Book Review

Paradigm Shifts in Population and Health in India: An In-depth Analysis of SDGs

Edited by Sanghmitra S. Acharya, Sampurna Kundu and Sampurna Singh, Singapore: Springer Singapore, 2025. 244 pp. ISBN: 978-981-95-1719-0

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Contextual Introduction

For some time now, India has been known for the paradoxical combination of high rates of child malnutrition, anaemia, and healthcare need despite economic growth. Following the post-2015 adoption of SDGs as the key international goals, researchers have turned their attention to the issue of inequalities in India. While there is a considerable body of research about failures of Indian healthcare system (Balarajan et al., 2011) or the country's demographic advantage (Bloom, 2011), there are few studies which seek to establish links between demographics, healthcare, and inclusive development. This is what Paradigm Shifts in Population and Health in India addresses.

The volume is edited by Sanghmitra S. Acharya, Sampurna Kundu, and Sampurna Singh, the academics associated with the Jawaharlal Nehru University and the University of Exeter respectively. The book was produced by the Centre of Social Medicine and Community Health. The volume stands out due to the fact that the authors do not present population health issues only from the epidemiological or bio-statistical perspective. On the contrary, the book critically assesses the ways in which hierarchical structures result in suffering that could be easily prevented.

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Analytical Summary

This book comprises five sections, where each section deals with an aspect of the population, health, and development triangle. Following the foreword written by Prof. F. Ram (Director, IIPS) and a prelude written by the editors, the first part (Population, Health and Development) lays out the theoretical framework. Of importance is Aalok Ranjan Chaurasia's chapter on revitalizing India's health system. The author provides a historically critical review of Bhore and Mudaliar Committee legacies while suggesting a novel approach based on a WHO standard and hospital beds. Gender-based infant and under-five mortality trends from 1950 to 2100 are described in the chapter written by Usha Ram et al. using UN statistics and NFHS rounds. The persistence of excess mortality among female children despite general mortality decline is a disturbing fact revealed by the authors. Lastly, in his chapter about early childhood inequalities, Shilpa Jadhav-Bhakare discusses the capabilities approach proposed by Sen (1993), and Nussbaum and makes a convincing case to consider children as rights bearers.

Part II (Innovations in Health Care) moves the attention to response strategies. The first paper in this section, by Jayanti Saha, discusses the history of the MHCs in India from their inception during wartime until their use during the recent COVID-19 pandemic and shows how crucial they are in disaster situations. One exceptional piece of writing that stands out for its qualitative approach to the problem is 'Anganwadi Workers Under Poshan Abhiyan', authored by Vaishnavi Mangal.

Part III (Emerging Issues in Health) focuses on clinical and behavioral burdens. An analysis of unmet healthcare need by Sandhya R. Mahapatro using NSS data shows an alarming phenomenon: although overall levels of unmet need have fallen since 2004, socioeconomic differences increased, and the acceptability barrier (for instance, "illness not considered serious") is now more important than supply-side barriers. Sampurna Kundu et al.'s chapter provides a technically rigorous ordered logit model examining nutritional anaemia among adolescents in India based on CNNS data (2016-18). This study identifies a strong association between deficiencies of iron, zinc, and vitamin A and anaemia, and finds that dietary diversity, especially consumption of dairy products and flesh food, reduces the probability of anaemia. Manali Swargiary et al.'s chapter analyzes hysterectomy in 40-plus women in India using LASI Wave-1 data. This chapter reveals that wealthier and urban women were more likely to be hysterectomized, and excessive menstrual bleeding was the common reason for undergoing the operation—a result which challenges one's understanding regarding medical indications and business motives behind the operation.

Part IV (Towards Well-Being) widens the lens beyond standard morbidity. Debayanti Bhowmick presents an academically rigorous application of political

ecology to the interlinkages between climate change and health by drawing on feminist and post-colonial theories. Trisha Mukhopadhyay and Sumanta Roy study elderly well-being by drawing on the data generated by the Longitudinal Ageing Study in India (LASI), whereby living alone, depression, and ADL problems are prevalent among widowed individuals and those residing in rural areas. The case study presented by Malika B. Mistry provides the most ethnographic perspective by analysing the experiences of the Muslim Naikin women of Maharashtra, whose minority identity allows them to grapple with sexual exploitation, religious hybridity, and economic vulnerability. Similarly, Sampurna Singh and Sanghmitra Acharya discuss domestic violence amid the pandemic and draw on data from NFHS-5 survey and primary data collected in four urban settings, where domestic violence correlates significantly with alcohol consumption and coercive control.

Critical Evaluation

Theoretical Contribution: The main theoretical merit of this volume lies in its rejection of methodological individualism. Through its focus on structural factors, such as caste, patriarchy, neoliberal health governance, and spatial inequality, the book positions itself as an embodiment of critical epidemiology and social medicine perspectives. Utilisation of theories, including capabilities approach by Sen and Nussbaum (Jadhav-Bhakare), and political ecology (Bhowmick) lend rigour to analyses. But there have been several instances of using theoretical concepts in a descriptive manner. The theoretical concept of "intersectionality," for example, appears multiple times in different parts of the book but remains limited to labelling rather than analytical interaction of concepts.

Methodological Soundness: The collection is methodologically eclectic, involving UN projections, NFHS, NSS, CNNS, LASI, and qualitative fieldwork. The ordered logit specification employed by Kundu et al. and the Fairlie decomposition in Swargiary et al. are both methodologically rigorous. Mangal's study of Anganwadi workers based on qualitative data is a fine example of an empirical work focused on lived experiences and sociotechnical critique. However, one weakness in some of the quantitative studies is that their use of cross-sectional data means that any claims about causality (e.g., the effects of hysterectomy on morbidity) are impossible to make. Finally, although there are a few chapters that highlight problems in the health system, none conduct a political economy analysis of health funding/private healthcare providers in India.

Evidence Use: This book does a good job in triangulating multiple sources. In particular, the chapter by Ram et al does a good job in comparing and contrasting the data from UN, NFHS, and Economic Surveys to demonstrate the fact that India's share of deaths among the children in the world is declining but there are still gender disparities. The utilization of concentration curve to explain the pro-poor

unmet need made by Mahapatro was appropriate. At the same time, some of the arguments made especially about the success of programs like Ayushman Bharat lacked citations and evaluation findings.

Strengths and Limitations: Undoubtedly, the biggest advantage that this book possesses is its steadfast concern about the marginalized, such as the Scheduled Castes/Tribes children, the migrant labor community, Muslim Naikin women, and the elderly. Another advantage of the book is that it challenges the binary opposition by presenting the internal differences that exist in one category, for instance, between slums and non-slum urban areas. An inherent weakness of the book lies in its inconsistency in integrating the various parts of the book. For instance, the conclusion provided by the editors at the end of the book is very brief and disappointing.

Comparative Positioning

Where does this volume stand among existing literature? This volume is in the company of The Lancet's India health series (2011) and Oxford Handbook of Caste (2022); however, the distinction of the former lies in its commitment to situate each chapter within specific SDG targets. While biomedical appraisals have been attempted (India Health Report by PHFI), this volume focuses consistently on the dimension of social suffering. Relative to international health equity literature (such as Kawachi & Subramanian's study on social capital), the Indian contribution makes relevant context-specific mechanisms evident, such as precarity of Anganwadi workers, effects of caste discrimination such as manual scavenging, and geographical exclusion of the slum population from access to WASH facilities. Relative to other global South health systems monographs (Waitzkin's study on Latin America), this volume is deficient in engaging with health worker unionization or the role of pharmaceutical capital.

Relevance and Contribution

For the readers of Health Empirics, the volume is valuable in many ways. First, the evidence that acceptability issues (lack of seriousness perception) have become the biggest contributors to unmet needs indicates that demand side measures (health literacy, mobilisation) need equal attention with the supply side expansion. Second, the findings from the hysterectomy chapter show the necessity of conducting audits of gynaecological quality of care, especially in those regions where private facilities proliferate, such as Andhra Pradesh. Third, chapters on digitalisation present a warning signal to health informatics: when technology implementation is not user-oriented and workers receive insufficient remuneration, mHealth initiatives only cause more burnout and misdiagnosis.

Discourse of the multidisciplinary nature of the book, combining medical sociology, demography, public health nutrition, and political ecology, qualifies the volume for use in graduate education, public health professionals, and policy-makers engaged in implementing the goals of SDGs 3 (health), 5 (gender equality), and 10 (inequalities reduction).

Conclusion

"Paradigm Shifts in Population and Health in India" is a pertinent, empirical, and socially committed work. In this book, it is well argued that the demographic transition in India has not gone hand in hand with the health transition. There is sufficient evidence in support of the core evaluation presented in this book regarding how an integrated and equity-oriented approach is essential for achieving the SDGs. Despite some limitations, such as lack of synthesis and analysis in some places, and inadequate use of theory at certain points, it is certainly an important contribution to critical studies of health.

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