

Letter to Editor

Intersectionality and Disaster public health: Is there Any Way to Join them?

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Increasingly, health researchers and policy makers concerned with gender-related issues are acknowledging the importance of race/ethnicity, class, income, education, ability, age, immigration status, and geography and are wrestling with how to best conceptualize and respond to issues of differences among people and how these shape lives and health of people. As work in this area goes forward, intersectionality is being known as a valuable research paradigm for expanding understandings of the complexity of health and health related problems.

Intersectionality challenges practices that favors any specific aspect of social life, such as race, class, or gender and emphasizes the potential of varied and fluid combinations of social locations and interacting social processes in the production of health and health related problems. While other fields of public health have started to acknowledge the theoretical and methodological insights of intersectionality, the extent to which it can be used in disaster public health is not fully investigated.

Beginning in the work of African American sociology scholars, intersectionality “moves beyond single or typically privileged categories of analysis (e.g. sex, gender, race and class) to consider concurrent interactions between different aspects of social identity as well as the impact of systems and processes of discrimination. Intersectionality holds that human lives cannot be reduced to single characteristics; human experiences cannot be accurately understood by prioritizing any one single

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factor or combination of factors; social categories (such as race/ethnicity, gender, class, sexuality, and ability) are socially constructed, fluid, and flexible; and social locations are inseparable and shaped by the interacting and mutually constituting social processes and structures that are influenced by both time and place.

These principles are intended to provide the basis for a new line of query where no category of discrimination is automatically taken as the most damaging and where some differences are not continuously highlighted in cost of exclusion of others.

What also distinguishes this approach from others is that intersectionality is not an additive approach. It does not estimate the collective impact of gender, race, and class measured as several simple binaries as the sum of their independent effects (e.g. gender+ class+ race/ ethnicity). This type of additive approach is under criticism for layering “several concurrent discriminations” without interrogating their interrelations and mutually constructive processes. In comparison, intersectionality focuses on in what ways social locations and structural forces interact to shape and influence human experiences. It is also important to note that intersectionality is not only applicable to advancing understandings of marginalized or so-called disadvantaged groups in order to promote social justice, but explains how social organization shapes all of our lives.

Intersectionality and social work

In the field of social work, intersectionality holds that unless service providers take intersectionality into account, they will be of less use, and may in fact be detrimental, for various groups of the population. Thus, service providers have an obligation to be aware of the seemingly unrelated factors that can impact a person's life experience and response to the service and to adapt their methods accordingly. For instance, according to intersectionality, domestic violence counselors that urge all women to report their abusers to police would be of little use to women of color due to the history of racially-infested police brutality in a given population, and those counselors should therefore develop a different approach appropriate for women of color.

As another example, women with disabilities encounter more frequent domestic abuse, with a greater number of abusers. Health care workers and personal care attendants are also perpetrators in these circumstances and women with disabilities have fewer options for leaving the abusive situation. There is a "silence" principle concerning the intersectionality of women and disability, which maintains that there is an overall social denial of the prevalence of the abused and disabled and this abuse is frequently

ignored when encountered. The paradox is the overprotection of people with disabilities combined with the expectations of promiscuous behavior of disabled women. This is met with limiting autonomy and isolating the individuals, which place women with disabilities in situations where further abuse or more frequent abuse can occur.

Intersectionality and disaster public health

After providing a concise introduction to the concept of intersectionality and its possible applications in an interventional science like social work, the question that arises is that how intersectionality can help us in designing, tailoring and delivering responses to individual and public health threats of disasters.

In authors' mind, at issue is to work on cultural competency of responses, especially long term responses, if we are to bring intersectionality to the field of disaster public health. As it was outlined a priori, intersectionality is primarily focused on intersections of different social identities and locations that eventually lead to a culture of discrimination and domination. This culture then molds our outlook to individual, social and natural issues and eventually to interventions to improve the situations. The biasedly molded outlook can permeate through different fields from medicine, to public health, to social work, and to disaster public health.

The intersectionality tries to lift the shroud of such culture and teach us that human subjects, especially those afflicted by disasters, are not only those who are affected by a disaster but also are concurrently women, men, mothers, fathers, of color and minority, occupying different social positions etc., and all these have hefty hands in shaping their identity, and thus should be taken into account when preparing for, responding to, and recovering from disasters.

However, the extent to which intersectionality can help us in finding new ways of intervening in disaster public health is not fully understood and is, indeed, waiting to be a spanking new avenue of inquiry in coming years.

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