Developing interdisciplinary theoretical frameworks in the area of social inequalities and health

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I.

In a public health paradigm that considers health as socially produced it is important for research and policy to focus on inequalities and histories of marginalization. My Ph.D. research project engages with structures of inequality in terms of caste, class and gender and their reflection in the health of a marginalized community, in contexts of poverty. The study explores the process of embodiment and looks at social realities being mapped on the body-mind. The study looks at health and well-being among Dalit women agricultural labourers in Raichur District, Karnataka, India. It attempts to engage with the structure and experience of caste and its relation to health trajectories. Caste, class and gender interact as a lived experience, in an interwoven way and not an additive way.

As a SYLFF fellow I had the wonderful opportunity to undertake a research abroad project involving academic engagement with scholars in the USA. The motivation and broad research objective during the SRA was to enrich my doctoral research work by strengthening the theoretical frameworks and perspectives related to the concept of embodiment. Public health research is an interdisciplinary effort and I wanted to learn about combining anthropological data with epidemiological methods.

My SRA project was conducted between 3rd January and 30th June 2013. I had the opportunity for academic engagement, discussion and sharing of my research data and findings with Prof. Veena Das, Johns Hopkins University; Prof. Sarah Pinto, Tufts University and Prof. Alaka Basu, Cornell University. I formally registered as a visiting student at Johns Hopkins University, Baltimore and spent the majority of my SRA time here. Apart from the academic interactions I also had the opportunity to audit two courses (Anthropology of Health and Illness and Anthropology of Death and Dying) at

JHU and also utilized the library resources at JHU extensively.

In the next section of this article I will discuss some of the themes where my ideas, knowledge and analytical themes have been enriched with the SRA. These ideas are still being sharpened further and I am trying to write the draft chapters combining insights and guidance received with the vast literature review that was also possible as a result of the SRA.

II.

Embodiment Inequality and Health- Theoretical frameworks: Scheper-Hughes and Lock [1] (1987) outline three perspectives from which the body may be viewed- 1.Individual body: A phenomenally experienced lived experience of the body self. 2. Social body: a natural symbol for thinking about relationships among nature, society and culture and 3. Body Politic: as an artifact of social and political control. Krieger[2] (2001) defines embodiment as a concept referring to how we literally incorporate, biologically, the material and social world in which we live, from conception to death. Discussions on this literature with Prof. Das[3] and reading her work (1990) helped me begin to understand how to conceptualize the body as both simultaneously the social body and the individual body and the relationship between these in the making of an embodied self. While engaging with the thought that the 'individual body is the bearer of pain that has been felt in the social body' and that the 'pain of the collectivity is experienced through the body'; she also argues however that a complete ownership of the individual by society as suggested by Durkheim is problematic (Das 1990: 29-30).

[1] Scheper-Hughes, Nancy and Lock M. Margaret (1987) "The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology" In *Medical Anthropology Quarterly*, New Series, Vol.1, No.1. pp. 6-41

[2] Krieger, Nancy (2001) "Theories for social epidemiology in the 21st century: an ecosocial perspective" *International Journal of Epidemiology*, 30; 668-677

[3] Das, V. (1990): *What do we mean by health?* In What we Know about Health Transition: The cultural, social and behavioural determinants of health, Vol 1 edited by Caldwell, J. et al. Health Transition Centre, The Australian National University.

Instead she suggests an understanding of the 'body as a site of conflict', 'it is the site where individual experience and collective ideologies intersect' (pp: 43). "…the individual is both defined by society and the one who resists this definition" (pp:43).
In my research process I am utilizing this perspective to understand people's own understanding of their health, body and life-worlds; and their expression and communication or even silence about their pain. It is important that while we trace social suffering and power structures' inscriptions on the body we also do not negate individual bodies, voices and silences, individual bodies resistances and acts towards health. To understand the process of embodiment one pathway is to understand the networks of relationships that the individual body is enmeshed in and to trace the mind-body-society vocabulary.

Chronic pain and women's work: I began the analysis of the morbidity records from my fieldwork and was given inputs from my three advisors regarding the themes emerging and also how to read this morbidity data along with the ethnographic material and the possible interweaving in analysis. One of the main findings from the morbidity records of Dalit women agricultural labourers is the chronic pain that they express throughout the year. The enormity of this pain and the constant, persistent and multiple nature of it is significant. This health aspect can be understood as a process of embodiment of inequalities in terms of caste and labour relations. Women express in their narratives how this pain is a result of hard labour and conditions of the past, which were stored in the body and are showing up now. For eg. One old woman says "Carrying heavy loads of dung and dirt on my head (this is a typical part of caste based attached labour) for several years in the past makes my headache now" (quote from narrative). Morbidity patterns express wider social conditions. Expressions of pain may entail a range of meanings. This interweaving of morbidity records and narratives will be one of the major chapters in my thesis and the SRA helped get guidance on developing this interdisciplinary analytical method.

Continuities and change in the experience of caste and reflections in health and well-being: There are many subtle and complex ways of expressing anxiety, grief and healing that are part of a repertoire of being and identifying in relation to caste. Through my ethnographic work I am trying to see the continuities and change in caste relations in the women's everyday lives and their relation to the anxieties that the women express. My research is exploring women's work, changes in caste labour as well as changes in the struggles for food as well as their engagement with the state. Sarah Pinto's work (2008)[4] explores similar themes in very insightful ways. She critically looks at a development discourse that focuses on 'educating the poor' and how this paternalistic attitude of the State and its health system intertwines with and is mimicked by local social structures and hierarchies. She looks at how the language of development marginalizes and leads to a persistence of 'untouchability' in a new depressing form. She argues that liberal languages and public health ideals of hygiene, cleanliness, participation are actually not as neutral for Dalit women. I have encountered similar findings in my research context and her work and ideas helped me build a theoretical and analytical frame to understand the lived experience of caste and gender. A seeming contradiction in the fact that women in my research area express a constant presence of anxieties on the one hand and a decline in untouchability on the other was analysed using Pinto's argument. In fact it is the decline in collective spaces of sharing, singing during agricultural labour and collective healing and a simultaneous development discourse that pushes the mention of continuities in untouchability underground that can be connected to understand this sense of heavy anxiety and sadness that the women in my field area express.

III.

In conclusion I would like to emphasize that the SRA opportunity allowed a discussion

[4] Pinto, S. (2008) '*Where there is no midwife: Birth and loss in rural India*' Berghahn Books, New York

with different mentors and an exposure through them to literature and ideas in the field. This has helped me gain a conceptual framework for the analysis and writing phase. I had already begun the fieldwork and have rich narratives and data but I needed this learning opportunity to build in a deeper theoretical framework. Discussions also led to new themes and insights to emerge and helped me learn to work within an interdisciplinary perspective.