Delhi is considered as one of the most polluted cities in the world. Air pollution can affect human health condition in many ways with varying degrees of severity over time. In Delhi, although official data on air quality have been collected over the past three decades, the official position is that there are no Indian studies to link air pollution with health effects, leading to inhibit public policy-making process. There is no public health policy to manage pollution-related respiratory diseases such as asthma and chronic obstructive pulmonary disease (COPD). In the media and the official communication, the issue of air pollution is often framed as a seasonal and rural problem linked to stubble burning in the states North of Delhi made worse by the crackers during Diwali festive. Despite the political inaction, social mobilizations are emerging, such as “My Right to Breathe”. Militants Academics are trying to produce exposure data and air quality measurement to raise awareness among the general population. There are also Indian start-ups developing clean air solutions (masks, air quality monitor, air purifiers) and more high-income households equipping their homes with air purifiers, a sign of increased awareness of the risks among the upper social classes.

The main objective is therefore to study in which way and under the impetus of which social, political and technical stakes, the problem of the air pollution is made visible and emerges, or not, as a public health problem. I propose to look at the various ways to objectify, measure and govern air pollution and take care of the health effects. In doing so it allows to study the consequences generated by such governances on individuals and inequalities produced. This research, focused on the case of Delhi, also intends to extend to Accra (Ghana) and Cotonou (Benin) in order to deploy South-South transnational comparisons.

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