

Sara Rizvi Jafree (Ed.). *The Sociology of South Asian Women's Health.* Switzerland: Springer Nature. 2020. 236 pages. Price USD 116 (Hardback).

In this lucidly written book, *The Sociology of South Asian Women's Health*, Sara Rizvi Jafree, emphasises how health policies have left out the cultural knowledge about the unique circumstances and experiences of South Asian women. The author deftly explored the importance of re-conceptualising health policy development with a culturally and socially appropriate background for women in South Asia. In the introductory chapter of the book, Jafree starts by giving a concise structural description of how South Asian women's health behaviour and health outcomes are affected by social systems of family, gender, faith, culture, government, schooling, and the media. Sara Rizvi Jafree aims to connect health policy efforts with knowledge of socio-environment and structural factors to propose better health policies for women. The book consists of nine chapters that are co-authored by different scholars with Jafree.

In Chapter Two, titled, *South Asian Women's Health Behaviour: Theoretical Explanations*, authors comprehensively discuss the diverse theoretical frameworks that are used to describe South Asian women's health behaviours, consumption, and choices. Authors acknowledge that these theories' epistemological grounds are mainly derived from Western women's lived realities. That is because researchers are hesitant to extend the scope of their analyses due to the rapidly evolving realities for South Asian women, including but not limited to frequent changes in the postmodern era, diverse ethnicities, culture, and religious beliefs in the region. In light of the discussed theories, authors conclude that in South Asian societies, gender norms related to access to health and health care are influenced and governed by culture, religion, family, state structures, and personal choices, hence difficult to change or improved. Besides the structural deficiencies in the public health sector, the bad affairs of women's health in the region are also due to a lack of social acceptance and support for the continuous health-being of women in South Asian societies.

Chapter Three, titled, *Oral Narrations of Social Rejection Suffered by South Asian Women with Irreversible Health Conditions*, builds on the lived experiences of four women with chronic illnesses or has experienced significant health setbacks in life. Interview based qualitative inquiry is carried out with women from Pakistan, Bangladesh, and India. Authors expand her analysis of social complexities on women's lives, living with paralysis, blindness, cancer, and infertility. Authors conclude that South Asian women's most challenging problem is not lack of resources or access to health services, but the lack of support systems and acceptance from family and communities throughout their lifespan.

In the Fourth Chapter, titled, *Women's Role in Decision-making for Health Care in South Asia*, authors explore the complexity of health decision-making by using the latest available Demographic Health Surveys from Bangladesh, India, and Pakistan. Authors discuss significant factors impacting health decision-making, including gender, family, education, work, and health behaviour. Authors recommend that to break the various cycle of women's poverty in South Asia, systematic and well-planned policies

are required not only for cash transfer, loan provision, but also the encouragement of education enrolment and work participation. Authors assert that micro-interventions of varying natures at the community level are essential to benefit the heterogeneous populations across South Asia.

Chapter Five, titled, *Poverty, Health Coverage, and Credit Opportunities for South Asian Women* starts with discussing the concept and evolution of poverty and expands on identifying factors responsible for feminisation of poverty in the context of women's ability to access healthcare. These factors are family composition, control over resources, access to education and health, inequality in social protection, and labour market inequalities. Authors provide readers with a stimulating discussion and suggest coordinated and structured efforts for poverty reduction and health coverage for South Asia women. She further suggests the need to replicate successful poverty alleviation programmes at state/micro levels and the provision of universal health insurance for women across South Asia.

In Chapter Six, titled, *Refugee, Displaced, and Climate-Affected Women of South Asia and Their Health Challenges*, authors provide an insightful discussion on the health issues of women who have undergone displacement, war, and disasters, forced migration, and climate change. These women face increased emotional and physical pressures than men and are at risk of increased exposure to aggression and sexual assault. Authors discuss the policy constraints, including lack of proper and disaggregated estimation of affected women population, lack of sustainable and systematic support from governments, and over-reliance on non-governmental organisations for assistance. Authors recommend systemic collection of data on women exposed to any such disasters, primary and specialised healthcare services, improved housing quality with protection, safety, and privacy, and issuance of provisional identification cards, educational opportunities, employment benefits, and protection.

Chapter Seven titled, *Social Barriers to Mental Well-Being in Women of South Asia*, authors discuss how the social and cultural complexities including negative construction of mental health distress, the lack of awareness, patriarchal values, marriage and reproductive burden and religious fallacies, with the lack of health delivery system in South Asia are exacerbating the mental health crisis for women. Using the secondary data, authors assess the prevalence of mental health issues in Bangladesh, India, Nepal, Pakistan, and Sri Lanka. The authors present a case study that thematically analyses the perceptions of women health practitioners in South Asia about mental health. They were asked about their experiences with mental health issues coexisting with medical problems and structural and societal obstacles to mental health care. Findings show that both reportage of the mental health issues and mental health services are unsatisfactory due to a culture of blame and shame in South Asian countries.

In Chapter Eight, titled, *The Political Sociology of South Asian Women's Health*, the authors discuss why political health sociology is a vital tool for reducing the social gaps of health inequality and improving women's health behaviours and outcomes in the South Asian region. Authors elaborate on how political reluctance towards a commitment to women's health is woven in the region's socio-political and anti-feminist fabric. As a result, women's health issues linked to mental well-being, communicable and non-communicable diseases, and disability are typically ignored, and health policies are

almost non-existent for marginalised and vulnerable women in the region. To improve the women health, authors recommend the provision of quality services from primary to tertiary care, access to health care for marginalised populations, improvement the engagement of women in politics, systematic policies for poverty alleviation, compulsory participation in the education, labour laws, marriage and divorce rights, mental well-being, sports and leisure activities. Authors also stress on introduction and reforms of public health laws and an increase in the health budget.

In the last chapter, *The Culture of Health Regulation and Its Implications on Maternal and Reproductive Health in South Asia*, authors with a focus on maternal health, argue that cultural and traditional practices are responsible for the regressive and inefficient regulatory affairs in South Asia and health policy desperately need a shift. By using the DHS data, authors find that maternal and child health measures in South Asia are not satisfactory, which implies a gap in state regulation. To improve maternal health, authors propose a shift in cultural perceptions, both for competitive and regulatory policies, including introducing different regulatory instruments in a co-regulatory and decentralised manner and the need for regulatory bodies to raise awareness and find ways to minimise the risk of maternal and child mortality.

The book invites readers to think through complex interactions between sociocultural and political practices/norms with women's health in South Asia. It is worth mentioning that book discusses women's health comprehensively, including issues like infectious and non-communicable diseases, mental health distress, and injuries and not only maternal health in South Asia. Although the book is inclusive on many accounts, it misses the discussion on digitalisation of health care in South Asia and its impact on women in the region. The book's discussion proposes some fundamental changes not only on the delivery front for health care but also calls for change in social systems influencing health behaviour and outcomes for women in the region. Nonetheless, it is not sufficiently clear how to do healthcare financing, health budgeting, and, most critically, how to create the political will to reform social structures that adversely impact women's health outcomes and make politicians commit to women's health from a lifespan perspective. Overall, the book deals with a complex issue and guides the reader through the argument with great clarity. The book will be appealing to a wide range of readers, including policy-makers, scholars, students, or anyone interested in South Asian women's health, and deservedly so.

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