

Intersectionality

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Usages

‘Intersectionality’ is a theoretical framework for thinking about identity, oppression, power, and strategy.

The term builds on the concept of identity (including both subjective consciousness and assigned identity) as a way of describing people (both as individuals and as groups) and helping to explain their experiences and aspirations. The metaphor (‘intersectionality’) highlights the way in which various axes of analysis (class, gender, race, ability, sexual orientation, and others) intersect in shaping consciousness, structuring social description, modulating power relations, and framing strategy.

Intersectionality is used to describe and explain the oppressions, discriminations and exploitations operating across multiple axes of analysis and to relate the consequences of such oppressions (injustice, denial of rights, suffering) to the society-wide power relations reproducing such oppressions.

These power relations are conceived as operating across these same axes of analysis (class, gender, race, etc), and are commonly described in terms of various isms, such as racism, sexism, classism, and ableism, as well as homophobia, transphobia, xenophobia and belief-based bigotry. These isms refer to the ideologies which naturalise such oppressions and the institutions, forms of practice and ways of speaking which reflect and reproduce these ideologies. Some accounts locate the power relations which shape the various oppressions in relation to the wider structures of production and reproduction, capitalism, colonialism and [imperialism](#).

The 'intersection' of these different structures of oppression is commonly treated as a burden of oppression which accumulates and transforms with each additional disadvantage (as for a disabled, working class, black, woman). In some commentaries the intersections of power are seen as synergistic as when oppressions across gender or race are seen as dividing the working class and preventing the solidarity needed to transform capitalism. Likewise, the divisions across race may attenuate the solidarity needed to transform patriarchy.

Some accounts of intersectionality emphasise its contingency in terms of circumstances and agency. In particular circumstances certain configurations of oppression may dominate, as in pogroms or communal violence. Narratives of intersectional discrimination will also vary according to who is telling the story and to whom and for what purpose.

A range of different communities are currently using the term 'intersectionality' in their discourse, including the organic intellectuals (particularly feminists) of various social and political movements (in the global South as well as North) who find the framework useful in political strategizing, organising, and mobilising; as well as the feminists in the neoliberal academy (Salem 2018).

In the public health field, the framework has been found useful by researchers addressing access to health care, inequalities in health, and the social determinants of health. Much of this work is directed to incremental policy reform (gender mainstreaming, improved targeting, etc) rather than structural change through political mobilisation.

History

Kimberle Crenshaw (1989) is widely credited with having coined the term 'intersectionality'. Foley (2018) explains:

Concerned with overcoming the discriminatory situation faced by African American women workers at General Motors, Crenshaw demonstrated the inadequacy of existing categories denoting gender and race as grounds for legal action, since these could not be mobilized simultaneously in the case of a given individual: you had to be either a woman or nonwhite, but not both at the same time (Foley 2018).

Venkatachalam et al (2020) clarify:

However, as Crenshaw has also acknowledged, the understanding of intersectionality can be traced much earlier, to nineteenth-century black feminist activism and writings of activists as well as to indigenous women's activism. A black lesbian collective, for instance, argued in 1977 that women like themselves needed an identity politics precisely because they were getting lost within the simultaneous workings of race, patriarchy and heterosexuality within systems of imperialism and capitalism. Although the term intersectionality features more recently in Indian academic discourse, insights into diverse social identities and marginalization have existed much longer; for example, the anti-Brahmin struggles of Tamil Nadu state or the Dalit literary campaigns in Maharashtra state in the 1960s. However, the intersectionality discourse, several scholars opine, has remained largely US and Euro centric.

Vogel (2018) describes the 'standard account' of the emergence of intersectionality as 'somewhat mythological':

According to this account, second-wave feminism emerged in the 1960s and 70s as a monolithic white middle-class phenomenon that ignored race and class. Only in the 1980s, the myth continues, when black women entered the academy and forcefully challenged white-dominated feminism, did things change. African American feminist scholars — for example, Kimberlé Crenshaw, Patricia Hill Collins, bell hooks, and many others — took the lead in this introduction of race into feminist analysis. In some cases, they tackled class as well. Their

hard-fought leadership under the banner of “intersectionality” was at last able to break with the errors of so-called white feminism.

In the 1980s and after, this chronologically confused account became hegemonic among white as well as black feminists, even those who should know better. But it is deeply problematic. First, it simplifies the history of the very complex evolution of second-wave feminism, which developed in multiple strands and not entirely from within academia. As a matter of fact ... socialist—and Marxist—feminists always paid attention to class; how could they not! And race usually played a role in their analyses as well.

Vogel quotes historian Kate Weigand as recalling that Communist publications in the 1930s and 40s in the US regularly used the terms ‘triple burden’ and ‘triple oppression’ to describe the status and lived experience of black women.

Eisenstein (2018) traces an earlier phase of this history in which second wave feminism is seen as arising out of women’s rejection of the sexism of the New Left in the 1960s. Further back in time, she traces the emergence of the New Left as a rejection of the Old Left.

Similarly, we can see the rise of the New Left and the student movement as a turn away from the class politics of the Communist and socialist traditions. ... Is the new radicalism of the 1960s and 1970s, which self-consciously distanced itself from the so-called Old Left, part of the turn to identity politics?

According to Eisenstein the decline of the Old Left was driven by McCarthyism (in the US) and by Cold War anti-communism more generally from the 1950s. It is also likely that the failures of the Soviet Union and Stalinism in some communist parties in the West may have also contributed to the decline of the Old Left, the emergence of the New Left and the subsequent rise of identity politics.

Debates

Identity politics

Notwithstanding Vogel’s corrections to the ‘standard account’ it is likely that the popularity of the term reflects at least in part a discomfort with usages of ‘class’ which were seen as discounting gender, and a discomfort with usages of ‘feminism’ which were seen as discounting race, gender identity and sexual orientation, and disability. As noted above these discomforts were associated with a move, in academic circles, away from a structural analysis of capitalism, colonialism, and patriarchy, eclipsed in academic discourse by a focus on various facets of ‘identity’ and the associated ‘isms’.

Gimenez (2018) comments that ‘from the standpoint of Marxist theory, intersectionality is a powerful ideology that obscures the meaning and significance of class and class relations, even among those who should know better’. In her view intersectionality reinforces the divisions within the working class, pitting workers against each other, exacerbating sexism, racism, xenophobia, and nationalism. For Foley (2018) also ‘intersectionality is less valuable as an explanatory framework than as an ideological reflection of the times in which it has moved into prominence’.

Gimenez regrets the reduction of class to an individual identity and she is joined by Vogel (2018) who sees the term “classism” - frequently grouped with sexism, racism, ageism, etc - is a deeply flawed concept. She suggests that the attacks on Marxism as a class-reductionist “master narrative”, in need of supplementation by a range of alternative methodologies, reflects an active “retreat from class” and perhaps a retreat from any structural critique of capitalism.

Gimenez cites the election of Donald Trump as showing the dangerous side of identity politics, and what happens when racial, gender and other divisions supplant class in mainstream political

discourse, and people are encouraged to find their worth not in the work they do but, in their nationality, their European ancestry, their religion, the consumer goods they can afford, and the color of their skin.

Patrick Anderson (2021) who is a powerful proponent of critical race theory, has denounced 'Crenshaw's intersectionality' as reflecting a racist and colonialist logic. He alleges that Crenshaw's use of intersectionality is focused on legal reforms which achieve symbolic improvement but do not touch the structural drivers of racism. He argues that this use of intersectionality actually serves to obscure those structural drivers and legitimise the regime they sustain.

Structural analysis

Structuralism is a very broad church but what its various applications have in common is a recognition of certain underlying structures which help to explain observed society and lived experience. This postulation of underlying (explanatory) structures is a feature of theorising in linguistics, anthropology, sociology, and politics. Narratives regarding the underlying 'structures' of society also inform political strategy and social practice.

Structuralism in the Marxist tradition is centred on the control of the means of production and involves three interlinked concepts: class, ideology and consciousness. In this narrative the capitalist class confronts the working class in a struggle over how production is organised, including the distribution of surplus value. Ideology refers to the prevailing 'common sense' which naturalises the prevailing arrangements including the machinery of economic exploitation and the consequent social inequalities. In some streams of Marxist thought ideology is assumed to be false and somehow opposed to truth. More relativist streams would be more cautious about claiming privileged access to truth. Consciousness is about how we see ourselves in relation to these structural contradictions (including, in some accounts, the possibility of 'false consciousness').

Foley (2018) argues that 'an effective critique of the limitations of intersectionality hinges upon the formulation of a more robust and materialist understanding of social class than is usually allowed: not class as an identity or an experiential category, but class analysis as a mode of structural explanation'. She argues that 'the ways in which "race" and gender—as modes of oppression—have historically been shaped by the division of labour can and should be understood within the explanatory framework supplied by class analysis, which foregrounds the issue of exploitation, that is, of the profits gained from the extraction of what Marx called "surplus value" from the labour of those who produce the things that society needs.

A critical aspect of this kind of structural analysis is that the agency of the capitalist class or the working class is only loosely identified with the individuals who may be defined (by themselves or someone else) as belonging to that class. Marxist analysis sees the capitalist class as a political force not simply the aggregate of the individuals who identify as (or who are defined as) members of that class.

Second wave feminism identified the control of reproduction as the underlying structural principle of patriarchy. Patriarchy was seen as including the power relations of gender, the modalities of control (institutions, practices, ways of speaking) and the ideology (which naturalises oppressive gender relations). Feminist consciousness involves understanding how we stand in relation to patriarchy and affirming the agency and solidarity of sisterhood. Socialist feminism asserted that the roots of patriarchal oppression were independent of class, but that patriarchy and capitalism reciprocate in sustaining each other.

The primacy of class

Eisenstein (2018) is clear in her view about the primacy of class:

I want to point to one of my hesitations with the notion of intersectionality, which is that it undermines the primacy of class. Whether we are talking about the industrial proletariat of the 19th and 20th centuries (and the 21st century in traditional industries such as mining, steel, automobiles, so-called heavy industry), or the complicated precariat which includes so-called informal workers — in some analyses around 95% of workers in a giant country such as India — we are still talking about the relationship of people to the means of production.

It is a core principle of intersectionality that most women and blacks are also workers who are subject to the exploitations of capitalism; more sharply (in most cases) than white men. While the discriminations and injustices across race and gender may be sharp, the exploitations of capital are deep and ever-present.

To conceive of the achievement of equality and respect across gender without confronting the exploitations of capital might make sense for elite women. However, it would involve disregarding the economic injustices faced by working class women in both the global North and South. To conceive of the achievement of equality and respect across “race” and ethnicity without confronting the exploitations of capital might make sense for elite people of colour. However, it would involve disregarding the economic injustices faced by most people of colour in both the global North and the global South. It would involve ignoring the deepening global inequalities driven by transnational capitalism, imperialism and the continuing dynamics of colonisation.

It is necessary to distinguish between what Eisenstein refers to as the ‘primacy of class’ from ‘blindness to sexism, racism and ableism’. The primacy of class stems from a recognition of capitalism as a mode of economic organisation which is destroying the human habitat and deepening poverty and inequality globally (and disproportionately affecting women and people of colour). If the struggle against capitalism is seen as a strategic priority, then class analysis is of critical importance as it points directly towards the kind of social and political mobilisation that will be needed to transform capitalism.

The hegemony of the capitalist class over the working class benefits from the divisions across gender, race, and ethnicity and the capitalist class has a vested interest in perpetuating such divisions. Similar mutual reinforcements operate across patriarchy and racism, and across patriarchy and heteronormativity. Laying bare such reciprocating reinforcements is strategically important in terms of political strategy and social practice. Building unity and solidarity across a broad front is necessary for any effective movement against capitalism, patriarchy and colonialism.

Fundamental to such a convergence is a recognition of the pain associated with the oppressions and discriminations across gender, race/ethnicity, and ability and a recognition of the ideologies and institutions which perpetuate such oppressions. Confronting capitalism (and imperialism and colonialism) as the central challenge does not mean that the pain mediated by sexism, racism and ableism is somehow less important than the pain mediated directly by the power of capital.

The reason that the pain mediated by sexism, racism and ableism matters is not primarily because it fragments the forces against capitalism. Human pain matters because it is humans in pain. Confronting racism and sexism, as sources of division among the forces confronting transnational capitalism cannot be addressed without honouring the grievances, recognising the suffering mediated by the power relations of sexism, racism and ableism. A global people’s movement against transnational neoliberal capitalism must address these as a core part of its program.

Intersectionality as used in the People’s Health Movement

Intersectionality is a framework for thinking about identity, oppression, power, and strategy. It is a framework which can fully incorporate a structural analysis of capitalism, patriarchy and colonialism. This kind of integration characterises the use of the term in the People’s Health Movement.

The core logic of PHM is the convergence of social and political movements in the struggle for an equitable and sustainable civilisation. Such a convergence must demonstrate solidarity with the needs and demands of those different social and political movements while maintaining a clear strategic focus on transforming capitalism.

The Savar Declaration (PHA4 2018), adopted following the Fourth People's Health Assembly in Bangladesh, insists that: 'the crisis of health is a crisis of the capitalist model':

High income countries, working closely with transnational corporations, are promoting neo-liberal policies to manage the contemporary crisis of globalised capitalism in the interests of the transnational capitalist class. With help from a network of one-sided 'trade and investment' agreements, these policies are either being accepted by or being forced on the governments of low and middle income countries. The resulting national policies are having far reaching consequences for the social conditions that shape people's health, and also for the approach and funding of comprehensive health care. Such policies are worsening the fundamental determinants of health, and progressively crippling healthcare infrastructure and delivery of services. Such policies are encouraging national governments to abdicate their responsibilities to public health, while ushering in privatisation and insurance regimes.

The declaration affirms PHM's alternative vision: equity, ecological sustainability and health for all: Our vision is of a world in which equity between and within countries is achieved and health for all is a reality. We reaffirm that health results from social, economic and environmental justice. We visualise a world where empathy, solidarity and respect for people and the environment are at the core of global, national and local communities; a world free of discrimination and oppression based on gender, race, caste, ethnicity, disability, sexuality, religion, occupation, citizenship; a world where human rights and the empowerment and health of all communities, together with the dignity and rights of all natural beings, are respected and promoted.

Contingency

It is critical to recognise the contingent nature of analysis and strategy. The agent of struggle (individual and collective) addresses a particular set of needs, confronts a particular regime of oppression, and works in a particular configuration of power and solidarity. The narratives of explanation and strategy which best suit those circumstances are themselves questions of strategy and contingency.

Applications of intersectionality in health

It is useful to reflect on the ways intersectionality is used in relation to population health and access to health care. I structure this reflection in terms of description (where intersectionality is used primarily to describe and measure health inequalities across the main axes of identity); explanation (where intersecting power relations are traced as part of explaining health inequalities); and strategy (where intersectionality is drawn upon in responding to health inequalities, including policy responses and popular mobilisation).

Descriptive

The use of the intersectionality in health research is common. The concept points to the importance of stratification in data collection, and disaggregation in addressing inequalities in access to services, quality of care, and population health.

Bastos and colleagues (2018) drew data from an Australian national social survey to explore associations between perceived discrimination and indigeneity, gender, sexual minority status, and

socioeconomic status. They conclude that perceived racism and other forms of discrimination combine to predict perceived barriers to accessing health care. Racism for the purposes of this research was defined in terms of an unequal distribution of power across populations defined according to their racial identity.

Green and colleagues (2017) declare that 'intersectionality theory is emerging as a cornerstone of sociological thought'. They then proceed to review the challenges of deploying epidemiological methodologies to explore the macro as well as the micro levels of intersectionality. They suggest integrating intersectionality within multilevel analyses of the contexts within which intersectional identities exist (e.g. schools, neighbourhoods, states) or using structural equation modelling to detect the underlying power structures. SEMs would allow issues such as racism or sexism to be specified as unobservable latent variables. The data which might be analysed using such methods would be derived from individual level data collection.

Bauer (2014) notes that most health research using the intersectionality framework has deployed qualitative methods and sets out to explore the possible use of quantitative method to explore the intersecting roles of gender, race and class in population health. One of the challenges which she identifies is that of distinguishing between intersecting identities, social positions, processes, and policies or other structural factors. She comments that 'many research studies using intersectional approaches, as well as many papers discussing intersectionality theory, have considered primarily intersecting identities or intersecting categories of social position, whereas others have extended an intersectional framework to processes'. She highlights the distinction between social identities or social positions that are related to potential privilege or oppression and the social processes or policies that may generate, amplify or temper inequalities between groups, both of which can be studied intersectionally.

Seng and colleagues (2012) have also sought to study intersectionality using quantitative methods.

Our objective was to extend these methodological efforts by modeling intersectionality across three levels: structural, contextual, and interpersonal, consistent with a social-ecological framework. We conducted a secondary analysis of a database that included two components of a widely used survey instrument, the Everyday Discrimination Scale. We operationalized a meso- or interpersonal-level of intersectionality using two variables, the frequency score of discrimination experiences and the sum of characteristics listed as reasons for these (i.e., the person's race, ethnicity, gender, sexual orientation, nationality, religion, disability or pregnancy status, or physical appearance).

We controlled for two structural inequality factors (low education, poverty) and three contextual factors (high crime neighborhood, racial minority status, and trauma exposures). The outcome variables we modeled were posttraumatic stress disorder symptoms and a quality of life index score. We used data from 619 women who completed the Everyday Discrimination Scale for a perinatal study in the U.S. state of Michigan. Statistical results indicated that the two interpersonal-level variables (i.e., number of marginalized identities, frequency of discrimination) explained 15% of variance in posttraumatic stress symptoms and 13% of variance in quality of life scores, improving the predictive value of the models over those using structural inequality and contextual factors alone. Seng et al identify possible improvements in the measures which might be used to capture both marginalized and privileged intersecting identities.

It appears that epidemiological modelling of the discrimination burdens and 'structural' and contextual factors involves a significant reduction in the theoretical insights of intersectionality theory (in this case, the summing of the number of categories wherein each woman was disadvantaged).

It is evident that quantitative research, structured around an intersectional framework but based on data from individuals can be useful for descriptive purposes but has limited reach in terms of explanation and strategy.

Explanatory

There is broad agreement that the various isms (understood as the power disparities across the axes of class, gender, race, etc) contribute to 'explaining' the associated oppressions and discriminations. Such explanations are generally cast in terms of ideology (the narratives that naturalise) and institutions (including social practices and ways of speaking). The restorative strategies which are informed by such explanations are largely limited to suggesting, asking or demanding that those who have power subscribe to a different story, reform their institutions and behave differently. This returns us to the attack by Anderson on Crenshaw, referred to above, which was about the need to address the underlying structural forces which sustain those power differentials.

Gkiouleka and colleagues (2018) seek to bridge the micro and the macro by integrating intersectionality (understood in terms of identity) and institutional approaches that study how institutions impact on the production of social privilege and disadvantage. They call for health research which reframes health inequalities in the light of power relations and interrogate the processes that produce them instead of individual 'labels'.

We argue that such an innovative synthesis allows us to interrogate the fundamental causes of health inequality in light of power relations and to shift our focus from individual attributes to processes of health inequality (re)production.

... the interconnectedness between institutions and power is crucial for the elaboration of a situated intersectional analysis focused on categories and intersections that matter and not on an endless list of interactions. As we stressed earlier, the question 'which categories should be integrated in an intersectional analysis of health inequalities in a particular context?' is answered through the context itself. Here, institutions as vectors of power struggles have a significant role. They bear crucial information (for example within institutional or policy documents) about the way health and health promoting goods are defined (e.g. citizenship right or as a market commodity), which groups have control over that definition (like doctors, patients, unemployed, capital owners, women) and how their needs are met, which groups have been excluded in that process (like mentally ill patients, prisoners), what is the impact of this exclusion on their health and what are the available pathways for reforms (for example, if immigrants suffer poorer health than the rest of the population, what are the formal and informal channels available to them to pursue an improvement of their situation?).

In times of massive socio-economic changes and political upheaval, a synthesis of intersectional and institutional insights on health inequalities research highlights how certain groups are excluded from health-inequalities discourses and enables the simultaneous analysis of the health effects of both vertical (e.g institutional factors) and horizontal (e.g. individual/community factors) social stratifications.

Bowleg (2012) describes intersectionality as a theoretical framework that posits that multiple social categories (e.g., race, ethnicity, gender, sexual orientation, socioeconomic status) intersecting at the micro level of individual experience reflecting multiple interlocking systems of privilege and oppression at the macro, social-structural level (e.g., racism, sexism, heterosexism).

I consider the core tenets of intersectionality most relevant to public health to be as follows: (1) social identities are not independent and unidimensional but multiple and intersecting, (2) people from multiple historically oppressed and marginalized groups are the focal or starting point, and (3) multiple social identities at the micro level (i.e., intersections of race, gender,

and SES) intersect with macrolevel structural factors (i.e., poverty, racism, and sexism) to illustrate or produce disparate health outcomes. ..

Moreover, a central consideration of intersectionality is how multiple social identities at the individual level of experience (i.e., the micro level) intersect with multiple-level social inequalities at the macro structural level. From an intersectionality perspective, a middleclass Latina lesbian's negative experiences at her physician's office are linked to multiple and interlocking sexism, heterosexism, and racism at the macro level. Her microlevel experiences at the intersection of her race/ethnicity, sexual orientation, and gender correspond with empirically documented evidence of the heterosexism that lesbian and bisexual women often encounter when they seek health care services and the intersection of racism and sexism well documented

Hankivsky (2012) argues that the full implications of intersectionality for research, policy, and practice in public health have not yet been interrogated. One of those benefits would be the de-centering of gender in public health research through the application of an intersectional analysis.

Hankivsky illustrates her argument through reference to a report of the experiences of inner-city Latina women with severe mental illness living in New York. The study illustrates the complex interconnections between gender, race/ethnicity, class, and the stigma of mental illness and its implications for HIV risk. The study shows how bipolar women's sexual relationships and behaviours are closely intertwined with immigration, poverty, gender, and race/ethnicity leading to contradictory outcomes. On one hand, women often experience conflict with gender norms in their ethnic communities in ways that lower their social status and power. This leads to vulnerability within intimate relationships and engagement in sexual behaviours (e.g. lack of condom use) that increases the risk of HIV. On the other hand, the effects of these same intersections are not always negative as the mental illness experienced by these Latina women allows them to free themselves from abusive male partners by accessing government entitlements and supports. The findings highlight why HIV prevention activities can only be effective if they acknowledge multiple layers of vulnerability and resources both at individual and structural levels, without erasing gendering effects.

In addressing the macro level intersections she also looks at violence against women which 'is not only a matter of gendered power relationships but is co-constructed with racial and class stratification, heterosexism, ageism, and other systems of oppression'.

Health research using intersectionality commonly recognises the power relations across the axes of class, gender, race, etc (commonly expressed in terms of the various 'isms') as well as the cumulative oppressions and injustices arising from such intersections and their manifestations in relation to health. However, understanding how the isms are reproduced needs to go beyond the intersecting narratives and institutions of racism, sexism, etc. More structural accounts call for closer attention to the systemic dynamics of capitalism, patriarchy and colonialism which sustain the narratives and institutions of the isms.

Strategic

Policy reform

While some intersectionality research in health has been confined to describing the intersecting burdens of discrimination, most reports make at least a gesture towards action. In many cases these reports focus on policy responses such as promoting inclusivity and improved targeting in policies and programs.

Iyer and colleagues (2008) undertook a review of the literature on gender and class in the context of health and health care in high- and low-income countries which they discuss in relation to

inequalities in health status and inequalities in access to health care. They comment that much of the health inequalities research (up to that time) had focused on economic class without sufficient consideration of the ways in which oppressions across gender, cast and ethnicity add to and transform the burden of discrimination.

Iyer's report is of interest because of the restricted range of responses to the documented inequalities (largely restricted to policy responses) which they discuss.

Insufficient attention to intersectionality, in much of the health literature, has had, we believe, significant human costs, because those affected most negatively tend to be those who are poorest and most oppressed by gender and other forms of social inequality. The programme and policy costs are also likely to be high, in terms of poorly functioning programmes, and ineffective poverty alleviation and social and health policies that often target along a single dimension, such as income. In particular, anti-poverty programmes, intended to counter rising health care costs, must, specifically, support women's access. This can be done through a combination of universal systems (of provisioning or health insurance), coupled with forms of targeting or other mechanisms to ensure that they actually reach women and girls within households.

It is perplexing that these authors have not included in their review responses to inequities which are directed to transforming the intersecting power relationships. There is a nexus here, between a purely descriptive approach to inequalities research and an approach to responding to inequities which is restricted to policy responses such as targeting. There is virtually no consideration of the nature of the power relations associated with the observed discriminations.

Iyer's review may be contrasted with the commentary by Kapilashramy and Hankivsky (2018) who explore the application of intersectorality to two case studies, cardiovascular disease and migration. As with many of the papers reviewed here, Kapilashramy and Hankivsky demonstrate the intersection of disadvantage associated with sex, gender, race, and socioeconomic status. However, they also emphasise the intersection of macro level factors.

An intersectional lens also highlights the limits of health-care responses to migration that overemphasise cultural and ethnic differences of migrants, or that focus primarily on addressing linguistic and cultural barriers; i.e., by trying to improve cultural competencies among providers. Steps such as these are necessary but inadequate to address the multilevel factors shaping health-care provision and use among various migrant groups, including fear of deportation, xenophobic and discriminatory attitudes, exclusion or marginalisation in national health systems, and the experience of restrictive laws and institutional barriers. In addressing these factors, an intersectional lens demands turning away from siloed to more coordinated, multisectoral strategies across health, immigration, humanitarian aid, security, and labour, as well as attention to its structural roots (such as unemployment, poverty, and conflict) and sources of protection or advantage in contexts of transit and destination.

Again, the response of these authors appears to focus on policy reform without explicit reference to social mobilisation but perhaps this reflects the norms of academic publishing rather than a limited perspective.

Mandelbaum (2020) explores the integration of intersectionality into epidemiological research. She presents strongly the two-level construction of intersectionality including the intersecting burdens on individuals and the intersecting systems of power and oppression, 'including, but not limited to, capitalism, structural racism, heterosexism, and ableism' rather than attributing health outcomes solely to individual-level factors.

She concludes that intersectionality theory can play a critical role in advancing health equity by expanding our understanding of health disparities beyond the single structural forces shaping them.

However, the kinds of response to such disparities appears to be limited to policy reform (perhaps again out of deference to the norms of academic publishing).

McGibbon and McPherson (2011) explore the intersections between the isms (classism, racism, sexism, etc), the social determinants of health (income, education, employment, housing, etc) and the geographies which shape exposure to the social determinants of health. Their approach differs from many because of the way they draw upon the political economy of health and complexity theory. Their main focus is on the structural intersections of power rather than the cumulative discriminations incurred by individuals although this is illustrated in a detailed case study. However, despite their references to political economy and to Marx, Engles and Navarro, their approach to overcoming these cumulative burdens is restricted to policy intervention.

Policy intervention to address SDH inequities have been very challenging due to the complex genesis of material and social deprivation that leads to ill health. One of the greatest impediments to moving to policy action on the social determinants of health is the near absence of a structural approach to inequity.

Despite their references to political economy and the need for a structural approach, the notions of class struggle (which arises from Marx's analysis of the structures of capitalism) or of feminist consciousness raising (from second wave feminism) do not appear to have a place in their analysis.

Hill (2015) also presents the case for the wider use of intersectional approaches to health inequalities research, demonstrating how the inclusion of ethnicity and gender adds value to traditional focus on socioeconomic status in health inequalities research in the UK. Hill also calls for closer attention to the upstream drivers of disadvantage with a view to a deeper understanding of fundamental causes through a political analysis of power relations. While Hill defaults to policy reform in terms of addressing health inequalities her final paragraph hints at a more radical response with her reference to 'bringing the agency of the disadvantaged into focus'.

Social mobilisation

However, relatively few health researchers theorise intersectionality at the structural level, what I have described above in terms of the mutually reinforcing dynamics, of capitalism and patriarchy, of patriarchy and racism, of racism and capitalism, etc.

Tolhurst and her colleagues (2012) cast light on the policy approach to gendered disadvantage through a critical examination of *gender mainstreaming* (integrating a gender perspective into analysis, procedures, and policy). Their report is based on participant deliberations in a series of four seminars involving women from the global South and North, conducted in accordance with feminist participatory action research principles and bringing intersectionality theory to the critique of gender mainstreaming. In the final seminar the participants developed a research and action agenda to take forward strategic directions for gender mainstreaming in health internationally. The seminar methodology clearly helped to bring out a wide range of experiences and perspectives but it was not intended to formulate consensus determinations and commitments and the report is largely focused on reporting broad directions and describing the issues discussed.

Most participants most agreed on the need for change, but views on appropriate directions ranged from rejecting gender mainstreaming as a failed strategy and focussing on revitalising grass-roots feminist politics, to re-envisaging gender mainstreaming as an appropriate context for feminist transversal politics.

The authors of this report draw on Yuval-Davis (1999) in their use of the idea of transversal politics.

Transversal politics is based on first, standpoint epistemology, which holds that "the only way to approach 'the truth' is by a dialogue between people of differential positionings" (Yuval-Davis, 1999, p.95). Second, on the recognition that differences are important, but that notions of difference should encompass, rather than replace notions of equality (Yuval-Davis, 1999),

Third, on a differentiation between positioning, identity and values. Similar, compatible values can cut across differences in positionings and identity to form 'epistemological communities', which share common value systems, and can exist across difference (ibid). Struggles against oppression and discrimination might, and mostly do, have a specific categorical focus but are never confined just to that category.

Participants also discussed the need to look at the points of convergence with political struggles with other categorical foci. This included identifying aspects of the identities of men and boys where intersections of interests in terms of shared values of social justice may be identified and coalitions consequently formed at strategic points in time. There are no references in the report to convergence with struggles around racial/ethnic discrimination, or struggles against capitalism, imperialism or colonialism.

The report is clear that, '... the feminist theories underpinning this paper would preclude coalitions based on "essentialised notions of identity and difference which may be used to naturalise forms of social, political and economic exclusion" (Yuval-Davis, 1999, p.97)'. However, they also quote Spivak (1987) 'who used the concept of 'strategic essentialism', to refer to the ways in which subordinate or marginalised social groups may temporarily put aside local differences in order to forge a sense of collective identity as the basis for a political movement. Whilst this may result in problematic and unstable groupings, nonetheless these acts of temporary identity formation support important political ends'.

There was clearly some support for continuing the policy approach of gender mainstreaming albeit in a revitalised form. However, this report stands out among the various discussions of intersectionality in health for its (muted) recognition of the role of political mobilisation. However, the reference to "the full and equal participation of practitioners and policy makers working alongside their academic partners" is a less than ringing endorsement of a grass roots political movement.

Venkatachalam and colleagues

The presentation of Venkatachalam and her colleagues (2020) stands out from all of the other reports reviewed for this entry: in their use of intersectionality to focus attention on priorities in the struggle for health; in their seamless integration of intersectionality and political economy; and in the priority they give to the need for political mobilisation in the struggle for health. The focus on political mobilisation does not detract from the importance of policy reform but reflects an understanding that without political mobilisation, policy reform will not be achieved or if achieved will be ineffective.

Any tool of analysis of health must be premised on principles of social justice, which necessitates deeper analysis of prevailing inequities and the diverse factors that determine them. Intersectionality offers the possibility of an analytical tool that may be able to surpass this, delve deeper and nuance the understanding of inequities. It allows the centering of the perspectives of groups facing multiple oppressions and invisibilization, and for health to be viewed in the context of communities and societies, and not merely as diseases and deficiencies in an individual's body. It thus calls attention to the broader social, political, economic and cultural processes and structures that produce and sustain health disparities. Changing health outcomes then demands a restructuring and changing of other socio-political structures.

However, even in struggles where the 'principal contradiction' is clearly the oppressions of gender or race/ethnicity, such struggles can be conducted in ways that also contribute to the transformation of capitalism – or not.

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Intersectionality