



Who gains, who loses and how: Leveraging gender and class intersections to secure health entitlements

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ABSTRACT

This paper argues that a focus on the middle groups in a multi-dimensional socioeconomic ordering can provide valuable insights into how different axes of advantage and disadvantage intersect with each other. It develops the elements of a framework to analyse the middle groups through an intersectional analysis, and uses it to explore how such groups leverage economic class or gender advantages to secure entitlements to treatment for long-term illness.

The study draws upon household survey data on health-seeking for long-term ailments from 60 villages of Koppal district, Karnataka (India). The survey was designed to capture gender, economic class, caste, age and life stage-based inequalities in access to health care during pregnancy and for short and long-term illnesses.

There were striking similarities between two important middle groups - non-poor women and poor men – in some key outcomes: their rates of non-treatment when ill, treatment discontinuation and treatment continuation, and the amounts they spent for treatment. These two groups are the obverse of each other in terms of gender and economic class advantage and disadvantage. Non-poor women have an economic advantage and a gender disadvantage, while poor men have the exact opposite. However, despite the similarities in outcomes, the processes by which gender and class advantage were leveraged by each of the groups varied sharply. Similar patterns held for the poorest men except that the class disadvantage they had to overcome was greater, and the results are modified by this.

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Introduction – an approach to intersectionality

The growing social science literature on intersectionality highlights the fact that multiple axes of power and socioeconomic inequality do not only operate together but interact in complex ways that affect individual lives, social practices, institutional arrangements and cultural ideologies (Davis, 2008). Collins (2000) identified intersectionality as the micro processes that determine the social positions that individuals and groups occupy within a macro system of “interlocking oppressions”. The value of examining these intersections derives from its opening of new analytical and empirical terrain, and new ways of addressing policies to tackle inequality and disadvantage along multiple dimensions (Bredstrom, 2006; Krieger et al., 2008; Iyer, Sen, & Ostlin, 2010).

A growing number of authors (Lynch & Kaplan, 2000; Ostlin, 2002) have pointed out that women’s and men’s exposure and vulnerability to ill-health, their access to health protective

resources, and the consequences to them of illness, violence and disability are shaped by social relations of power that manifest along dimensions such as gender, economic class, caste, race and ethnicity. By examining how these multiple dimensions interact with each other, an intersectional analysis of social inequities in health tells us, *inter alia*, whether the burden of inequity among the poor is borne equally by different castes or racial groups or by different household members. It allows us to examine, whether women, men, income earners or heads of poor households are equally trapped by medical poverty, and whether they are treated alike in the event of catastrophic illness or injury. It explores whether households tighten their belts equally for men and women when health costs go up overall, and whether these patterns are similar across different income quintiles. Such analysis poses a challenge for policies to ensure not only equity across, but also within, households. Theoretical and empirical work on intersections and their impact on health is necessary, therefore, for the advancement of social theory, for better empirical analysis, and for appropriate social and health policies.

One challenge, however, that much intersectionality research has faced until very recently is the absence of a simple methodology for

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quantitative analysis of multiple intersections. As a result, it has been very difficult (if not impossible) to compare groups placed at different points along a multi-dimensional socioeconomic spectrum. This has led much analysis to focus on differences between groups at the extremes that typically have only advantages or only disadvantages. A comparison between such groups generates large and statistically significant differences as might be expected. Similar large differences may not hold, however, when one analyses groups in the *middle* of the social spectrum, who manifest different mixes of social advantage and disadvantage (e.g., Griffin, Fuhrer, Stephen, & Marmot, 2002). Analysis of these middle groups can provide more nuanced understanding of the intersections among different axes of power, as well as their relative effects. This is because crucial politics of leveraging, competition, accommodation, negotiation, or co-optation often happens with groups in the middle of the social spectrum (Agrawal & Aggarwal, 1991; Kaul, 1993).

Recent work by Sen, Iyer, and Mukherjee (2009) has shown one way to fill this methodological gap, and thereby to rigorously compare any socioeconomic group with any other. This paper builds on the analysis developed therein to explore how groups in the middle of the social spectrum leverage gender or economic class advantages in order to secure access to health care.

Leveraging social advantages - towards a framework

Leveraging entitlements

It is well recognised that the relationships among different social groups are often shaped by the struggle for resources and entitlements. Such struggles and the associated competition, collaboration and negotiation happen both in the public sphere (as in arguments over quotas/reservations/affirmative action in education, employment and political representation), and in the private space within households (over allocation of household resources by gender, lifecycle status, age, ability, etc.).

Ever since Amartya Sen's (1990) well-known discussion of the family as the site of cooperative conflict, the question of how entitlements are governed by the fallback positions of different members of the household has been a subject of inquiry (e.g., Agarwal, 1994,1997; Kabeer, 1994; Katz, 1997; Pfeiffer, 2003). For example, a woman's fallback position in terms of educational level or income earning status can affect her power to negotiate health resources or other entitlements. In this paper, we develop the concept of *leveraging* in order to go beyond a focus on the positionality of particular members to the *processes* by which positions may be translated into entitlements.

Positionality itself is, nevertheless, crucial. An individual's position depends both on the social and economic characteristics of her/his household (wealth, income, caste, ethnicity) and on her/his own characteristics (gender, age, marital/lifecycle status, assets, income earning) and therefore position within the household. Some of these characteristics confer advantages, and others clearly do not, although it is important to recognise that which ones do so is both historically shaped (and may change over time) and context specific. Thus, different groups are endowed with specific social advantages and disadvantages along different dimensions. While economic advantage (via assets and income) is well recognised, other dimensions such as gender, caste, ethnicity, also provide important and sometimes pre-eminent sources of advantage/disadvantage. Leveraging occurs as groups use their advantages along some dimensions to compensate for disadvantages along others. For example, disabled persons in affluent households are usually better able to mitigate the consequences of their disability than similarly abled persons in poor households, by using better technological aids, having regular carers, etc. The former are thus

able to leverage their economic class position to compensate for other disadvantages.

Clearly, leveraging is not relevant for the groups at the extremes of a multi-dimensional social spectrum, i.e., those who are blessed with having only advantages and therefore do not need to leverage, or those who have only disadvantages and have nothing to leverage. Leveraging is important, however, for the "middle groups", who have a mix of advantages and disadvantages. Such leveraging by one (middle) group may be independent of other (middle) groups, but it may also set groups against each other or, alternatively, lead to collaborative behaviour.

Competition for resources/entitlements is the other face of leveraging, but not all middle groups compete directly with each other. The extent of direct competition depends on whether and how two groups meet each other in private or public spaces, and the social relations between them. Thus, poor men do not usually compete with non-poor women in the private sphere of the household, but their interests may clash in the public space over education or employment quotas. In addition, because each middle group has a particular combination of advantage/disadvantage, the mechanisms of leveraging will vary across groups.

Who are the middle groups?

The simplest definition of middle groups is that they are the groups that are not at the extremes. As the number of dimensions of difference or inequality increase, so too does the number of groups in the middle. Not all of these groups are on par with each other as we will argue.

For purposes of illustration, if we treat gender and economic class as simple dichotomies, we have four groups: non-poor men, non-poor women, poor men and poor women. In this case, the extreme groups with only advantages or only disadvantages are non-poor men and poor women; the middle groups, each with a mix of advantages and disadvantages, are non-poor women and poor men. However, if there are more than two categories along one or both dimensions, the number of middle groups increases and the process of distinguishing one group from the other can become more complex.

Consider, for example, the case where economic class is represented by three categories – poorest, poor and non-poor – and gender by two – women and men – (Fig. 1). The extreme groups can still be determined on the basis of apriori assumptions that are likely to be uncontroversial in most cases. There would be little argument against identifying non-poor men and the poorest women as extreme groups that are respectively doubly advantaged and doubly disadvantaged. However, the other groups in the middle vary in their capacity to leverage advantage and/or dominate other groups.

By *dominance*, we mean being better off along a dimension, e.g., non-poor over poor over poorest, or men over women. It is

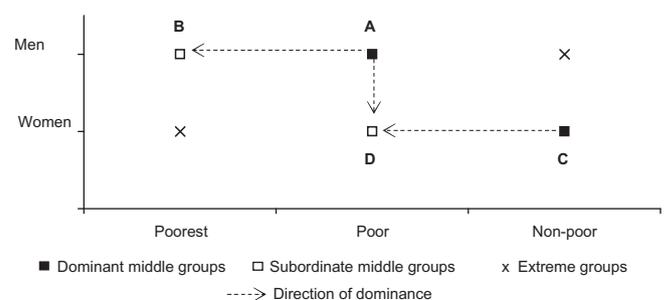


Fig. 1. Types of gender and class-based groups.

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