Intersectionality in public health: A ready reckoner

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GENDER & COVID-19

Intersectionality in public health: A ready reckoner

The concept of intersectionality has gained immense traction in recent decades. Its popularity cuts across academic disciplines. It is also being increasingly used in policy and practice. This ready reckoner on intersectionality is **primarily intended** for students pursuing advanced university degrees in Public Health (e.g., Masters or PhD). It distils key information on the topic and presents it concisely. The use of the intersectionality lens has immense potential in academia, policy and practice. This resource can, therefore, be also used by academics, policy makers, funders and practitioners in Public Health.

There are **four sections** in this ready reckoner. The first one introduces the concept of intersectionality and outlines its salient features. The origin of the concept, the coinage of the term and its use in contemporary times are outlined in the second section. The third section highlights the diverse use of the concept in Public Health. These include: its advancement upon the principle of equity, use of gender as a category in intersectional analysis, the adoption of the intersectionality lens in enquiries into health systems (and efforts at making them more equitable), the use of the concept during the COVID-19 pandemic, and its potential to advance social justice when incorporated in policies and programmes. The final section contains notes for researchers in Public Health. Theoretical and methodological issues are discussed in this section.

1. What is Intersectionality?

Intersectionality refers to the **overlapping effect of several identities and characteristics** on human beings and social groups. Such an effect is due to the embedded power structures in human society that result in institutionalized privileges and systematic discrimination. The interacting effect of specific identities and characteristics is a reflection of different power axes intersecting in a given context. The interaction is complex. For example, class, race and gender are institutionalized in many societies. Each one creates inequity that privileges some and disadvantages others. When the three intersect (as in the case of a poor Black woman), the inequities are not experienced in silos. Instead, the three power axes intersect leading to the compounding of vulnerabilities. The intersecting axes may also perpetuate privileges for some. Or, depending on the interplay between specific power axes, disadvantages (associated with some identities and/or characteristics) may be offset by advantages owing to the socio-historical privileges of other identities and/or characteristics. In essence, **human experience is intersectional** in nature with several identities and characteristics coalescing to shape it. It is not siloed.

Gender features prominently in the literature on intersectionality. Gendered power structures are near universal, deeply entrenched in most societies, and date back thousands of years. Gendered relations often play out in different contexts. The gender lens is an important analytical approach to understand – and correct – gender based inequities in human societies. The emphasis on it is well placed in intersectional analysis. However, gender may not feature in every intersectional experience. It is a social construct, rooted in cultures. It is historically specific too, and subject to change (Johnson, Greaves and Repta, 2007). Important though gender is, other identities and characteristics may shape human experience more deeply in some contexts. The exploration of gender need not, therefore, be a fixture in intersectional analysis.

Hankivsky (2012) cautions **against the prioritization of any one social category**, 'or even a set constellation of variables' in intersectional analysis. Societal heterogeneity results in

> ***'Intersectionality promotes an understanding of human beings as shaped by the interaction of different social locations (e.g., 'race'/ethnicity, indigeneity, gender, class, sexuality, geography, age, disability/ability, migration status, religion). These interactions occur within a context of connected systems and structures of power (e.g., laws, policies, state governments and other political and economic unions, religious institutions, media).Through such processes, interdependent forms of privilege and oppression shaped by colonialism, imperialism, racism, homophobia, ableism and patriarchy are created.'***
>
> **Hankivsky, 2014**

intersectional experiences that are reflective of embedded power structures that have local relevance. While they may mirror global axes and hierarchies, the manifestation in a specific context can be very local in the interplay of the axes and the resultant experience. Moreover, as Coston and Kimmel (2012) observe, privilege is distributed along 'a range of axes' and patriarchal privileges traditionally enjoyed by men may be offset by their disability status, sexuality and class position. It is the context that shapes experiences of intersectionality and needs to be understood as such.

Dynamism is a characteristic feature of intersectionality. Intersectional experiences are shaped in a given socio-historical context with multiple power axes at play. In addition, the passage of time may shape such experiences. In a study on visually impaired older adults in India, for example, there was a decrease in the privileges enjoyed by men with increasing age and visual impairment. They became less mobile and their economic dependence increased. The vulnerability of women got compounded with time. The intersectional experiences of men and women were thus shaped by the intersection of their respective genders with the characteristics of visual impairment and age. They changed over time too (Barman and Mishra, 2020).

Identities and characteristics intersect in any intersectional experience. However, such interaction is **not in an additive manner**. Instead, the intersectional approach is sophisticated in its understanding of the differential access of individuals - in differently situated social groups - to both material and symbolic resources. It examines how identities are related to one another and the intersection of several social structures (e.g., race, class, gender, sexuality, age, ability) for everyone. This is in contrast to the single determinant and additive models of identity (Kang, Lessard, Heston and Nordmarken, 2017).

In short, intersectionality is a theoretical and analytical approach to conceptualize and address the ways in which people's experiences are based on their intersecting social identities and characteristics in a given socio-historical and political context. The interaction happens in a non-additive manner. The approach focuses on the importance of power and social structures in people's access to resources and their experiences of privilege and discrimination. It encourages a critical reflection of people's intersectional experiences as they pan out in a dynamic manner. The consideration of relevant social identities and characteristics depends on the context.

2. Origin and Use

Intersectionality has its **origins** in Black feminism and Critical Race theory (Carbado, Crenshaw, Mays and Tomlinson, 2013). The term was coined by Kimberle Crenshaw, a Black feminist legal scholar based in the USA. Feminists had been engaged with the topic for several years prior to this coinage. Patricia Hill Collins, for example, talks about 'the multiple systems of domination' and how power structures interact to result in 'the interlocking nature of oppression' (Collins, 1986). Crenshaw observed that there was a tendency to treat race and gender as 'mutually exclusive categories of experience and analysis'. Such 'single-axis analysis' distorts the multidimensional nature of the experience of Black women (Crenshaw, 1989). Intersectionality has been observed to be the most significant theoretical contribution of Women's Studies to date (McCall, 2005). Conceptual and empirical explorations of intersectionality have been ongoing in feminist circles for several decades now.

The potential of the concept of intersectionality, and its application, is being realized in recent decades in other fields of study. Very few theories have generated the kind of interdisciplinary and global engagement that intersectionality has. It has transcended time, disciplines, issues, and geographies (Carbado et al., 2013). Both conventional social science subjects, as well as multidisciplinary studies, are discovering its utility in understanding the complexities of power and privilege in human society. Its **appeal goes beyond academics**, with the active invocation of the lens of intersectionality in policies and programmes as well. Scholars and activists have applied the intersectionality lens to a range of issues, social identities, power dynamics, legal and political systems, and discursive structures in different countries (Carbado et al., 2013). The adoption of an intersectional approach that accounts for 'complex identities, communities and experiences' is considered to be crucial to the attainment of the Sustainable Development Goals (UNSDN, 2017).

3. Intersectionality in Public Health

There is **growing use** of the concept of intersectionality in Public Health. Such use is in several areas of the discipline, and goes beyond its teaching[1]. It is characterized by several 'overlapping waves' marking its inroads, and its potential to address crises in Public Health (Bowleg, 2021). Wave 1 has been definitional, focused on the history, core tenets and the

1 The interested reader may wish to refer to a recently published toolbox on intersectionality in Public Health teaching. Please see, Sabik (2021).

relevance of intersectionality to Public Health. Wave 2 marked the mainstreaming and 'the flattening' of the concept during its uptake by research organizations. Wave 3 is analytical and is marked by the theoretical applications of intersectionality to current crises in Public Health. Wave 4 is one of praxis where intersectionality will be practically applied to bring about equitable health policy and practice for intersectionally marginalized groups. The application of intersectionality to Public Health is fairly recent. Its use has increased since 2009. There is paucity of literature on the subject from low- and middle-income countries (Larson, George, Morgan and Poteat, 2016).

Equity is a hallowed principle in Public Health. It refers to 'the absence of systematic disparities in health (or in the major social determinants of health) between groups with different levels of underlying social advantage/disadvantage', such as wealth, power or prestige (Braveman and Gruskin, 2003). Inequities are avoidable and reflect the underlying social injustice in the distribution of resources. An intersectional approach explicates how different power axes intersect resulting in the concentration of resources for the privileged in society across several identities and characteristics. It debunks the homogeneity of a social category such as gender or race, and highlights the limitations of treating it singularly and in a silo. It also highlights how 'individual and group inequities are shaped by interactions between multiple sites and levels of power: institutions such as families, governments, laws, and policies; structures of discrimination such as sexism, ableism, and racism; and broader processes of globalization and neoliberalism'. Analysis informed by intersectionality maps health inequities more precisely and charts more effective directions in policy and programme development (Kapilashrami and Hankivsky, 2018). Intersectionality is, thus, more granular in its understanding of societal privileges (and disadvantages). The effective use of the intersectionality lens helps to understand inequities better. Its strategic use can result in equitable societies, leaving no one behind.

An **intersectional gender analysis** may be adopted while using the intersectionality lens in health. It refers to the analysis of gender power relations intersecting with other equity stratifiers to affect people's lives, thereby shaping the differences in their needs and experiences. Gender is used as an entry point in such analysis. The purpose is not to essentialize it (WHO, 2020). For example, a recent study on visually impaired ageing women in an impoverished region of India highlighted the gendered dimensions of seeking eye care. It showed that there is a gradual compounding of the vulnerability of such women. Their mobility was restricted and they were economically dependent. These continued with increasing age and visual impairment. Physical dependency, on the other hand, worsened with time and increasing visual impairment. The gendered roles of the women underwent a change too. Living arrangements might have changed also. These have a bearing on their eye care seeking behaviour, especially as visual impairment tends to be painless. Seeking care for their visual impairment is de-prioritized and, therefore, is likely to be delayed, if sought. The will and the convenience of the other members of the family come into play. It is for such reasons that women typically seek outpatient care from nearby healthcare facilities for their eyes, their intersectional experiences determining such behaviour. The study also showed that eye care seeking behaviour of ageing women can be different when their lived experiences are more favourable (Barman and Mishra, 2021).

The intersectionality lens can also be fruitfully used in enquiries into **health systems**, and in efforts to make them more equitable. Privileges and disadvantages permeate health systems. These may be experienced by individuals as well as social groups owing to how specific identities and characteristics interact. Intersectional experiences vary across time and location too, owing to the dynamic interplay between societal power structures in any given situation. Such complexities are better understood using the lens of intersectionality. However, despite its importance and potential, the lens is used infrequently in health systems research in low- and middle- income countries (Larson et al., 2016). Health systems are situated within existing societal systems. Their governance structures are rooted in historical and contemporary systems of power and oppression. Health information systems can be reductionist in the way data is collected and presented. They rarely present differences in the lived experiences of individuals within a group. They also do not capture information about how human experience is shaped by the intersection of several identities and characteristics. As a result, vulnerable individuals and population sub-groups can be made invisible and excluded from health service delivery. The nuanced nature of health inequities can be better understood by using the lens of intersectionality to examine health systems. The use of this lens can help in understanding the entrenched and root causes of inequity (Young, Ayiasi, Shung-King and Morgan, 2020).

Access to healthcare is compromised for the poor during normal times. Their vulnerability worsens during times of crisis such as the **COVID-19 pandemic** (Ahmed, Ahmed, Pissarides and Stiglitz, 2020). The effects of the pandemic have been unevenly experienced by different social groups and people within these groups. It is not a zero-sum game with one group of people being impacted more than the others. There have

been primary short-term effects of the pandemic such as greater severity of the disease and mortality among men. Secondary long-term effects of the pandemic include higher social and economic consequences for women. The primary and secondary effects on gender and sexual minorities are not known due to lack of data. The intersection of social stratifiers such as gender, with age, income, race, disability and sexual orientation leads to intersectional experiences and effects. Using the lens of intersectionality can aid in a better understanding of the granularity of experiences and the effects on individuals and groups due to the pandemic. The lens can also help in addressing them (Morgan et al., 2021). The intersections between gender and race, and social determinants of health and gender can be used to inform future pandemic responses. Speaking in the context of men's health equity, Smith and colleagues say that using the lens of intersectionality and working collectively across sectors can help address the experiences of the most vulnerable and marginalized boys and men (Smith et al., 2020).

It is for such reasons that the intersectionality lens is **being increasingly used** in the teaching and practice of Public Health. TDR (the Special Programme for Research and Training in Tropical Diseases) offers a course on the incorporation of an intersectional gender perspective in implementation research. The potential of the intersectionality lens is being realized in the context of health policy too. For example, Hankivsky and colleagues have developed an intersectionality based policy analysis framework. It provides guidance and direction to policy makers and other actors to critically analyze policies, capture different dimensions of policy context (including intersecting social locations), and generate transformative solutions (Hankivsky et al., 2014). The analysis of power that is inherent to the intersectional approach increases our 'understanding of not only who is left behind but why and how'. Applying it to global health necessitates 'greater attention to intergroup and intragroup differences, specific social positions (which exist at the crossing of multiple axes of inequalities), and the wider social processes and macro-level factors that shape health'. It explains the exclusion of some population groups due to the multiple disadvantages they face. It is a promising approach to address global challenges. It can aid in the achievement of global health goals, since it enhances understanding of the complex nature of health inequities, especially among the most vulnerable populations in the world (Kapilashrami and Hankivsky, 2018). Using the lens of intersectionality is indispensable to devising targeted policies and programmes in order to achieve Universal Health Coverage. It advances social justice.

4. Using the Intersectionality Lens: Notes for Researchers

How can the lens of intersectionality be used by researchers in Public Health? The lens is **indispensable** in teasing out the granularity – and the complexity – of human experience. Any exploration of intersectionality in human experience needs to be true to the concept and its potential. In addition, for empirical studies, the adopted methodology needs to be particularly suited to capturing the complexity of intersectional experiences and the reasons thereof. Bowleg observes that despite its growing popularity, intersectionality is still nascent in Public Health. She reiterates the point made by scholars of intersectionality about the 'flattening' in its use, with the term getting depoliticized and stripped of its interrogation of power, commitment to social justice and praxis (Bowleg, 2021).

There are **theoretical and methodological** challenges in the use of intersectionality in Public Health (Bowleg, 2012). It is challenging to decide which social categories are to be included. Moreover, the concept was not formulated for empirical examinations in Public Health. The absence of theoretically validated constructs that can be empirically tested poses a 'major challenge'. It also presents 'tremendous opportunities' for use in Public Health. There are several methodological challenges in using intersectionality in Public Health, particularly in the context of quantitative research. These include the absence of appropriate guidelines, and assumptions such as linearity and uni-dimensionality of measures. Such challenges notwithstanding, intersectionality is the 'critical, unifying, and long overdue theoretical framework' in Public Health (Bowleg, 2012). It can help to test and generate new theories in population health research. It can enrich the field by improving validity and attention to the heterogeneity of effects and the causal processes creating health inequalities (Bauer, 2014).

Qualitative methodology has been largely used in studies on intersectionality in Public Health (Bauer, 2014). The uptake of intersectionality is recent in quantitative research. Bauer and colleagues found in a systematic review that core theoretical tenets of intersectionality are often lost or misinterpreted in quantitative research. Other concerns included the lack of enquiry into societal power structures in the examination of intersectionality (Bauer et al., 2021).

There are **three issues** that researchers must grapple with while studying intersectionality (Bowleg, 2008). These are: developing questions to measure it, analyzing data on it, and interpretation. There is a desperate need for research that asks 'more and better questions'. Bowleg emphasizes that intersectionality research is best defined by 'the analysis and interpretation of research findings within the sociohistorical context of structural inequality for groups positioned in social hierarchies of unequal power'. Just asking questions about demographic difference or comparing between different social groups is not enough. The positivist assumptions inherent in most quantitative research can be contradictory to interdependence, multidimensionality and mutually constitutive relationships that are at the core of the concept of intersectionality. The complexities of intersectionality may not seem to be amenable to quantitative methodology. But, Bowleg cautions against being dismissive of a methodology per se. Instead, she says that the researcher should be committed to the examination of specific social, historical and cultural contexts. Methodological challenges during data analysis include issues of handling intersectionality data that is implicit (rather than being explicit). The assumption of additive categories runs through both quantitative and qualitative methodologies. This can undermine intersectionality research. A 'key interpretative task' for intersectionality researchers is to make sense of the observed data and contextualize it within the socio-historical context of structural inequality. The latter may or may not be explicit in the data.

Kapilashrami and Hankivsky sum it up well when they say that there is no single way to approach intersectionality, nor a preferred method. But, researchers must **ask fundamental questions** at each stage of the research process. They need to be reflexive throughout about their own social position and how it shapes the examination of any research question in global health. Careful considerations of the central tenets of intersectionality have to be made while conceptualizing the research, designing the study, and interpreting the results. The implications of the research for reducing health inequities and advancing global health goals must be considered (Kapilashrami and Hankivsky, 2018).

It is important to note that the **use of the intersectionality lens is a conscious decision** that needs to be made at the beginning of a research study, be it conceptual or empirical. The lens has to be skillfully used throughout too. Use of an appropriate conceptual framework/theory; asking research questions that can bring out the complex and granular nature of intersectional human experiences, as well as unravel the intersecting power structures behind such experiences; and attention to the local socio-historical contexts are indispensable to such an enquiry. Innovative research designs are called for, and methodological resources need to be appropriately leveraged (See, for example, Barman and Mishra, 2020). Similarly, the analysis plan has to be sensitive enough to capture intersectionality in people's lives and societal contexts. Using the intersectionality lens as an afterthought in research is a compromise, every step of the way.

References

Ahmed F, Ahmed N, Pissarides C & Stiglitz J (2020) Why Inequality Could Spread COVID-19, *The Lancet Public Health*, 5: e240. [DOI: https://doi.org/10.1016/S2468-2667(20)30085-2]

Barman D & Mishra M (2020) How Does Eye Care Seeking Behaviour Change with Increasing Age and Visual Impairment? Intersectional Analysis of Older Adults in the Indian Sundarbans. *BMC Geriatrics*, 20:71. [DOI: https://doi.org/10.1186/s12877-020-1438-y]

Barman D & Mishra M (2021) How is Eye Care Seeking Affected by Intersectional Experiences? A Study of Ageing Women in the Indian Sundarbans. *Gender & Development*, 29 (1): 171-188. [DOI: https://doi.org/10.1080/13552074.2021.1892340]

Bauer GR (2014) Incorporating Intersectionality Theory into Population Health Research Methodology: Challenges and the Potential to Advance Health Equity. *Social Science & Medicine*, 110: 10-17. [DOI: http://dx.doi.org/10.1016/j.socscimed.2014.03.022]

Bauer GR, Churchill SM, Mahendran M, Walwyn C, Lizotte D, Villa-Rueda AA (2021) Intersectionality in Quantitative Research: A Systematic Review of its Emergence and Applications of Theory and Methods. *SSM-Population Health*, 14:100798. [DOI: https://doi.org/10.1016/j.ssmph.2021.100798]

Bowleg L (2008) When Black + Lesbian + Woman ≠ Black Lesbian Woman: The Methodological Challenges of Qualitative and Quantitative Intersectionality Research. *Sex Roles*, 59: 312-325.[DOI:10.1007/s11199-008-9400-z]

Bowleg L (2012) The Problem with the Phrase *Women and Minorities*: Intersectionality - an Important Theoretical Framework for Public Health. *American Journal of Public Health*, 102 (7): 1267-1273. [DOI:10.2105/AJPH.2012.300750]

Bowleg L (2021) Evolving Intersectionality within Public Health: From Analysis to Action. *American Journal of Public Health*, 111 (1): 88-90. [DOI: https://doi.org/10.2105/AJPH.2020.306031]

Braveman P & Gruskin S (2003) Defining Equity in Health. *Journal of Epidemiology & Community Health*, 57: 254-258.

Carbado DW, Crenshaw KW, Mays VM & Tomlinson B (2013) Intersectionality: Mapping the Movements of a Theory. *Du Bois Review*, 10 (2): 303-312. [DOI:10.1017/S1742058X13000349]

Collins PH (1986) Learning from the Outsider Within: The Sociological Significance of Black Feminist Thought. *Social Problems*, 33(6): S14-S32.

Coston BM & Kimmel M (2012) Seeing Privilege Where It Isn't: Marginalized Masculinities and the Intersectionality of Privilege. *Journal of Social Issues*, 68 (1): 97-111.

Crenshaw K (1989) Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics. *University of Chicago Legal Forum*, 1989(1): 139-167. Retrieved from: https://chicagounbound.uchicago.edu/cgi/viewcontent.cgi?article=1052&context=uclf

Hankivsky O (2012) Women's Health, Men's Health, and Gender and Health: Implications of Intersectionality. *Social Science & Medicine*, 74:1712-1720. [DOI: 10.1016/j.socscimed.2011.11.029]

Hankivsky O (2014) *Intersectionality 101*. Vancouver: Simon Fraser University. Retrieved from https://bccampus.ca/wp-content/uploads/2020/07/Hankivsky-Intersectionality101-2014.pdf

Hankivsky O, Grace D, Hunting G, Giesbrecht M, Fridkin A, Rudrum S, ...Clark N (2014) An Intersectionality-based Policy Analysis Framework: Critical Reflections on a Methodology for Advancing Equity. *International Journal for Equity in Health*, 13:119. [DOI:http://www.equityhealthj.com/content/13/1/119]

Johnson JL, Greaves L & Repta R (2007) *Better Science with Sex and Gender: A Primer for Health Research*. Vancouver: Women's Health Research Network. Retrieved from https://cewh.ca/wp-content/uploads/2012/05/2007_BetterSciencewithSexandGenderPrimerforHealthResearch.pdf

Kang M, Lessard D, Heston L & Nordmarken S (2017) *Introduction to Women, Gender, Sexuality Studies*. Amherst, Massachusetts: University of Massachusetts Amherst Libraries. Retrieved from https://openbooks.library.umass.edu/introwgss/

Kapilashrami A & Hankivsky O (2018) Intersectionality and Why it Matters to Global Health. *The Lancet*, 391:2589-2591.

Larson E, George A, Morgan R & Poteat T (2016) 10 Best Resources on...Intersectionality with an Emphasis on Low- and Middle- Income Countries. *Health Policy and Planning*. [DOI: 10.1093/heapol/czw020]

McCall L (2005) The Complexity of Intersectionality. *Signs: Journal of Women in Culture and Society*, 30 (3): 1771-1800.

Morgan R, Baker P, Griffith DM, Klein SL, Logie CH, Mwiine AA, ...White A (2021) Beyond a Zero-Sum Game: How Does the Impact of COVID-19 Vary by Gender? *Frontiers in Sociology*, 6: Article 650729. [DOI:10.3389/fsoc.2021.650729]

Sabik NJ (2021) The Intersectionality Toolbox: A Resource for Teaching and Applying an Intersectional Lens in Public Health. *Frontiers in Public Health*, 9: Article 772301. [DOI:10.3389/fpubh.2021.772301]

Smith JA, Griffith DM, White A, Baker P, Watkins DC, Drummond M & Semlow A (2020) COVID-19, Equity and Men's Health: Using Evidence to Inform Future Public Health Policy, Practice and Research Responses to Pandemics. *International Journal of Men's Social and Community Health*, 3 (1): e48-e64. [DOI:10.22374/ijmsch.v3i1.42]

United Nations Social Development Network (UNSDN) (2017) *Intersectionality and Working Together to Achieve the SDGs*. Retrieved from http://unsdn.org/2017/07/13/intersectionality-and-working-together-to-achieve-the-sdgs/

WHO (2020) *Incorporating Intersectional Gender Analysis into Research on Infectious Diseases of Poverty: A Toolkit for Health Researchers*. Geneva: World Health Organization. Retrieved from https://apps.who.int/iris/bitstream/handle/10665/334355/9789240008458-eng.pdf

Young R, Ayiasi RM, Shung-King M & Morgan R (2020) Health Systems of Oppression: Applying Intersectionality in Health Systems to Expose Hidden Inequities. *Health Policy and Planning*, 35:1228-1230. [DOI:10.1093/heapol/czaa111]