Abstract

“....An important issue for health policy and planning is the way in which multiple sources of disadvantage, such as class, gender, caste, race, ethnicity, and so forth, work together to influence health. Although 'intersectionality' is a topic for which there is growing interest and evidence, several questions as yet remain unanswered. These gaps partly reflect limitations in the quantitative methods used to study intersectionality in health, even though the techniques used to analyse health inequalities as separable processes can be sophisticated.

In this paper, we discuss a method we developed to analyse the intersections between different social inequalities, including a technique to test for differences along the entire span of the social spectrum, not just between the extremes. We show how this method can be applied to the analysis of intersectionality in access to healthcare, using cross-sectional data in Koppal, one of the poorest districts in Karnataka, India. .......

“......In addition to the obvious benefit of deepening our insights into social inequalities and how they interact, the study of intersectionality using our approach has the potential to provide critical guidance for policies and programmes. By giving precise insights into who is affected and how in different settings, it provides a scalpel for policies rather than the current hatchet. It enables policies and programmes to identify whom to focus on, whom to protect, what exactly to promote and why. It also provides a simple way to monitor and evaluate the impact of policies and programmes on different sub-groups from the most disadvantaged through the middle layers to those with particular advantages.....”