ORIGINAL RESEARCH

Social and health equity and equality: The need for a scientific framework

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Abstract

*Problem:*Studies on health/disease often use concepts such as equity/inequity, equality/inequality, and social justice.These terms are not always clearly and precisely defined, nor are they used with the same meaning by different authors.

Objective: 1) To present and analyze the concepts used in the literature on living conditions, social justice, social and health equity and inequality, and 2) to offer a conceptual framework that allows these concepts to be used in a scientific manner.

*Methodology:*Literature review and comparison of terms used in both general and specialist dictionaries, articles, and books.

*Results:*Broad basic definitions of terms are presented.The approach used by Latin American Collective Health and Critical Epidemiology is based on understanding the social origins of equity/inequity and their visible manifestation in the determination of equality/inequality.

*Conclusion:*There is little agreement on the conceptualization of these terms.The critical realism developed by Latin American Collective Health and Critical Epidemiology examines equity/inequity as a social process that generates equality/inequality and enables a scientific approach to the study of both concepts.

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Introduction

The health/disease process is impacted by social determinants; Bunge referred to this as "social causality."[1,2]The biological dimensions of this process are the most obvious and the ones we can easily observe and measure.But in terms of determination they are not the only or even the most important factors.[1,3,4]Current studies looking at "social and economic aspects," "health and social aspects," and "social justice and economic justice" do so without defining these concepts clearly.Similarly, terms such as "equity," "equality," and "social justice" are commonly used without definition.Furthermore, they may have different meanings in different languages; in some instances they exist in one language but not in another.Poverty is a word with a variety of meanings.It generally refers to a situation where basic needs are unmet, or, in a figurative sense it can suggest a condition of humility or lack of magnanimity, elegance, or nobleness.[5]

In the historical materialist or critical realist approach, the relationship between nature and society is central and omnipresent.[6]Linares and López have examined *"the concepts of inequality and inequity from the vantage point of social justice and contemporary approaches to health equity."*[7]They highlight the unequal distribution of health outcomes, access to services, and quality of medical and health care.

This study examines some of the central concepts used in the study of living conditions, social justice, equity/inequity, and equality/inequality in order to show the confusion existing in the

field.Furthermore, we propose a theoretical/methodolog-ical approach, which enables us to explain the relationship between the health/disease process on the one hand, and economic, political, and social conditions on the other.

Definitions of Key Concepts

The official dictionary of the Spanish language is produced the Spanish Royal Academy (DRAE[*]). The DRAE provides definitions of: *igual* (equal), *desigual* (unequal), *igualdad* (equality), *desigualdad* (inequality), *equidad* (equity), *iniquidad* (injustice/iniquity) and *dispar* (unequal). Here are the definitions that are most relevant to their use in the health literature:

- *Igual* (from Lat. aequālis). 1. adj. Of the same nature, quantity, or quality as something else. … 7. adj. Of the same class or condition. Also used as a noun.
- *Desigual*1. adj. what is not equal.
- *Igualdad*(from Lat. aequalĭtas, -ātis). 1. n. *Conformity of something with another thing* in terms of nature, form, quality, or quantity (*emphasis added*). 2. n. Correspondence and proportion resulting from many parts which uniformly make up a whole. … ~ before the law. 1. n. Principle which recognizes that the same rights apply to all citizens.
- *Desigualdad.*1. n. Quality of being unequal.
- *Equidad* (from Lat. aequĭtas, -ātis). … 3. n. Natural justice, as opposed to the letter of the law. … 5. n. Willingness to give to each that which they deserve.
- *Inequidad* is not included in the DRAE but is understood as the absence of equity.This may be explained by the common Spanish usage of the prefix *in* to mean deprivation or negation.[8]The DRAE does include *iniquidad*(iniquity, from Lat. iniquĭtas, -ātis).1. n. Evil, major injustice.
- *Disparidad*(derived from dispar). 1. n. Dissimilarity, inequality, and difference among things with regard to others.
- *Justicia*(from Lat. iustitĭa). … 2. n. Law, reason, equity. … 4. n. That which must be done according to law or reason.

Equity is a concept with several meanings: social equality, justice, and impartiality are among them.Equity is, however, not synonymous with equality.*"Equity consists of giving to each what is appropriate according to their merits or conditions and involves not treating some better at the expense of others."*[9]Equity is a core legal concept and intimately linked to the notion of justice.[10]This leads to use of equity in social questions and particularly in matters of health.Social justice

> *is a concept which arose in the middle of the 19th century to refer to situations of social inequality.It defines the search for equilibrium between unequal parties through the creation of protections or 'opposing inequalities' which work in favor of the weakest.*[11]

Equality is

> *the right of every individual (conscious rational subject) to receive the same treatment.It is the principle behind all economic, social and cultural rights, with its opposite being discrimination.Equality can be formal – legal and political – and real or material.The former consists of having the same laws and political rights applying to all citizens without distinction of birth, social status or wealth.The latter concerns individuals having the same financial resources, education, health, etc.Absolute equality is considered a utopia, given that there are natural differences between people which cannot be eliminated, such as age, sex, etc.*[12]

When considering the idea of equality in public policy, we should bear in mind exactly what kind of equality is being sought; without clarity on this matter policies will be one-sided or even contradictory.An example of this is gender equality.There are many conflicting interpretations concerning how gender inequalities arise, their current status, and the

[*]Diccionario de la Lengua Española de la Real Academia Española, (Dictionary of the Spanish Language published by the Spanish Royal Academy),is known as DRAE and is available at http://www.rae.es/rae.html.

ideal to be achieved.[13]The big questions about equality include: Equality in what?Does equality mean simply that different groups or individuals are given the same opportunities?Or do we look for equality of outcomes among different groups?

By contrast, social inequity is defined as a situation in which not all individuals and citizens of a society, community, or country have the same rights, responsibilities, goods, benefits, or access.[14]The WHO Commission on Social Determinants of Health (CSDH) defined social inequity as the existence of unjust and avoidable differences in access to goods, services, and opportunities.[15]This formulation implies the questionable acceptance of the idea that there are just and unavoidable differences in such access.

Wikipedia offers a different set of definitions:[16]

- Inequality: *"the unequal or discriminatory treatment of an individual by another due to their social or economic status, religion, sex, race, among others."*
- Social inequality: *"a socioeconomic situation, not necessarily related to law."*
- Discrimination: *"differential treatment of people among whom there are social inequalities is called discrimination.This discrimination can be positive or negative, depending on whether it benefits or harms a particular group."*

Discussions about equity focus on a central variable (such as wealth or freedom) that is used as a basis for comparison and opinion. Current thinking assumes that people are essentially equal and that differences arise secondarily.[9] Breilh, on the other hand, begins by analyzing social processes and concludes that equity/inequity are characteristics of the way social formations distribute the conditions for equality or inequality; equality results from equity just as inequality results from inequity.[1]For Yamín, et al., *"health inequity is the degree of disparity in healthy life expectancy[†] between populations."*[17]Sen maintains that "disease and health must have an important place in any discussion about equity and social justice."[18]

For Hernández Álvarez, *"health equity is a measure of the degree of social justice prevailing in a society."*[19]He adds that thinking of health as merely the absence of disease limits our conception to health care services (or rather, to disease care services) and closes the door on proposals that would be more life-affirming. This forms the basis for his criticism of Margaret Whitehead, for whom health equity is *"the absence of unnecessary, unfair and avoidable inequalities,"*[19] as well as Paula Braveman and Sofia Gruskin, who define equity as

> *the absence of systematic disparities in health (or in the major social determinants of health) between social groups who have different levels of underlying social advantage/disadvantage – that is, different positions in a social hierarchy.*[20]

Hernández Álvarez considers these to be ambiguous and subjective definitions that limit themselves to describing the parts of the problem.

Peter and Evans identify four philosophical/moral approaches related to equity in health: utilitarian, egalitarian, the priorities perspective, and the Rawlsian social ideal.The first three approaches provide perspectives on health equity as an independent social objective and focus on a distributive model of final results, as opposed to the Rawlsian approach which places the objective of health equity in the context of a wider search for social justice.[21]

Bambas and Casas have proposed criteria to evaluate health equity/inequity for a given distribution of outcomes.They emphasize that equity occurs when the differences in distribution are avoidable, they do not reflect free choice, and there is a responsible agent.[22]Inequity implies unfair and avoidable differences.[14]

Amartya Sen argued that justice is truly credible only if equality is valued in a way that is important to each individual; we all have different philosophies regarding equality. We must begin by identifying where we want to see equality and then determine the rules needed to define what is "equitable" in the aggregative and distributive aspects.[18]The

[†] Health-Adjusted Life Expectancy (HALE) is the average number of years an individual can expect to life in perfect health (http://en.wikipedia.org/wiki/Life_expectancy).It is based on contemporary mortality rates and the distribution of the prevalence of various states of health in the population (http://www.who.int/healthinfo/statistics/indhale/en/).

questions "equality in what?" and "what form of equity?" depend on the content of these respective theories.

Arrieta-Castañeda feels that Sen's analytical system and normative principles are based on two arguments: a) Sen criticizes utilitarianism as being reductionist, both in its conception of human motivation and in its own conception of utility; and b) he completes the work of John Rawls, whom he criticizes for his insensitivity to individuals' differing capabilities to transform primary goods.His defense of equality is expressed essentially in terms of freedom.[23]

Bambas and Casas think that equality can be equitable or not; only an ethical analysis can determine if a given distribution is equitable or otherwise.These authors distinguish "horizontal equity," the equal or equivalent allocation or distribution of resources for equal needs, and "vertical equity," the allocation of resources according to differing degrees of need.The latter offers greater potential for the redistribution of resources, which is why it generally faces greater political resistance.[22]

According to González, there are two conceptualizations of equity.The narrow version is compatible with market logic and is reflected in the economic thought of Hal R. Varian.The broader version is seen in authors like Sen and Van Parijs.

> *Sen associates equity with equality of opportunity and the flourishing of human capabilities and human achievement. If human capabilities increase, true freedom grows. For Sen, equity forces us to break with conventional market logic: first, equity is based on the subjective sense of envy (to which Varian reduces it) and, second, the pursuit of equity impedes efficiency…*[24]

Sen uses the concept of "capability" and states that governments should be measured against the citizenry's real capabilities.His theory focuses on positive freedom, which is the true capability of an individual to be or do something, instead of negative freedom, which centers on simple non-interference and is commonly used in economics.It is not enough for the constitution and laws to declare the right to equity or social justice.Establishing whether people have the capability to exercise that right in an appropriate and timely manner is also necessary.Sen says that an individual's capabilities can be defined as the set of vectors of capabilities that they can achieve.[25]

The World Health Organization Commission on the Social Determinants of Health states:

> *The poor health of the poor, the social gradient of health within countries and the marked health inequities between countries are caused by an unequal distribution of power, income, goods and services, both globally and nationally, and the consequent unfairness in the immediate visible circumstances of peoples' lives – their access to health care, schools, and education, their conditions of work and leisure, their homes … and their chances of leading a flourishing life.*[26]

It maintains that achieving health equity requires social policies of empowerment and a redistribution of social wealth.[27]Despite this broad preamble, the CSDH ends up reducing its scope of action to the level of risk factors.Breilh typifies the CSDH's position as neo-causalist.Social determinants are reduced to external risk factors and any further analysis is aborted.He also notes that the CSDH

> *limits the problem of inequalities to a question of distribution, such that its criticism simultaneously implies that it tolerates poor distribution.It fragments reality into factors that, in isolation, lose their explanatory capacity because they are diluted in socio-historical processes of which they are a part.It does not examine the dynamics and current status of capitalist development, so that its recommendations are abstract.Lastly, it does not discuss the fact that any reduction of social and health inequalities is limited by capitalism and structures specific to capitalism.*[28]

Latin American Collective Health and Critical Epidemiology: How social processes create the inequity that causes inequality

Latin American Collective Health and Critical Epidemiology (LACH/CE)[‡] sees economic inequity/inequality as the basis for all other inequities/inequalities, or, at the very least, as their most important determinant.This perspective helps clarify epistemological and theoretical differences and allows us to explore the political and ethical implications of different approaches.It facilitates the consideration and study of living conditions as well as individual and collective ideas about health.Finally, it allows for a conceptualization that incorporates multiple perspectives.[1,28-30]This view is influenced by historical materialism; inequality is seen to derive from the ownership of means of production: *"while owners had land, machinery and money to buy workers' labor, workers had only their bodies and skills."*[19]

Given inequalities in both health and access to health care services, Bambas and Casas note that people do not become ill at random; illness occurs in the context of their lives: their work, environment, and the larger political and social context.[22]Gonzalez, critiquing the CSDH, writes

> *inequity refers not only to injustice in distribution and access, but to processes which generate this injustice.Inequity is about how the social structure determines social inequalities; they are its consequence.*[27]

Here lies the divide between the concepts of the CSDH and those of LACH/CE.We feel the CSDH restricts its analysis to mere effects and misses the causes of those particular effects; it does not tackle the basic issue, that of inequity.[27]González Guzmán concludes that

> *inequality is an injustice in access, an exclusion from enjoyment, a disparity in the quality of life, while inequity is the lack of equity, that is to say, the inherent characteristic of a society which hinders the common good. Inequity is injustice producing inequalities.*[27]

Inequity generates inequality, which is the obvious, visible, and measurable characteristic; but to understand the inequality we have to know which inequity is producing it.*"Inequalities are measured, inequities are judged."*[27]Inequity arises from the appropriation of power and wealth, which leads to social classes and discrimination.

Using the analytic framework of LACH, Naomar de Almeida Filho argues that economic inequality is the basis of social inequality; economics acts at a higher level of determination.[3,4]Berlinguer (as quoted by Sopransi and Veloso) assures us that *"it is an obvious fact that inequality, exploitation, and oppression combine to produce or aggravate diseases."*[31]According to Marchiori-Buss, *"health inequalities are observable both in health and nutrition status (including morbidity, disability, mortality) and in access to social and health services."*[32]Breilh uses a historical materialist or critical realist approach (the latter term is taken from the work of Roy Bhaskar) to argue that living conditions and health/disease are an expression of economic, political, ideological, and social development.[28]Living conditions[§] are produced collectively and this collective process determines the distribution of wellbeing (or suffering) within social groups.[1]

It should be emphasized that a social group or class does not create or control its living conditions; rather, these derive from the general social structure, from the forms of economic production and social organization.At a micro level, the living conditions of a family are not created by the family nor are they under its control.These concepts and arguments support an awareness of structural determination, which influences specific macro and micro realities on the one hand and economics and health on the other.

Breilh notes that living conditions and the capacity for production and social reproduction are determined by an individual's economic group.[1]The equity/inequity enjoyed or suffered by any group at a particular moment in time is the result of class relationships and their sociocultural history (among

[‡]Collective Health is a term used in Latin America (primarily in Brazil) to refer to the field of Social Medicine.

[§] Living conditions:the structured processes by which different social groups typically live. It is a concept which does not stop at individual behaviors with regard to health, but rather includes socio-historical dimensions, embodying the dimension of social class and social relationships of production, and considering symbolic aspects of daily life in society.[4,5]

other factors).These relationships form the boundaries within which a family can act as it sees fit in its daily life.[1]Each social class or group is conditioned for a certain personal and family lifestyle; lifestyle cannot be thought of as an independent variable.

Inequality (an observable expression or empirical category) and inequity are determined by social reproduction.The process of social reproduction is understood to mean economic, political, cultural, ideological, environmental, and social processes involved in the regeneration of the social classes/groups that make up a particular social structure.[1]This is an organic exchange between the social subject and nature; it takes place during consumption (which produces the social subject) and production (which uses up the social subject).Living conditionsare the material circumstances within which the daily lives of individuals unfold; they are determined by social dynamics and mediated by the process of social reproduction.[29] Social inequalities and the inequity that generates them are manifested in living conditions determined by *"political, social and economic forces."*[3,4]Marchiori-Buss is right when he says that *"market forces and free trade will definitely not solve world poverty or even reduce it to tolerable levels; only equity is capable of creating the means to reduce poverty."*[32]At the micro level – within a social class – gender relationships create different patterns of inequity, both in terms of formal employment and within the home.[30]

As mentioned above, LACH/CE seeks a way to measure inequality and inequity that is radically different from the approach taken by the CSDH and positivism, both of which are premised on the interests of the capitalist economy.Critical realism posits that inequity and inequality change historically within and across social structures.Social processes can create and operate at three different levels that have been described by Breilh:[29]

1) The first level of determination concerns single or individual processes.This includes problems of inequality, health, food safety, etc.This domain refers to five classes of bio-psychosocial processes at the level of the individual/family: a) the typical individual life cycle, b) individual and family consumption patterns, c) ideas about personal and family values, d) the ecological niche within which the individual or family life cycle occurs, e) the capacity to organize actions in defense of health.
2) The second level of determination is that of those individual or group processes through which society impacts on individuals, their environmental and their agency.These social factors determine how a social group produces and consumes at a particular moment in history.This domain of individual processes refers to lifestyle aspects which is captured by the matrix of social determinants (also know as the 'critical process matrix') in which five components are used to identify an individual or family's the social class.
3) The third level of determination involves general processes.This refers to the economic structure of each society as determined by its social relationships of production and the process of distribution and consumption of goods and services.This structural level encompasses the economic, social, cultural, ideological/political and environmental aspects and their relationships to health/disease.

To summarize, LACH/CE contributes to the theoretical categories of inequality and inequity and proposes an analytic approach which explain their genesis.In contrast, the positivist functionalist approach focuses on risk factors, which takes inequality and the phenomena of poverty, health, access to services, etc. simply as associated social variables, without questioning the inequity which causes them.

Conclusions

In recent years we have seen a growing interest in the study of relationships between social and economic factors and health.However, this interest has not extended to the theoretical and practical implications of the concepts involved.Concepts of equity, equality and social justice are taken out of context and their relationship to structural processes is ignored.These concepts are used as synonyms and without regard to their proper definitions.

The expression social justice has come into play more recently.It refers to the search for equilibrium between unequal parties that respects their differing needs.This implies some type of differential social

and health interventions to correct existing inequalities.These measures are not necessarily equal, but their goal is equality in terms of rights, benefits, duties and opportunities.

Equity and equality are not equivalent, nor can they be reduced to simple variables or risk factors, as currently understood in the conceptual and methodological approaches derived from hegemonic logical positivism.The critical realist approach of LACH/CE offers a theoretical framework and a practical model to distinguish the concepts and show how equity/inequity conditions the social process that generates equality/inequality.Almeida Filho's theory of lifestyles contributes to the analysis of the micro environment in which these phenomena are specifically expressed in daily life.

We highlight economic determination; this emphasizes the concept of need.We underline Sen's contributions and his notion of capability, an analytical category that highlights those conditions that must be met in order to have or to exercise capability.His approach to capabilities derives from the Rawlsian theory of freedoms. Positive freedom is the true capability of an individual to be or do something.This is opposed to negative freedom, a concept used by economists to focus on non-interference.Finally, we agree with Bambas and Casas that equality can be equitable or not, and that equity can be of two types: horizontal equity, with the distribution of equal resources for equal need, or vertical equity, being the allocation of different resources for different degrees of need.Vertical equity has a greater potential to promote distributive justice.

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