

## STELLINGEN

behorende bij het proefschrift

“Socio-economic inequalities in childhood mortality in low and middle income countries”

Tanja AJ Houweling

1. Maternal education is currently a more suitable stratifier for monitoring socio-economic inequalities in childhood mortality in low and middle income countries than measures of income or wealth. (*this thesis*)
2. Whereas social and economic progress tends to go together with increasing relative inequalities in childhood mortality, such increases are not inevitable. (*this thesis*)
3. A main driver of increasing relative inequalities in childhood mortality is the unequal diffusion of health-related innovations across societal layers. (*this thesis*)
4. Increased public spending on health can be expected to lead to declining socio-economic inequalities in childhood mortality, even when public spending tends to favour the rich. (*this thesis*)
5. Socio-economic inequalities in childhood mortality cannot be fully understood by zooming-in on household-level factors alone. The magnitude of these inequalities is strongly determined by processes at the community, provincial, country, and even global level. (*this thesis*)
6. Not economic growth but population health and well-being should be the principal yardstick for judging the success of states.
7. Living and working amidst the population(s) one is studying is important for unravelling the mechanisms that contribute to socio-economic inequalities in health.
8. Lack of a common epistemological and methodological language hampers collaboration in the social sciences.
9. Transforming London into a car-free city may be expected to substantially improve health and well-being of its citizens.
10. The fact that weapons of mass destruction have never been found in Iraq has seriously weakened the credibility of the use of photographic evidence by governments.
11. The greying of the academic community is a male phenomenon.

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