

Caste and Hypertension in India: Examining the Differential Effect of Socioeconomic Status

Extended Abstract:

INTRODUCTION

Caste system has been an archetypal system of social segregation and a status hierarchy in India. Caste system is a strongly rigid system of social hierarchy where the caste membership is associated with social status, access to social and economic resources, and a broad range of inequalities and disadvantages. Many studies suggest that lower-status caste membership is associated with a broad range of adverse health outcomes in India. A growing body of literature suggests that lower-caste groups have a disproportionate burden of adult and child mortality and self-reported poor health. However, it is not clear to what extent indicators of socioeconomic status (SES), such as wealth, occupation, and education act as protective factors for lower-caste groups.

Declared by the World Health Organization, non-communicable diseases have surpassed infectious diseases as the leading cause of death in the global burden of disease (World Health Organization 2014). Among these are chronic conditions related to cardiovascular health and chronic kidney disease, such as hypertension (HTN). Due to its high prevalence, hypertension is deemed a public health concern (Kearney et al. 2005; Rahman, Williams, and Al Mamun 2017). Existing literature examining HTN in India has identified several sociodemographic correlates of hypertension including urban residence, educational attainment, southern residence, age, and being female (Das et al., 2005; Gupta et al., 2011), but no studies specifically examined how caste, as a social hierarchy measure, may also impact the exposure to chronic conditions such as hypertension.

For structural and cultural reasons, risks for HTN tend to be more common in developing countries, and it is predicted that 80% of the global burden will be concentrated in low- or middle-income countries such as India (Hedner et al. 2012). In a systematic review by Devi et al. (2013), there has been a significant positive trends in hypertension prevalence in India since 1969 to 2011 by region and gender. India is defined as a developing country, with rates of HTN are greater for those living in urban areas compared to rural areas at about 25% and 10%, respectively.

Within the context of developing countries, there are gender differences in HTN and cardiovascular disease (CVD) outcomes that disproportionately affect women (Rahman et al. 2017; Bishwajit, Yaya, and Seydou 2017). However, the prevalence of HTN is also greater for men at 33.2% compared to their female counterparts at 31.7% (World Health Organization NCD Country Profiles 2014). When age is taken into account, however, HTN is more prevalent among younger men than younger women, but more prevalent among women than men when transitioning to middle ages (Isles, 2000). Given the incongruence of these claims on gender differences, the relationship between gender and hypertension in India is relatively ambiguous. This paper seeks to gain a better understanding of the nature of HTN amongst women, focusing the effects of SES. In this regard, sociological scholarship highlights the roles of socio-structural

factors that put women in disadvantaged social status leading them to expose to social stressors that increase their likelihood of experiencing acute and chronic illnesses that shape their elevated levels of morbidity compared to their male counterparts.

While industrialized societies tend to have an increased prevalence of hypertension, findings suggest an increased prevalence of hypertension in developing countries such as India possibly caused by urbanization, ageing of population, changes to dietary habits, and social stress. However, no prior studies have attempted to investigate how the burden of HTN is unequally distributed by caste as a social hierarchy measure. More importantly, given the relatively unclear association between SES and hypertension in the context of India, this paper seeks to understand to what extent the access to higher socioeconomic status mitigates the adverse effects of caste membership on HTN.

We draw on the fundamental cause framework which suggests individuals' socioeconomic status (SES) provides them with varying degrees of access to "flexible resources". The indicators of SES, such as education, wealth, occupation, and income can provide access to an array of beneficial resources that a purposive actor can utilize these resources as a means to benefit their health goals. As Link and Phelan said, these resources can be used "to avoid disease risks or to minimize the consequences of disease once it occurs", regardless of underlying disease risk factors in a given circumstance (Link and Phelan 1995: s29). In essence, this implies that individuals with greater access to flexible resources such as money, knowledge, power, prestige, freedom, and beneficial social connections are better able and prepared to employ these resources as critical means to avoid disease risks and achieve health goals. Drawing on the fundamental cause framework's assumption about the role of SES, we examine the differential role of SES in the link between caste membership and hypertension among women of 15-49 years old.