Book

Invaluable information on health inequities

The Brazilian poet João Cabral de Melo Neto's masterpiece *Morte e Vida Severina* (*Death and Life of a Severino*) describes the experience of a migrant worker fleeing misery and drought in rural northeastern Brazil. On his way to the city, Severino meets two men carrying a hammock with a dead body for burial. He recognises himself and the countless other Severinos in this corpse. As Melo Neto so poignantly describes, with their swollen stomachs and skinny legs these Severinos will die before they reach 30 years of age "of hunger a little daily, of weakness and disease". In his poem, Melo Neto chooses one of the most common first names in northeastern Brazil, Severino, and transforms it into an adjective. In doing so, he rescues the name from the particular, the individual, and invests it with a symbolism of the collective; the people of this region are fated to be no more than Severinos in this life. This poem was written in 1954 and sadly it still reflects the reality of life for many poor people, not only in the poorest areas of Brazil but elsewhere in the world. All these people, all the Severinos, men and women, are not permitted to attain their full potential in terms of their social development and wellbeing. They are victims of inequities that are systematic and socially produced.

The removal of the many barriers that impede millions of people to live decent and happy lives is a most formidable task. Many of the actions that need to be taken are not in the hands of health professionals, but largely depend on politicians and policymakers. But in the health sector we can act to ensure that we always disclose what happens among the poorest groups of our societies. Ways to measure inequities in health and nutrition are important in various settings to allow us to identify those people most in need so that we can develop appropriate interventions. However, the difficulty here is that few studies decompose exposures and outcomes according to socioeconomic groups, and when they do so, different indicators, or cut-off points, are often used that preclude comparisons between, or even within, countries.

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So the World Bank's *Socio-Economic Differences in Health, Nutrition, and Population within Developing Countries*—together with the accompanying online overview report and 56 individual country reports—is very welcome. Davidson Gwatkin and his colleagues have made a great effort to put together information collected by Demographic and Health Surveys (DHS) in 56 low-income and middle-income countries. For half of these countries information from more than one survey is available, allowing comparisons over time. The DHS tables summarised in the book analyse health and nutrition determinants and outcomes that are disaggregated by quintiles of household assets or wealth. The book covers important topics in child health—for example, morbidity and mortality, nutritional status, immunisation, breastfeeding, use of health services, micronutrient consumption, and orphanhood. In addition, a long list of indicators of health for women and men are presented, including education, sexually transmitted diseases, sexual practices, domestic violence, use of tobacco and alcohol, use of contraceptive services, antenatal and delivery care, exposure to mass media, and measures of women's empowerment, among much else.

In each table, the prevalence of indicators is shown for the total population of the country and region, as well as for five socioeconomic groups of similar size. Measures of inequity include the ratio of the prevalence of the poorest and the richest quintile, differences between these prevalences, as well as concentration indices, that evaluate the inequity of the distribution between the groups.

Of course, the use of a single indicator, such as asset indices, presents some limitations. Asset quintiles do not fully address inequities conferred by age, gender, ethnic group, or position within the household family structure. Moreover, the meaning of a specific quintile—the poorest, for example—can be totally different across countries or even for the same country at different times. In addition, in countries with large social inequities, it is possible that the comparison of extreme quintiles may largely obscure the enormous differences between the rich and the poor. This is the case of my own country, Brazil, where the poorest 10% of the population account for only 0·7% of national income, and the richest 10% for 47%. These facts, however, do not preclude comparisons within or between countries, but such comparisons must be made bearing in mind what asset quintiles mean and what their limits are.

Although the analyses of the indicators according to area of residence are not shown in the book, Gwatkin and colleagues make clear that they can be found in the original DHS reports for each country. In fact,

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Socio-Economic Differences in Health, Nutrition, and Population within Developing Countries: An Overview
Davidson R Gwatkin, Shea Rutstein, Kiersten Johnson, Eldaw Suliman, Adam Wagstaff, Agbessi Amouzou.
Health, Nutrition, and Population Department of the World Bank in cooperation with the Government of the Netherlands and the Swedish Development Cooperation Agency, 2007.

For the **56 individual country reports and the overview** see http://www.worldbank.org/povertyandhealth/countrydata

since half of the world's population now lives in cities, and 42% of urban populations live in slums, the disaggregation by area of residence is crucial to properly address the needs of the poorest groups of the population.

Michael Marmot uses this phrase in Achieving health equity: from root causes to fair outcomes. *Lancet* 2007; **370:** 1153–63.

With the publication of this book, Gwatkin and colleagues provide the scientific community with an invaluable source of information on health inequities. With rare exceptions, the many tables produced generate a strong and constant message: the poorest people in any of the studied countries have the worst health status, measured by morbidity or mortality indicators, make least use of the available health resources, and have the worst heath-related behaviours. It is hoped that the impact of these findings will help accelerate processes to improve the health situation of those most in need, not only by increasing the coverage of evidence-based interventions, but also by persuading politicians of the urgent need to combat social inequities, what Michael Marmot has called "the 'causes of the causes'—the fundamental structures of social hierarchy and the socially determined conditions these create in which people grow, live, work, and age".

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In brief

Artificial Eye

4 Months, 3 Weeks and 2 Days
Written and directed by Cristian Mungiu. Mobra Films, 2007. On general release in the UK from Jan 11, 2008.

Film Living under Ceausescu

In 1966 the Romanian authorities, unhappy with the population growth rate, reworked the abortion laws. Henceforth, only under exceptional circumstances were women to be permitted an abortion. Police officers were stationed in hospitals. The policy showed immediate results—in 1967 the birth rate increased by 93%. Naturally, there were complications: maternal mortality rose sharply, as did the number of so-called fetal deaths. Nevertheless, the injunctions remained; anyone who defied the new laws would be prosecuted.

Cristian Mungiu's *4 Months, 3 Weeks and 2 Days* is set against the backdrop of Ceausescu's Romania. It is 1987, Otilia (Anamaria Marinca) and Gabita (Laura Vasiliu) are students in a country town. Gabita is pregnant. She doesn't want the baby. She has been advised to seek out Mr Bebe (Vlad Ivanov). Otilia, far more practical than her naive friend, offers to help. She meets the middle-aged abortionist, and the three congregate in a shabby hotel room. Gabita offers Mr Bebe a cake, "they're homemade" she says shyly. She has forgotten to bring a plastic sheet, but is assured that a bag will be a suitable substitute. But Mr Bebe wants his fee immediately, he expects both girls to pay, only he's not accepting cash.

Mungiu confidently details this desolate period of recent Romanian history: the washed-out colours, the daily bribes, the clunky trams, and ramshackle cars, the sheer joylessness of it all. Communism, the film suggests, was collectivised humiliation: haughtily insolent hotel staff patronise Otilia with impunity, in another scene a resigned queue shuffles in the background. Then there's the overweening and brutal desire of the government to control its citizens, one symptom of which was the abortion laws, further tightened in 1984 at Ceausescu's behest.

In its rush to point out society's negation of the individual, social realism can find itself tripping into the same sin, lazily reducing its characters to emblems or stereotypes. *4 Months, 3 Weeks and 2 Days* makes no such mistake. The film has roughly five parts, each of which hinges on the interplay between Otilia and another character. Marinca provides a superbly judged performance. She speaks softly, signalling her mood with slight changes of expression. Restraint and sensitivity also marks the direction. Two appalling events are left off-screen, rendered all the more effective by the characters' reactions, and scraps of dialogue.

By 1987, Ceausescu's ascendancy was coming to an end; 2 years later the atrocious regime was toppled. Abortion was restored to legality. But Mungiu's outstanding film reminds us of an unchanging fact: banning abortion doesn't just turn doctors into criminals, it turns criminals into doctors.

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Artificial Eye