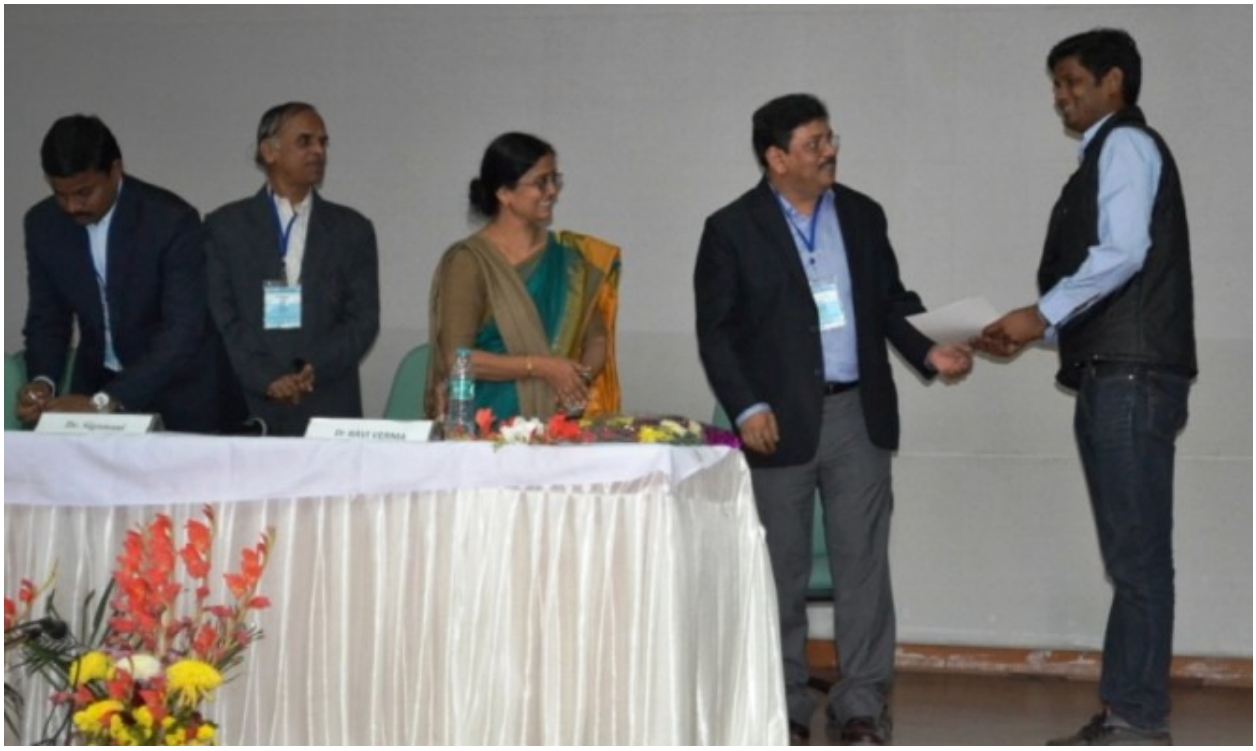
The Conference will have about 250-300 participants from different parts of the country and outside working in the areas of health, disparities and development.

List of Resource Persons, Distinguished Speakers and Panel Discussants-

Prof.K.R.Nayar, Dr.Sanghamitra Acarya, Dr.K.E.Vaidyanathan, Prof.C.P.Prakasam, Dr.U.V.Somayajulu, Dr.S.Siva Raju, Dr.D.P.Singh, Dr.M.S.R.Murthy, Prof.N.U.Khan, Dr.P.Sigaman



(L to R):Prof. Ritu Priya, Dr. C.P.Prakasam, Mr. Anders Thomsen, Deputy Representative (UNFPA), Prof. D. Banerji , Dr. K.E.Vaidyanathan, Prof. S.K. Thorat (ICSSR) and Dr. U.V.Somayajulu



Research Scholar receiving "Youth Best Paper award" from Dr. Ravi Verma, ICRW (second from Right) during Valedictory function

(L to R). Dr. Vighnesh Bhat, Dr. Sanghmitra Acharya, Dr. Ritu Priya, Dr. Tulsi Patel and Dr. S. Siva Raju

November 21, 2012

T1.2a Women Health and Development

Chair: Dr. RamilaBisht (Associate Professor, Centre for Social Medicine and Community Health, JNU)

Speakers: ShashiPunam, PratibhaJ. Mishra, SumitKakkar, VibhaTiwari, Vadivel, AmbikaDutta, Archana Singh

The chair welcomed and introduced all the speakers of the session. The first speaker for the session, Ms. ShashiPunam presented her paper titled ***Women Health: Peril of pre-birth elimination and child sex ratio in Himachal Pradesh.*** Recording the fact that India witnesses a very high drop in female sex ratio, she pointed out at Punjab, Haryana, Chandigarh, Delhi, Gujarat and Himachal Pradesh were states with the lowest recorded sex ratio in 2001. Within Himachal Pradesh, the districts of Kangra, Una and Bilaspur recorded very low child sex ratio in 2001. Her study inquired into the reasons for declining trend of child sex ratio in Himachal Pradesh, and understanding the psychology behind female feoticide. She found that female feoticide showed a significant statistical association with socioeconomic categories like caste, settlement, education, income and religion, however, no association with occupation. While the reason for high female feoticide was pointed out to easy availability of modern medical technology which facilitated such a practice. Her interaction with the cohort of families having undergone female feotal abortion, found the wide acceptance of the view that girls were an unnecessary investment, and this perception was strengthened among the educated families. This finding showed coherence with the observation that rural districts reflected better sex ratio in comparison to urban districts. She advocated for incentives for girl child and an important role for media in changing the adverse perceptions about girl child in India.

The second speaker, Dr. Pratibha J. Mishra spoke on ***Mapping the Implications of Globalization on Health of Women.*** While explaining the operational use of the term 'globalization' in her study, the speaker found major overlaps in common understanding of term. The most common sense is the 'new economic order' or the open door policy, the effect of which has been widely felt in all quarters, be it economic, social, political, cultural, environmental, and even religion. She stressed that liberalization, privatization and globalization has changed the role of nations from a welfare state to a floating state. Through twenty case studies, she found that globalization had both positive and negative consequences on the health of women. The positives were increased confidence, empowerment through decision making, better awareness of health concerns, better upbringing of children, higher prospects of child's schooling, and decline in gender gap between urban and rural. The negatives were increase in domestic violence, greater burdening of women with multiple responsibilities, and increase in ignorance towards health issues. The impact on women from Scheduled castes, Scheduled Tribes, Backward classes and widows and single women was reportedly more adverse. She concluded her presentation by

presenting the challenge of doorstep provision of preventive and promotional health services without discrimination to ensure women's health.

VibhaTiwariDixit presented her study on ***Health Professionals Constructions of Women's health During Midlife Transition: A Study in Kanpur city and Dehat.***She introduced menopause as a subject of controversial debate in West, and identified 1980 as the divide after which the upsurge into the area of midlife transition is blatant. She discussed the dichotomous views of medical professionals and feminists on menopause, where the former associates it as a disease, while the latter views it as 'normal life change'. The speaker found the issue seen remotely addressed in Indian context. Her study with 30 women gynecologists showed that Indian physicians view menopause in both biomedical and feminist viewpoints. And their general perception being one of a 'natural physiological event' that happens in every woman's life. Second, Indian women were found to report less about menopause, and thus see it as a non-serious event. The most general reasons for approaching physicians for menopause was due to accompanying changes, like the problem of osteoporosis. Third, there was very involvement of medical technology for menopause, and the most common was Pap smear. The treatment was found to be less medicalized, with Hormonal Replacement therapies administered only to serious cases.

The next speaker S. Vadivel presented findings from a joint study by him and J. Senthil on ***Dimensions of Muslim Women's Health and Livelihood Conditions: A Case Study of Kumbakonam Town in Tamil Nadu.*** The study involved analyzing the health concerns of Muslim women by assessing their dietary habits and anthropometric measures. His findings showed that 19.5 percent women were overweight and 26 percent were suffering from obesity. The speaker associated these findings with the excessive consumption of non-vegetarian food among Muslim women, and compounded by physical inactivity. He also reported that as many as 80 percent of such women were undergoing treatment due to obesity.

The next speaker AmbikaDutta presented her study that correlated the health needs of women arising out of water problems, and emphasized the indispensability of both women and water for life. Her paper titled ***Women and Water: Correlating Health Issues and Development*** brought an eco-feminist view to understand the relationship between water and women's health using case studies in Marathwada region of Maharashtra. Her findings showed that women's frequent contact with unsanitary water made them prone to infections like diarrhea, malaria, typhoid and even RTIs. Secondly, unavailability of clean water forced women to walk long distances that caused backache, pain, fatigue and breathlessness. Carrying heavy weights on their heads also led to severe problems like curved spine and pelvic deformities. Multiple trips for fetching water often resulted in girls dropping out of school. The speaker emphasized on the unequal gender relations in Indian society due to which women, especially rural women who become doubly victimized.

Archana Singh's presentation brought focus on a highly neglected area of adolescent health. Her study ***Reproductive Health: Promoting Safer Sex through Sex Education Amongst Adolescents*** raised concern on lack of sex education channels for adolescents - a majority of who become sexually active by the age of16. The issue being seen as taboo becomes avoided for discussion, which on the contrary can be effective in protecting one from HIV AIDS, STIs, and other physical, psychological and emotional problems of youth. The speaker made appeal for exploring effective means of sex education for the youth.

Sumit Kumar's presentation ***Empowerment of Female Sex Workers through a Distinct Approach of Community Mobilization*** brought light on the health needs of female sex workers, as observed through a study in Andhra Pradesh. He highlighted the multiple risks associated to their health, ranging from STIs like HIV/AIDS, the issue of health access, and psychological trauma pertaining to their social discrimination. He informed the audiences about the project undertaken within Avahan aimed at collectivizing female sex workers to reduce their vulnerabilities. The results of the initiative have helped 22633 sex workers to become members of Community Based Organizations, where crisis situations inflicting female sex workers were resolved. He lauded the initiative for bringing such vulnerable sections in close contact with police department, and thereby saving many from being trafficked.

November 22, 2012

Symposium 3: Concept and Measurement of Health Indicators

Chair: Dr. M.S.R. Murthy

Speakers: Dr. C.P.Prakasam, Dr. P.M.Kulkarni, Dr. A.G.Khan, Dr. Ulimiri V. Somayajulu, Dr. S. IrudayaRajan

The chair Dr. M S R Murthy initiated the symposium by inviting all the speakers for the session. The first speaker Dr. C.P. Prakasam presented his paper ***Measurement of Child Health Care Program and its Influence on Child Morbidity in Selected States through TOPSIS Metho,*** which was premised on the fact that there exist wide disparities in implementing child health services leading to child morbidity and mortality. Using data from DLHS 3, regional disparities were examined in child health status, and factors responsible for child morbidity. The speaker explained TOPSIS method that was used, where rank is the result. He discussed the findings related to availability of healthcare infrastructure, manpower availability, etc.

Prof. P.M. Kulkarni's paper ***Assessing Social Disparities in Health in India*** highlighted the problem faced in assessing the magnitude and direction of change while analyzing social disparities. Within health, he stressed upon the importance of identifying meaningful indicators, which are measurable, have pertinent data for large samples, estimates at regular intervals of time, gross and net differentials for various social groups. Among mortality indicators he pointed out at IMR, under 5 mortality rate, MMR, and Life expectancy, and discussed the strengths and

weaknesses of estimates provided by Census survey, Annual Health survey, and DLHS. For morbidity data, Prof. Kulkarni highlighted the inadequate estimation caused by self-reporting. Within nutrition and dietary intakes, Kulkarni pointed at lack of data for differentials among different sections of population. He also covered issues in data on utilization of health services and sanitation. While concluding his paper, Kulkarni reiterated the need to have larger samples for sound estimation of indicators, and the need for adequate analysis of raw data.

The next speaker Dr. A.G. Khan presented finds of his joint study with Mr. Sateesh Gouda M.(*titled* ***Health and Regional Disparity in India: Where do we stand?)***which aimed to study the extent and trend of regional inequalities in health outcomes and factors influencing health outcomes using NFHS (all 3 round) data for six indicators. Dr. Khan's findings show that Southern Region consistently outperformed all other regions, and this was mainly pulled by Kerala and Tamil Nadu. Within Total Fertility Rate there was wide disparity, as South region attained replacement levels, which north and north east lagged. The Family Planning acceptance also revealed a gap of 20 percentage points between South and North. Within immunization, Dr. Khan pointed that results did not justify the quantum of money that had been pumped into the programme. Huge disparity between South and Central India was pointed out. Within Institutional delivery, South and west performed way better than North, Central and East. He concluded his paper by stressing on the importance of having regional analysis, since national averages hide important details. And remarked that attaining MDGs still remains a challenge for the nation.

Dr. Somayajulu's paper titled ***Social Development India: Policy and Programme Initiatives and Progress*** deliberated on the strategies adopted in Indian planning and the areas that received special attention. He pointed out at strategies of social protection, economic inclusion, investing in human capital, food security, and provision of basic services for a holistic development. In the many programme initiatives, initial attention was paid on welfare schemes supplementary nutrition and immunization. In the next phase, the speaker identified programmes for displaced persons, elderly, family planning programme and MCH, rural community development, and disaster management. Post this, he informs about the Minimum Needs programme, housing and habitat, self-employment programmes, water and sanitation, etc. The speaker summarized by saying inadequate expenditure and often misdirected expenditure in health led to burgeoning of health concerns in India.

The last speaker Dr. S. IrudayaRajan presented findings from a joint study with K.C. Zachariah ***Impact of Emigration and Remittance – The Kerala economy.*** The speaker shared with the audiences' unique statistics on migration from Kerala mounting to 3.5 million, i.e. 10.5 percent of Kerala's population. The remittances for Kerala made one third of Kerala state income. His study found that maximum emigration took place from Malapurram, and the high quantum of remittances has changed the face of Malapurram into an urban town – what once was a Bimaru district. Thus, he commented that migration has become a means for families to move out of poverty. Among social groups, the Muslims were found to emigrate in maximum proportion, and

receive 36.6 percent of remittances. The speaker thus clarified, that high remittances into Kerala state masks considerable variation among geographical areas and social groups. The speaker introduced migration as an important factor that influences health status of regions. Answering to many question, Dr. S. IrudayaRajan pointed out to weakening of family ties and high rates of separation and divorce arising out of migration. Psychological distress in women, and among elderly parents who have been left alone was also pointed out. Suicide rates in the state were also emerging as a concern. Among the status of emigrants, he pointed out that both skilled and unskilled emigration is high. A large number of nurses emigrate out of Kerala, while 25 percent of posts for nurses lie vacant even within Kerala.

T1.2b Women Health and Development

Chair: Dr. VigneshBhat

Speakers: UpasonaSamrah, KhuraishaBeevi, VeenitaAnand, R. Annapoorani, Dinesh R.S.,J.Johnsi

The first speaker UpasonaSamrah presented a snapshot from her study ***Health and Occupational Hazards: A study based on Women Workers of North Eastern Coalfields, Margherita, Assam*** that enquired into women's exposure to occupational hazards and their role in the labour market. A premise to her work was the fact that only 3 women occupy executive level posts, while most others are engaged in mining and excavation in different collieries. Her study found wide disparities in the conditions of work, and provision of leaves and pay between the organized and unorganized jobs. The unorganized sector women worked in highly unsanitary conditions, no provision of drinking water, and no provision for leaves. The organized sector women lacked crèche facility for their children and common toilets for men and women; however they had better social security cover. The common health problems of women miners was pneumoconiosis, eye problems, skin allergies and body aches, however health seeking was irregular due to inadequate health facilities.

KhuraishaBeevi presented her joint study with Preethi K. titled ***Effect of Health Status of Women on the Utilization Patterns of Ante Natal Care services in India.*** She began by explaining the importance of antenatal care (ANC) in the prevention of maternal mortality and ensuring child survival. Her study attempted to identify factors which reflected positive association and those with negative association with utilization of ANC services using NFHS 3 data. Her findings revealed a strong positive association between education attainment and ANC utilization, however residing in rural areas having a negative association to ANC. Further, working women and women living in urban areas showed higher positive association to being anemic. She constructed a status of women index, which showed that higher the status of women, greater is the ANC coverage.

The next speaker VeenitaAnand presented her paper jointly written with Nabeel Ahmed – ***To know the gaps in ANMTC Products to follow the pace of dynamic role of ANM in Public***

Health in India. The speaker touched a pertinent issue of public health in India – the competencies of ANM and midwives – who are the main wheels of most public health programmes. The speaker while reiterating the skewed population norms for ANM and midwives stressed on the load of multiple tasks entrusted upon her like health promotions activities, MCH activities including safe deliveries, immunizations, and family planning etc. In their study, a comparison between role of ANM according IPH standards and course content of ANMTC, findings show an obsolete curriculum which did not incorporate National Guidelines on Infant and. Young Child Feeding. Further side effects of family planning methods was absent, no knowledge of national disease control programmes was given, and training on handling finance and maintaining cashbook, etc. was not imparted. The speaker suggested immediate steps to bridge this gap for ensuring quality services by the peripheral workers.

R. Annapoorni's joint paper with R.Ponamni – ***An Analytical Study of Rural Urban Disparity in Health Status in India*** was an assessment of rural – urban disparities in health status and healthcare infrastructure, and identified health status determinants, using NFHS data. They also constructed a Health Achievement Index using India Development report. Their findings reveal that mortality rates among children have declined faster in rural areas compared to urban areas. Increase in education status associated inversely with mortality rate. In under 5 Mortality, decline was witnessed in both rural and urban areas, but it was faster in urban. Finally a low utilization of health services in rural areas was contributed to low availability of services. The speakers suggested increasing outlay for primary health services and in rural areas.

Dinesh R.S. presented findings from his joint study ***Socio Demographic Correlates the Mental health of Tribal widows in Tiruchirappalli District at Tamil Nadu*** with Rajavel N. and V. Sethuramalingam. Their work relied upon WHO's Mental health Inventory. The study covered 44 tribal women whose mean age was 69.72 years, all were illiterate, and 73 percent were housewives, and 82 percent lived unaccompanied. The study found a negative correlation between age and mental health of tribal women – as age increased, mental health worsened. However all other factors – income, savings, education, expenditure showed no association with their mental health status.

The final speaker Dr.J.Johnsipresented her paper ***Prevalence of RTIs, Access to Health Facilities and Treatment Seeking Behavior in Tamil Nadu.*** She introduced her study with main problem observed with data on RTIs and STDs – in NFHS and RCH – RHS data, that it is severely underreported due to self-reporting. Her study focused on the treatment seeking behavior of women suffering from RTIs. Her findings showed that 69 percent women did not seek treatment, mainly because of the cost of the treatment.

SESSION :

T 1. 3a Health and Ageing,: 2:30 pm – 3:45 pm

Authors – Dr Allu Gowrisankar Rao and Dr G. Sama Siva Rao**,**

Title – Health Status of Women in India

The paper reflected on the high mortality rates in women from childhood to their reproductive years while delineating the health status of the Indian women through quantitative data, the paper outlined issues such as son preference, discrimination of daughters, the skewed sex ratio, low literacy rate of women, low life expectancy of the women as compared to men. The paper discussed the fertility problems such as maternal mortality and morbidity. It also discussed the malnutrition levels which cause fertility hazard in India. Domestic violence and HIV/AIDS pandemic in India were also touched upon in the presentation.

Author – Dr Rajarama KET

Title – Levels, Differentials and trends in Ageing in the districts of Karnataka: A Census Analysis

The paper aimed to know the levels and trends in the 60 + elderly. It aimed to analyse growth pattern in the aged and the differential patterns in Karnataka and also to analyse the socio demographic profile of the elderly in Karnataka.

The paper enumerated that the growth rate in urban Karnataka is greater than the growth rate of rural Karnataka. The presentation discussed the following through charts and other quantitative data techniques –

Decadal growth rate of the aged population, % of aged population by residence, Median age by residence,Sex ratio of the aged population,Old age dependency ratio – here there has been a gradual increase in Karnataka from 11.8 in 1971 to 12.7 in 2001

The paper made certain suggestions as ageing has increased in all Karnataka. Government needs to come up with old age homes, more old age schemes and incentives for children who take care of their parents, rural employment to prevent migration of the youth as well as free health care services.

Authors – Dr Dipendra Nath Das and Dr Sweta Bhushan

Title – Characteristics and Health status of elderly in the Slums of Kolkatta

The study was carried out in ten slums of Kolkatta city. The elderly in the slums are mostly induced by compulsion due to economic hardships to engage in different economic activities.

The prime objectives of the paper were to assess the living conditions and characteristics, gauge the level of work force participation of the elderly and identifying the major occupations they

were engaged in. It also tried to locate the relationship between socio economic status and health status. In all 2858 persons were interviewed out of which 37% were elderly.

The findings reflected that the slums were characterised by major occupations like tannery, brick laying. The occupational status determined whether the slum was a Hindu slum or a Muslim slum or sometimes even had mixed population.

The marital status (single, married, widowed, divorced) had a major influence on the rates of illness reported. The occupational status also represented the types of ailments. For example elderly men who were short of hearing were usually into binding, packing, punching and box making activities. These also led to other pains and aches. The men with breathlessness, diabetes etc were usually in tannery related occupations.

Out of the elderly suffering with ailments, only 25% had gone for treatment. 12% had sought treatment in private hospitals while the rest went to government hospitals. The suggestion by the presenter included setting up of health centres in close proximity to the slums so that these men may visit there for regular checkups.

Author – Badal Biswas

Title – Health promotion for smooth persuasion of old age : A proposal for intervention

This paper was more of a proposal with focus on natural ageing as it viewed heath promotion being concerned with making choices. It listed that the biological ageing was relate to

a. Decreasing blood flow to the brain
b. Decreasing renal filtration rate
c. Decreasing hair thickness
d. Decreasing average height
e. Decreasing body weight
f. HGH – Human Growth Hormone

The paper suggested total health care and holistic approach to health with emphasis on nutrition, psychological aspects, bone structure, yoga, rehabilitative method, quality of life maintenance and hygiene maintenance.

Discussion and Question / Comments:

Paper 1

The paper did not speak about ageing in India but rather included insights on women's health status. A life course perspective from birth to old age was outlined but it lacked comprehensive data coverage as data from NFHS – III needed incorporation.

Paper 2

The paper needed to analyse how the changes have occurred over a period more specifically by taking a common age specifically 60+ years as old age and not 65+ for certain tabulations. District analysis was necessary and data from Census (2001) required comprehension and incorporation.

Paper 3

The elderly being a vulnerable group added to their being doubly disadvantage as the slum locations comprise a vulnerable subsection. It is an important contribution but slum wise variations need to be clarified. Average income and average household income need to be clearly delineated.

The gender dimension was not brought out in the entire study. The analysis seemed incomplete without gender dimension. Incorporating it would include new ways of interpretation.

Paper 4

Badal Biswas' paper spoke of positive health but the sample for the research was not defined. It was suggested to look into AYUSH as multi systems of health care were extremely important fr the elderly care.

General suggestions regarding the use of policy documents and earlier researches from different institutions to be explored and incorporated were made. Gerontology – Ministry of Social Justice and Empowerment – needed to be linked with the policy and programme point of view in India.

Day 2, Parallel Session T3.4, **Social Determinants of Health**, Chair- Nidhi Sadana

The Impact of India's Domestic Factors on India's Policy towards Malaysia – Rashmi Sehgal

The paper involves a study of India's policy towards Malysia. The rationale behind studying the two countries is that both have been British colonies previously. It aims to analyse the shifts in India's policy towards Malaya based on the effects of domestic factors, as well as to analyse how external historic events such as the Cold War and the collapse of the Soviet Union shaped India's policy towards Malaysia.

2. Economic Growth and Disparity in the post-reform period –A Case Study of Odisha- Auro Kumar Sahoo.

The paper examines how after the economic reforms, despite economic growth and an increase in GDP, there has been an increase in the inter as well as intra-state disparity. The attempt is to examine the variation in socio-economic status of different occupational groups in the villages of Patnagarh block in Bolangir. The project involved a household survey comprising 100

households. The payment of the working individual as well as education was regressed to wealth and income. The result showed disparity in income level depending on different occupations as well as a correlation between education and income generation/wealth accumulation.

3. Driving Force of Advertisements behind women's health and beauty – Sangeeta Sharma.

The paper analyses the effect of gender representation via media. Mass media potrays beauty as a feminine attribute. The way 'womanhood' and ideal figure is potrayed by the use of very thin models is misleading and has resulted in unhealthy health habits (dieting, reliance on diet pills etc.) among women and has resulted in a change in their perception of their body image.

4. Evaluation of Nutrition Reports based on research studies in leading Indian Newspapers – M. Maheshwar.

The study involves an evaluation of nutrition reports in Indian newspapers and the health messages they send out to the public. The study therefore, lays particular importance to the role of newspapers as mass media relaying health messages which in turn help in health promotion. The study shows how nutrition reports highlight research findings in a selective way to draw reader's attention, thereby neglecting their role as relayers of health messages. To conduct this evaluation, three newspapers were analysed between 1st September 2010 to 28th February 2011. Out of the 207 nutrition reports the findings suggested that one-fourth of these failed to convey the original findings, also the source of the report was never mentioned.

5. Integrating Media and Environment for a sustainable social development – G Ramesh

The paper attempts to analyse how in today's culture of malls and shopping outlets, it is not just financial management of these but also their social and environmental management which contribute to their overall performance. In this study, an analysis has been made of the ways in which media can be involved/integrated in order to increase awareness regarding the social and environmental management of shopping outlets.

6. Reproductive Health Behaviour among the Beedi Making and Agricultural women workers - R. Maruthakutti

The study aims at studying the effects of poverty on the health practices of the women working as beedi-makers and agricultural workers. The study involved 245 women respondents from a village in Tirunelveli district of Tamil Nadu. The data collected was regarding the gap between marriage and first conception, how many had made visits to the doctor during pregnancy, the place of delivery, as well as their role in family planning. The findings suggested that poverty affected their health directly and their fertility behaviour in an indirect way.

7. Gender inequality in ICT accessibility and use – Laxman Kawale

The study places the importance of information and communication technology in the life of individuals today. At the same time it highlights, how rural as well as women from small towns are unable to make use of this facility (esp. the usage of internet in cyber cafes) due to social and cultural barriers. Parents are apprehensive of letting their daughters visit the cyber cafes. The study suggests the need to bring about gender equality in the accessibility and usage of ICT in order to bring about an overall development.

8. Polluting Occupations and Illness Experiences: Illustrations from Dalit Communities – K.M. Ziyauddin

The study aims to analyse the illness and health behaviour of dalit communities involved in polluting occupations. Their understanding/perception of illness depends on social and cultural factors. However, illness in the bio-medical model is isolated from the lives and experiences of patients. The study stresses on the need to understand illness in not just isolated terms, rather it calls for a more complex understanding of health keeping in mind the societal context.

November 23, 2012

Special Session NOVO Nordik Education Foundation

Speakers: Dr. Biranchi Narayan Jena, Yudhbir Singh, Dr. RamilaBisht, Prof. Mohan Rao, Dr. Ekta Singh

Mr. Yudhbir Singh's presentation on ***Strategies for the Success of Open Defecation Free District in Haryana*** began with videos telecasts of village Sisra showing the process of community mobilization where panchayat leaders, community women, school children, and teachers joined the movement that ultimately led Sisra to have maximum villages being declared open defecation free. The speaker expressed his delight at the achievement he was able spearhead with the villagers, and commented that all one needs is to pool 'positive thinking people' for taking the initiative – which was his prime strategy. He noted that lack of resources was not a problem, rather the lack of will or importance to this behavior, and his strategy was to generate need and demand for toilet facility. As s success model, the speaker emphasized community action for generating social change.

Dr. Biranchi Narayan Jena's paper ***Moving towards Universal healthcare – Effective Management of Diabetes through Innovative PPP model "Changing Diabetes Barometer" (CDB) – Indian Experience***introduced Novo Nordisk Education Foundation's programme*CDB,* that has been undertaken under PPP framework to respond to diabetes pandemic in India. The main strategies of CDB include collecting data for measurability of the disease, disseminating information, and training health personnel for management of diabetes. He commented that Indian health planning always restricted focus on MCH, family planning and communicable diseases, thereby neglecting Non communicable diseases - which have scaled considerably. The speaker then shared the achievements made by the programme in target states of Goa, Bihar and

Gujarat. The speaker also informed the audiences about the results of the camp organized by them during the first two days of the Conference. Out of those who volunteered to be tested, 75 percent were found to be symptomized by 'prehypertension', 19 percent were 'pre-diabetic, and 9 persons were unaware of being diabetic. While answering to a query, the speaker shows optimism about collaborating within PPP model for delivering their services.

Dr. RamilaBishtbegan with the observation that since the opening-up of the economy in 1990s, health strategies have been altered to suit the market integration of public health system. And within this, the maternal and child health initiatives have also been exposed to private sector involvement. Her paper titled ***Health Market in Maternity Services: Toward Access that is more Equitable*** brought an analysis of RCH and NRHM reports that examined the implications of such private interest integration for equity in maternal health care. She asserted that the banners of achieving 'innovation' and 'flexibility' were mere euphemism for ushering inprivate sector in public sector. Schemes reviewed by her included Chiranjeevi scheme, Agra Voucher Scheme, Ayushmati scheme, Mamta Friendly Hospitalinitiative, JananiSahyogiYojana, Saubhagyawati scheme, JananiSuvidhaYojana, etc. She commented that private sector involvement was seen mainly in safe motherhood and institutional delivery. The transport services came to be in private hands in most places. A review of such schemes shows a mixed response – the flip side being the objective of equity could not be established. The BPL families seem to be excluded by these schemes which were seen as urban centric, and it was alleged that only the uncomplicated cases were handled by the providers. In many states, high out of pocket expenditure by neediest population was reported despite schemes in place. The rates caesarian sections were also found to be unusually high where private players provided institutional delivery. Dr. Bisht also shared that accountability mechanisms were lacking, and monitoring from government was weak. She concluded her session with the statement that public and private sector together seem to have increased inequitable access to services, than it was when the two sectors functioned apart.

Prof Mohan Rao's presentation ***Owning Property in the Body: Surrogacy as Empowerment?*** brought attention to the massive exploitation of needy poor women in India within the business of surrogacy – that has spreads its roots under the state protected private sector, and supported by reproductive tourism. He asserted that while surrogacy is showcased as a win-win situation for all, in actuality this business is exploitative that appropriates surplus out of poor women's labour. He raised the question – do we recognized the importance of reproductive labour? In the business of surrogacy, the women have been commoditized for the realization of transnational profits, and as globalization strengthens, slavery and servitude has only strengthened.He even raised question on the lack of regulation, and condemned the ICMR Bill – which has been drafted in consonance with the private surrogacy business owners, whom it shall seek to regulate.

Dr. Ekta Singh presented findings from her study ***Effect of Iron Food Based Supplementation on the Hemoglobin Level and Physical Work Performance of Adolescent girls in Banasthali Campus,*** which was a randomized control trial of iron food and vitamin C based

supplementation, to assess its impact on hemoglobin levels of adolescent girls. The findings of the trial showed that the study group (Anemic experimental) which was administered supplementary iron showed significant improvement compared to other two groups – Anemic control, and Non Anemic – a higher hemoglobin gain.

Pre Conference Workshop:

The Pre-conference workshop is designed to impart the participants with knowledge of research methods, use of research tools and techniques, writing and presentation skills to the young researchers. This workshop is intended to provide the participants with a broad overview of methods and concepts (both quantitative and qualitative) as well as the software tools used in the public health sciences. By the end of the workshop, the participants should be confident in using the right methods and tools to analyze data. They will also be able to better design their primary research studies as well as to quickly enter and analyze this information.

The specific objectives of the workshop are:

- To familiarize participants with basic research methods (both qualitative and quantitative)
- To enhance the capability of the participants in performing statistical analysis through selected packages such as MS Excel and SPSS
- To enhance the capability of the participants in performing qualitative data analysis through selected packages such as Atlas-Ti
- Enhancing knowledge base and develop skills for selecting appropriate analyses and performing the analyses
- Augmenting knowledge and skills for interpretation of analyses and presentation in user friendly formats

The workshop will be participatory and entirely hands-on with exercises on a variety of software on real life health datasets like NFHS, RCH, Youth India and Census.

The Conference will be a confluence of sharing, disseminating and taking forward the understanding of health scenario, disparities and development issues.

Third Pre-Conference workshop on

"Approaches to Social Sciences Research" - Dates 19th and 20th November 2012.

Organized by

Department of Social Work, Faculty of Social Sciences,

Jamia Millia Islamia,

New Delhi-110025 & Centre of Social Medicine and Community Health, School of Social Sciences, Jawaharlal Nehru University, New Delhi-110067

TENTH CONFERENCE OF IASSH:
Organized by: Centre of Social Medicine and Community Health
School of Social Sciences, Jawaharlal Nehru University
New Delhi-110067
Date : 21st -23rd November ' 2012
Symposium and Sponsor Sessions Speakers

Symposium 1: **21st November 10.45-12:00 P.M.**

Sub-theme 1: Livelihood Promotion for Health and Social Development

1. Dr. Mohan Singh: Health Inequality in Australia: Region of Residence
2. Dr.D.P.Singh: Impact of Remittances on Household Economy: a case of India dpsingh@tiss.edu
3. Dr.T.V.Sekher: Program and policies for Social Development **tvsekher@gmail.com**

Symposium 2: **21st November 12:00-01:15 P.M.**

Sub-theme 2: Linkages between Health, Regional and Social Development

1. Dr.M.S.R.Murthy: Correlates of antenatal and post natal care in Andhra Pradesh and Orissa msrmurthy2001@gmail.com
2. Dr.Vighnesh N.Bhat : Conceiving Social Development: Regional Disparity and Public Health Status in India vighnubhat@gmail.com
3. Dr Tulsi Patel: Surrogacy in India: The New Indian Family

Symposium 3: **22nd November 09:30-10:45 A.M.**

Sub-theme 3: Concept and Measurement of Health Indicators

1. Dr.C.P.Prakasam: Measurement of Child Health care program and its influence on Child Morbidity in Selected States through TOPSIS method c_prakasam@yahoo.com
2. Dr.P.M.Kulkarni: Assessing Social Disparities in Health in India pmkulkarni@mail.jnu.ac.in
3. Dr.A.G.Khan: Health and Regional Disparity in India: Where do we stand? agkhan_umar@yahoo.co.in

Symposium 4: **22nd November 11:00-12:15 P.M.**

Sub-theme 4 Strategies, Policies and Programmes for Social Development

1. Dr.Vijaya Khadere: Health and Nutritional Issues of Women & Children-Consequences And Welfare Measures vijayakhader@gmail.com
2. Dr.K.E.Vaidyanathan: Mortality Differentials in India: Lessons for Policies and Programmes vaidyake@hotmail.com
3. Dr Rama V Baru: School Health and Issues of Inequality and Social Exclusion

Sponsor Session 1: 22nd November 2:30-3: 45 PM

1. Dr.K.Vijayanthimala: Gender disparities in Nutritional Status across states in India: Issues and challenges kvjmala@yahoo.co.in
2. Sukanya Jalihal ::Women Health and Development—A Holistic Approach
3. Kamrul Hasan ::Women Health in Leather Industry: A Study of Kanpur Area:
4. Rajiya Shahani ::Integrating Women Reproductive Health to the Overall Women Health and Development,
5. Fernanda Andrade :Status of Health of women in Goa

Symposium 5: **23rd November 9:30-10:45 A.M.**

Sub-theme 5: Universal Access to Health Care

1. Dr.S.Siva Raju: Role of Primary Health Centres in Rural India: A Critical Analysis **prof.sivaraju@gmail.com**
2. Dr.Sanghamitra Acharya: Universal Access to Health Care- Understanding Utilization among Vulnerable Populations **sanghmitra.acharya@gmail.com**
3. Dr.Ritu Priya: Conceptualising UAHC, Barriers in India and the Way Forward, ritu_priya_jnu@yahoo.com

Sponsor 2: Session-2: 23rd November 11:00-12: 15 PM

1. Dr. Biranchi Narayan Jena: *Moving towards Universal Healthcare - Effective Management of Diabetes through Innovative PPP model "Changing Diabetes Barometer"- Indian Experience* bcnj@novonordisk.com

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Programme Schedule- Tentative

Day-I 19th Monday, November, 2012

From	To	Session	Resource person
9am	10am	Workshop inauguration and introduction	Prof.N.U.Khan,Prof.C.P.Prakasam, Dr.U.V.Somayajulu, & Dr.Sanghmitra Acharya
10am	11am	Brief overview of Social Sciences Research	Prof. M .S.R.Murthy
11am	11:15	Tea/Coffee break	
11:15am	1:15pm	Approaches and Ethical Issues in Social Sciences Research	Prof. K R Nayar
1:15pm	2pm	Lunch break	
2pm	4pm	Writing research proposal	Dr. Sanghmitra Acharya
4pm	4:15pm	Tea/Coffee break	
4:15pm	6pm	Development of research tool and data collection techniques	Prof. Z Meenai
7:00pm	9pm	Workshop dinner	

Day-II 20th Tuesday, November, 2012

9am	11am	Quantitative Data Analysis (SPSS)	Dr.D.P.Singh
11am	11:15am	Tea/Coffee break	
11:15am	1:15am	Qualitative Data Analysis (Atlas-ti)	Dr.Manasaranjan Pradhan
1:15pm	2pm	Lunch break	
2pm	4pm	Data interpretation, report writing skills & publication	Dr. Sigamani P
4pm	4:15pm	Tea/Coffee break	
4:15pm	6pm	Presentations, Concluding session	Prof. N U Khan, Dr. C P Prakasam Dr. U V Somayajulu Dr. Sanghmitra Acharya, Dr. Sigamani P
7pm	9pm	Workshop dinner	

Number of participants:

The Pre-conference workshop is open to young scholars and researchers working towards pre-doctoral and doctoral thesis.