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Knowledge diversification in public health through intersectionality

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Abstract

Background. Knowledges about health inequalities and their causes are central in public health. Generally, these concern the social patterning of health and the forces affecting the conditions for health in daily life. However, public health decision-making has been criticized for excluding knowledges with particular importance for health equity. This poses a challenge since knowledges and understandings shape what policies and interventions are viewed as relevant, reasonable or even possible to think of. If certain knowledges are left out, both knowledge-making and decision-making with respect to health inequalities risk to exclude important measures.
Since intersectionality encompass a wide range of knowledge-making practices centering around social justice it may contribute with diverse knowledges with importance to health equity. Intersectionality has recently gained traction within public health and represents an important shift in thinking about how dimensions of inequalities such as sexism, classism and racism work interlocking in generating social exclusion and marginalization rather than separate, one by one.

Aim. The overall aim of this thesis is to explore the possibilities of intersectionality as a tool for knowledge diversification within public health. The specific research question is:
– What knowledges and understandings of health inequalities do the inter-categorical (study I and II) and post-categorical (study III and IV) approach to intersectionality contribute with and how?

Material and methods. The method of the cover story can be understood as a way of studying science or as a retrospective self-reflection based on the individual studies of the thesis. Specifically, the material is reassembled and retold in order to show how certain intersectional approaches generate different knowledges and understandings about health inequalities by involving different ways of operationalizing inequalities and managing categories.
Study I was a scoping review of quantitative international literature with the aim to map and describe inter-categorical inequalities in mental health. Study II was a quantitative analysis of a population-based survey with the aim to map inter-categorical inequalities in mental health in the Swedish adult population. Study III was a policy analysis of a Government Bill proposing a national strategy on alcohol, drugs, tobacco and gambling with the aim to examine the equity-perspective of the Bill through an intersectional lens. Study IV was a post-qualitative inquiry based on participatory observations and interviews with the aim to explore the becoming of social divisions among seniors during their participation in health promoting activities.

Results. The inter-categorical approach to intersectionality (applied in study I and II) generated knowledges about health inequalities as quantitative mean differences between population groups highlighting unexpected patterns and unpredictable inequalities in mental health. This was thought to imply the importance of building responsive systems that regularly monitor inequalities across different intersectional positions and contexts so that services could be directed and adapted to the ones most in need.
The post-categorical approach to intersectionality (applied in study III and IV) generated knowledges about health inequalities as processes of marginalization, resistance, exclusions or inclusions, highlighting difficult trade-offs with respect to public health policy and practice. This was though to enable a transformative way of thinking by providing the possibility of doing things differently in the everyday practices in which marginalization and resistance becomes.

Conclusion. Different approaches to intersectionality contribute with diverse knowledges and understandings about health inequalities. This is important since it expands possibilities of fair decision-making and health equity through different outlooks on social justice. Knowledge diversification through intersectionality could be particularly useful for releasing tension from the restrictive forces of public health decision-making and for increasing accountability to the multiple social interest of the population. Thus, it has the potential of making public health decision-making more flexible, transparent, reflexive and democratic.

Keywords: public health, intersectionality, feminism, health inequalities, health equity, knowledge diversification, decision-making

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