Indian J. Soc. & Pol. 12 (02):33-38: 2025 **ISSN: 2348-0084 (PRINT)**
31 JULY 2025 **ISSN: 2455-2127(ONLINE)**

HEALTH AS FREEDOM: APPLYING CAPABILITY APPROACH TO HEALTH IN INDIA

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ABSTRACT

In India health inequity is a major concern which has its root in the systemic inequalities that exist in the form of socio economic and political factors. In health literature inequities in health have largely been addressed from the inadequacies in the health system. This article looks at health from the social justice framework through the lens of the Capability Approach. Capability Approach puts forward substantive freedom that individuals needs in order to achieve well-being. Health is viewed as means and also as an end and is an important aspect of well-being as it helps to develop other capabilities. Since independence India has spoken of health equity in all its policy documents. Despite several achievements in terms of health indicators, stark health inequity continues to grip India's health system. Inequities exist in the form of accessibility and affordability of health cutting across caste, class, gender and region. The article puts forward that in order to achieve equitable health for all it is necessary to make accessible the central health capabilities in order to achieve health functionings and thereby attain freedom. Health policies need to widen its scope to look beyond healthcare delivery and look at health as a means as well as an end to achieve freedom to attain a flourishing life.

KEYWORDS: *Health, Freedom, Inequality,Capability*

INTRODUCTION

Health is an integral part of our lives. It is a precondition for availing economic and social opportunities. To achieve health, an individual must have access to appropriate social and economic conditions, which decreases the need for medical care. Therefore the understanding of health begins from socio economic environment that the individual lives in and moves towards the bio medical discourse. Factors which promote health therefore must be provided to all irrespective of the fact that one can avail based on one's economic capacities. Plausible evidences suggest that health is dependent on the socio economic environment and unevenness in the environment is likely to produce inequities in health.

Health inequity in India is a stark reality. Inequalities based on biological differences between men and women cannot be termed as unfair as these inequalities cannot be corrected. However inequalities resulting from socio-economic factors commonly recognized as the Social Determinants of Health (SDH) are labelled as health inequity. SDH affect and define the health of the population and individuals in particular. Health inequity though a matter of concern in health research literature needs to be addressed from the theoretical standpoint. This article tries to look into the issue of health inequity in India from the social justice frame of the Capability Approach. The article puts forward that Indian health system causes inequities in health capabilities which affect functioning and denies them freedom. To address such inequities it is necessary that health system requires holistic and inclusive approach to health in order to be able to provide Universal Health Coverage (UHC).

METHODOLOGY

This research paper looks at health in India from the perspective of the Capability Approach. Based on secondary data, the article is descriptive in nature. Secondary sources of data comprised of various government documents related to health, National Health Accounts 2021-22, NITI AYOG and NSSO 75th Round. The desk research methodology and qualitative analysis was used for this purpose.

LITERATURE REVIEW

Specifically, the fundamental concept of health has a strong theoretical basis from the point of view of justice as when and how it is distributed. This study has its root in the Capability Approach (CA) as advocated by Amartya Sen in Inequality Reexamined, Development as Freedom and The Idea of Justice and later elaborated by Martha Nussbaum in The Quality of Life and Capabilities and Human Rights and an alternative to the welfare approach for evaluating well-being which is the individual's freedom or capabilities to achieve a level of functioning. The principal assertion of the capability approach is that evaluation of justice and injustice is to be done

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on the basis of individual person's capability to accomplish well-being. This approach puts forward that by establishing suitable socio-economic and political institutions, as well as socio economic resources, and making them available to all, individuals can apply a set of basic capabilities that assist them lead a 'flourishing life'(**Alexander, 2008**). A number of researchers have also established the CA in the context of health systems and health policies (**Law and Widdows, 2008; Ruger, 2010; Baredda et. al., 2019**). Ruger puts forward that health policies should aim at risks associated with ill health and thereby reducing the risks of financial insecurity and creates conditions for 'human flourishing' (**Ruger, 2007**).

Developed by Amartya Sen and later extended by philosopher Martha Nussbaum in the CA Sen proposed that the primary goal of development is not to facilitate and achieve high levels of economic growth but to expand one's freedom by which he means the capability to grow one's own potential. Therefore, freedom in this context is the developing of one's capabilities and also a means of achieving the development i.e. as 'primary end' and 'principal means of development' which can be named as the 'constitutive role' and 'instrumental role' of 'freedom in development' (**Sen, 1999)**. According to this perspective, a person's capacity to do certain basic things is the end, and resources are simply a means to an end. Further the approach distinguishes between functionings, capabilities and resources that have been attained although functioning and capabilities are related. Functionings are a person's ways of being and doing, whereas capabilities are the opportunities that a person can turn into actual functioning. A person's capability is 'the substantive freedom[1] to achieve alternative functioning combinations….. the freedom to achieve various lifestyles' (**Sen, 1999**). These individual freedoms are essential in the sense that they are imperative in evaluating the success of a society. These set of 'substantive freedoms' are also influential for specific initiative and societal efficiency. Greater freedom allows the individual to develop themselves while also influencing the world, which is referred to as the individual's 'agency component', in which he participates in economic, social, and political acts. The capability approach in evaluating freedom refrains from the traditional normative approaches such as utility (mental satisfaction), income and wealth and procedural liberty yet it accepts that lowness of income can led to deprivation of individual capabilities[2]. Despite significant correlational linkages, the role of income and wealth has been integrated into a larger picture and poverty is seen as a denial of basic capabilities[3]. The concept of 'functionings' as Sen puts is the ability to live a worthwhile life like the 'various things a person may value doing or being' (**Sen, 1999**). The focus on 'quality of life' and on substantive freedom is rooted in Aristotle's views on 'flourishing' and 'capacity' which relates to quality of life and substantive freedom of Martha Nussbaum[4]. In other words, capability to operate encompasses both 'well-being' and the 'freedom to seek well-being'. Capability is connected to 'well-being' in two ways. Sen in Inequality Rexamined opines, firstly if a person's well-being is depended on able to feed himself and walk without help then the capability to attain those functions will establish the person's 'freedom to well-being'. Secondly, well-being depends on the capability to function and if there is an opportunity to exercise freedom then Sen opines that real opportunities can be better (**Sen, 1992**). He demonstrates how the collection of capacities provides knowledge about the many modes of functioning that a person can achieve. The 'amount or the extent of each functioning enjoyed by a person may be represented by a real number, and when this is done, a person's actual achievement can be seen as a functioning vector'(**Sen, 1999**). In order to distinguish between functioning and capability in real terms, Sen gives the example of starving versus fasting[5]. Sen goes on to define a selection of 'basic capabilities'[6] that are necessary precondition for other skills and, if lacking, render most other capabilities inaccessible. Basic capabilities are essentially preconditions for further developing of capabilities.

Human heterogeneity is another component of the capability approach and is considered vital to assess well-being and freedom that one gets out of them (**Sen,1992**). Humans differ in terms of their external characteristics like age, sex, health status, mental attitude and external characteristics like societal norms, levels of income and education and therefore equality should be aimed at helping those in respect to their level of limitations. This point gains significance with regards to positive freedoms that everyone should enjoy and necessary resources that individuals should be provided to improve their capability to function.

Freedom is an intrinsic part of CA and good society is one that aspires to provide freedom. Freedom in capability approach comprises of two elements: opportunity and process. Here opportunity refers to the real opportunities that people have, in respect to their personal and social conditions. It evaluates decisions making in terms of its impact on individuals' substantive freedom (the capability set) vis-à-vis the real success (the selected functioning vector). The second part of freedom is process, and this is connected with the liberty of actions and decisions, as well as the agreement on how to achieve them. The process part consists of governmental policy which is the result of public engagement in governmental decisions and societal choice. Processes and opportunities are important in their own ways and are related to development as freedom. By emphasizing on freedom, CA views individual freedom as a social product through a twofold relation i.e.

societal arrangements are used to increase individual freedoms and also using individual freedoms to make societal provisions more appropriate and operative.

A major criticism leveled against the CA is that the theory puts forward liberty and freedom without bringing out the political setting in which it is acting. Freedom and democracy which forms an integral part of the theory of development lacks an analysis of the political context of development. The only REFERENCES to political variables is at the point Sen talks about famines which can be easily detected in democracies while dictatorships deal with such acute problems (**Navarro, 2000**). Despite such criticism it has been identified as an important domain for well-being measure. Proponent of the capability approach Ruger in her article opines it is the only strategy that takes individual differences into consideration, since it acknowledges that people's ability to translate resources into well-being varies from person to person. (**Ruger, 2006**)

HEALTH IN CAPABILITY APPROACH: THE INDIAN EXPERIENCE

As a social justice framework the Capability Approach looks into the relation between 'resources, capabilities and functionings' recognizing that individuals with diverse needs require different approaches to achieve valuable goals. In Inequality Reexamined, Sen puts forward that health is a basic feature of human well-being and is one of the fundamental capabilities which provide the capacity 'to satisfy certain elementary and crucially important functionings up to certain level' (**Sen, 1992**).

In Health and Social Justice Ruger describes health capability as the person's capacity to be healthy beyond the simple physiological health. Health capability has been described as '….. the ability of individuals to achieve certain health functionings as well as the freedom to achieve those functionings' (**Ruger, 2009**). Going by the capability approach, health functionings mean escaping disease, deformity, malnutrition and disability. When assessing health, functionings are easier to examine because they represent the achieved condition rather than the potential circumstances. For example, the nutritional condition of a population may be measured, whereas the capability of being well fed involves an evaluation of the availability and accessibility to nutritious food, which depends on economic and social factors (**Barreda et. al., 2019**). *While functionings consider outcomes, capacities are the prospects that people have to accomplish these anticipated objectives.* Thus, health capabilities comprises of individuals' abilities to achieve health functionings. Going by the capability approach's concept of basic capabilities, some capabilities are essential because without them, the majority of other capabilities remain inaccessible. The ability to prevent avoidable diseases and premature mortality is a key health capability that is influenced by socio-economic, political, and other dynamics (**Ruger, 2009**).

Agency is an important factor when examining health utilizing the Capability Approach as a framework for study. According to Ruger, Health agency is the 'individual's ability to achieve health goals they value and act as agents of their own health' (**Ruger, 2010**) People cannot have good health unless they value the objective and are engaged in the course of achieving it. Health agency includes health awareness, actual making choices in health matters (**Ruger, 2009**). To achieve maximum level of health functionings it is important for people to take up the charge for using healthcare and other societal possessions. The concept of well-being encompasses more than just functioning, opportunities, and resources; it also includes people's capacity to set and accomplish goals (**Sen, 1999**).

Freedom is at the basis of the capability approach, and in all aspects is an essential component of health. Applying this to health the opportunity aspect of freedom is related with health policies which are to be analysed by their influence on persons' 'health capabilities and functionings' and the process aspect forms the public policy part. This part is related to the 'agency aspect' of the individual, empowering people to make their own decisions as agents of their own health. *The comprehensive collection of health capabilities characterizes a person's general flexibility to attain health functionings.* Health assessment from the CA perspective is assessed on the basis of functioning and capability and assessment on any one of these may provide an incomplete account of health (**Barreda et. al.,2019**). Therefore health in the Capability Approach acts as an end and also as a means. Being healthy is an important aspect of well-being and as a means it helps expand other capabilities.

The Indian health system is set with inequities in accessibility, affordability and availability and use of health services. The Indian health system comprises of public and private healthcare facilities with the private healthcare facilities looking majorly into curative care. However, this health system suffers from major inadequacies. Despite demands for increasing budgetary allocations for health in India allocations have remained appallingly low. The Government Health Expenditure (GHE) is 1.84% of GDP which is one of the lowest in the world (**NHA, 2021-22**).

The public sector provides primary, secondary and tertiary care within a three tier system. The primary level, which includes the Sub-Center (SC) and Primary Health Center (PHC)

caters to the needs of the rural population. The second tier includes community health centers (CHCs), sub-divisional and district hospitals. Teaching hospitals and other specialty institutions constitute the third and tertiary healthcare levels (**Baru et al., 2010**). The private healthcare sector consists of single practitioners and private clinics and dominates the healthcare market in India. Private healthcare accounts for 70 % inpatient and 95% ambulatory services with the government having minimal regulatory role (**Niti Ayog, 2018**). Report suggests that the quality of medical care provided by both the government and the private sector is inadequate resulting in avoidable mortality and morbidity. (**Niti Ayog, 2018**)

The rising cost of healthcare in this poorly regulated disintegrated health service delivery has resulted in escalation of out of the pocket expenditure pushing millions of people to poverty every year. Out of the pocket expenditure in relation to total health expenditure in 2021-22 was 39.4% (**NHA, 2024).** According to NSSO 75th Round**,** to fulfill the cost of health care 80 % of the rural households primarily depended on their household savings whereas 84 % of the urban household relied on 'income/savings' and there has been a sharp increase from the NSSO 71st Round from 68 % in the case of rural areas and 75% in the case of urban households (**NSSO, 2019; NSSO, 2014**). Escalating household expenditure on health prevents people from availing quality health services thereby restricting one's freedom and violates the principles of justice embedded in Capability Approach.

Besides high health expenditure, India exhibits widespread inequalities in accessing health across gender, social and economic groups and across states (**Baru et. al.,2010**; **Saikia and Bora,2016; Mondol and Dubey,2020; Dash and Mohanty,2019).** Malnutrition, anaemia and the rise of non-communicable diseases are other serious challenges in the health system which can be, prevented with better case and quality care (**Niti Ayog, 2018**). Study shows that deprived groups who have no access to health are susceptible to malnutrition which further results in acute diseases and mortality (**Chatterjee and Sheoran, 2007**). Social determinants of health like access to clean water, sanitation, and livelihood also impacts health. Inadequate access to water, sanitation and hygiene (WASH) by the Indian population has detrimental effects on health (**Ghosh et. al., 2022)**.This reflects extreme capability deprivation wherein denying opportunities for leading a healthy life denies people of real freedom.

Low public investment in health has led to unrestricted rise of the private players in health and lopsided distribution of health services. This has affected quality care and affordability and the achievement of UHC. UHC has been defined by the High Level Expert Group(HLEG) as 'Ensuring equitable access for all Indian citizens in any part of the country, regardless of income level, social status, gender, caste or religion, to affordable, accountable and appropriate, assured quality health services (promotive, preventive, curative and rehabilitative) as well as services addressing wider determinants of health delivered to individuals and populations, with the Government being the guarantor and enabler, although not necessarily the only provider of health and related services'(**PCoI,2011**) . With this commitment to provide opportunities for equitable access UHC does not accept responsibility for creating the provisions for equitable access. To achieve optimal health it is necessary to provide provisions and fair access to those provisions in order to reduce inequities in health capabilities.

CONCLUSION

The social justice perspective of CA provides the framework for addressing health inequities in India. Health inequities in India in reality are inequities in health capabilities which affect functioning and deny freedom. In order to expand freedom health policies needs to broaden its horizon and move beyond service delivery by addressing social and economic deprivations. Health policies need to revise the underline vision of health focusing on the instrument of justice. In this way individuals can lead a healthy life and achieve freedom. It is the collective obligation of the individual and the state to use assets effectively and efficiently that will help in promoting health capabilities and achieve the goal of equitable health for all.

END NOTES

[1]Sen describes substantive freedom as 'the liberty of political participation or the opportunity to receive basic education or healthcare'. He defines a set of five categories of freedom for development namely social opportunities, economic facilities, political freedom, transparency guarantees and protective security.

[2]Low income can be a major reason for illiteracy and ill health and led to hunger and undernourishment. On the other hand better education and health can help in earning better incomes.

[3]Amartya Sen gives the example of 'missing women' in certain societies like South Asia, West Asia, North Africa and China which has to be seen in the light of demographic, medical and social information rather in terms of low incomes.

[4] This has been discussed by Martha Nussbaum in Non-relative virtues: An Aristotelian Approach pp 242-269

[5] An affluent person who is fasting has a different capability set than a destitute person who is starving because

the first person can choose to eat well and be well nourished in a way the second person cannot.

[6]The term 'basic capabilities' has been used by Amartya Sen in Inequality Reexamined pp 45.

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