

# Transformations in health and medicine

## *Conceptualisation and assessment in the social sciences*

### **Argument-purpose**

‘Health is perhaps the most crucial aspect of human well-being,’ said Amartya Sen.

The health of the population is a critical measure of a nation’s performance, because the health status of a nation tells us a lot about how its political, economic and social institutions are doing and is hence an inevitable part of public policy and economic analysis of any nation. While measuring health status through standard indicators across geographical, cultural and economic boundaries is one issue, treating women’s health status as an indicator of the general health status of a population is another. Besides, the fact that the parameters of health are at times found to be at odds with the indicators of social equality and freedom highlights the need for contextualization of statistical measures. For instance, studies in gender and health often point to the fact that increased income and labour force participation of women in wage labour and blue collar occupations does not necessarily produce better health for them; in fact may lead to adverse health outcomes for some as in the case of migrant women. Thus statistical parameters of various phenomenon under study may present divergent picture as the existential situation on the ground is more complicated than any one measure can assess. Hence we need approaches that are sensitive to historical and social context in order to grasp the multiple dimensions of human health and wellbeing. Also at stake here is the question of how to conceptualise both, health and well being (the objective and subjective aspects) at the same time and how to assess the relevance of divergent factors associated with them, especially in a societies that are undergoing rapid change.

Health is connected to medicine as a profession and the social role and authority of the medical profession could be discerned among other things, from their ability to influence popular conceptions and practices of health. What happens when there is more than one system of medicine in the public arena? How do we assess effectiveness when state sponsored systems of medicine like biomedicine coexist with systems of medicine like homeopathy, unani, siddha and ayurveda and other local health traditions outside state services but with popular support? Is efficacy a purely clinical phenomenon? These are questions

not only of conceptualizing medical care, but also of assessing the efficacy of medicine in a situation of medical pluralism. Drawing upon historical, anthropological research, these questions broaden our understanding of public health policy and take us into the latest and emerging social approaches in the study of medical pluralism.

The aims of Workshop 4 on ‘Transformations in health and medicine: *Conceptualisation and assessment in the social sciences*’ are: To expose participants to the new social approaches in the social studies of health and medicine, going beyond official data and conventional policy analysis; secondly, to engage critically with methodologies in the assessment of health transitions and in the study of the efficacy of medicine. Thirdly, the workshop would suggest guidelines for the use of mixed methodologies in the study of health and medicine.

### Provisional Workshop Schedule:

Day 1: Health	
Introduction	Introduction to interdisciplinary approaches in the study of health and medicine
Session 1	Health status: Issues in conceptualization and measurement
Session 2	Gender, inequality and health:
Session 3	Understanding the social context of health policy and services: Case studies
Day 2: Medicine	
Session 4	Professionalisation of medicine: Socio-historical approach
Session 5	Studies on medical science and technology: Ethnographic approach
Session 6	Mapping regional differences in health behavior under medical pluralism
Session 7	Analysing evidence and efficacy under medical pluralism
DAY 3: Convergence of health and Medicine	
Session 8	Concept: Medicalisation and pharmaceuticalisation of social life Case study: Artificial Reproductive Technologies (ART)
Session 9	Concept: Privatisation of health care Case study: Survey of a metro city in India

<b>Session 10</b>	The significance of narratives in the health studies and narrative analysis
<b>Session 11</b>	Mixing methods in health research: Guidelines
<b>DAY 4: Participant's review</b>	
<b>Session 12</b>	Review discussions by participants and summing up
<b>Session 13</b>	Presentation of short assignments by participants

## **Team:**

### **Coordinators:**

- **Prof. V.Sujatha,**

(Centre for the Study of Social Systems, JNU, New Delhi)

- **Prof. Madhu Nagla,**

(Department of Sociology, Maharishi Dayanand University, Rohtak, Haryana)

### **Invited Tutors:**

- **Prof. Ritu Priya,**

(Centre for Community Health and Social Medicine, JNU, New Delhi)

- **Prof. Leena Abraham,**

(Centre for Studies in Education, TISS, Mumbai)

- **Prof. V.R.Muraleedharan,**

(Department of Humanities and Social Sciences, IIT, Chennai)