

Intersectionality applied to migrants' and refugees' health*

A. Brabete¹, N. Clark² and B. Vissandjée¹

¹ University of Montreal, Canada

² University of Victoria, Canada

Summary The aim of this poster is directly linked to the topics of Gender Summit 11 since intersectionality takes into account the concurrent analyses of multiple, intersecting (and interacting) social identity categories. The focus on several social determinants that intervene in immigrant health is necessary in order to diminish the existing health inequities.

1. Relevance

Intersectionality is an emergent theory rooted in feminist discourse and widely applied across critical theoretical approaches within health discourses. Specifically, intersectionality helps to uncover health inequities and the social complex ways in which the social determinants of health relate, intersect and mutually reinforce one another (Hankivsky & Christoffersen, 2008).

2. Aims & Objectives

Despite growing health and health care inequities concerning immigrants' health, of which refugee groups are a subset, a gap in knowledge of how intersectionality can be applied to immigrant health exists. Since prior to 2000, intersectionality was rarely used outside women's studies scholarship and Black feminism (McCall, 2005), research literature was developed between 2000 and 2017. This gap leads to methodological challenges and lack of policy uptake concerning the intersections related to immigrant and refugee health. To address this void in the literature, this paper examines how intersectionality is applied to immigrant health.

3. Methods

A literature search was conducted using multiple databases and search engines including, PubMed, CINAHL, ProQuest, PsycInfo, EMBASE and Web of Science were used. Search terms and keywords were "intersectionality"; "intersection"; "intersec*"; "health*"; "migra*"; "immigra*"; "refugee", and "asylum seeker". We included both quantitative and qualitative empirical studies.

4. Results

The results of this systematic review shed light on how intersectionality challenges the use of a singular category by analyzing the differences in relation to several categories such as sex, gender, ethnicity, race, age and migration status.

5. Conclusions

The findings point to the need for researchers and healthcare professionals to take into consideration multiple social determinants that intervene in immigrant health in order to diminish the existing health inequities.

6. Contact details: Andreea Brabete, andreea.catalina.brabete@umontreal.ca