8 Unravelling the Mystery of Health: An Intersectional Model

Learning Objectives

- Theorize why intersectional analysis (which refers to the ways in which health determinants interact with one another in relation to social class, gender, race, age, geographic location) can enrich health research
- Explain why lifestyle behaviours are an inadequate explanation for health disparities
- Consider if healthy lifestyles are merely a matter of individual choice or if (and how) social structures influence those lifestyles
- Examine the evidence that demonstrates that health behaviours are multi-dimensional and not necessarily related to each other
- Apply Bourdieu's relational model as it applies to health behaviour

Summary

The chapter begins by posing the question of which groups of people are at most risk for poor health due to intersecting structures of inequality. (The simple answer is an Aboriginal older woman living in poverty.) However, this answer is complex because it takes socioeconomic status, ethnicity, age, and gender into account. The framework that integrates all these factors is known as intersectional analysis. Intersectional analysis recognizes that we are neither reducible to categories nor the sum of our parts. Instead we are simultaneously experiencing various structures of inequality. The timing of when we experience a particular structure may be more or less relevant to a particular health outcome and as such must be examined.

The lifestyle paradigm in the predominant paradigm in health research and practice today and the authors review the evidence examining a range of lifestyle behaviours have on health. Negative lifestyle factors such as smoking (especially the increasing trend among women), alcohol consumption, the obesity epidemic, and unsafe sexual practices are discussed. Although the solution appears to be straightforward—exercise, drink less, eat better, engage in healthy relationships—this line of thinking is problematic.

The government's individualized view of health promotion adopts a neoliberal agenda, which places the onus on the individual to make changes. Yet, health disparities are only partially explained by lifestyle factors and therefore must be situated in matters of structural inequality and social location. Furthermore, health promotions programs have been shown to be less effective for poor people, particularly those living in social exclusion. One explanation, according to Bourdieu, is that poor people embody the view that there is nothing to be done about their circumstances.

The latter part of the chapter focuses on theorizing "health." The textbook authors call for an intersectional framework that examines a diversity of social locations in capturing an individual's pursuit of health and wellness. The structure—agency issue is key to understanding health lifestyles. Drawing on Weber's dialectical interplay with life choices (agency) and life chances (structure), for example, an overweight individual who eats regularly and often at fast food restaurants (life choice) may do so because they are poor and cannot afford other food options (life chances). Thus, choice becomes socially constructed and their health behaviour is an outcome of social location.

Bourdieu's relational theory is particularly helpful in developing a theory of health. Bourdieu's starting assumption is that behaviour is not consciously learned but rather embodied in the habitus. For example, in one university it may be the students' culture to go out drinking every Thursday night. Drawing on Bourdieu's relational theory, when Thursday night comes around, without giving it much thought, students go drinking. Rather than a conscious decision, this behaviour is embodied within the students' habitus as part of their university life that shapes their health lifestyles.

Overall, Bourdieu's relational model provides a framework to understanding health lifestyle and the productions of health. First, it challenges the view that health lifestyle is an individual decision. As lifestyles (e.g., the foods you eat, and the ways in which you prepare the food) are determined by status groups, they are a collective phenomenon. Second, the focus of healthy lifestyles is more about consuming good health (personal trainers, yoga classes, natural health products) rather than producing it. In so doing the individual builds health capital, which forms a reserve that can be used in times of crisis. Third, the interplay of structure and agency determines health lifestyle. A person who is born into a wealthy family is in a position to make choices about health lifestyle. These choices are transformed into actions (or inactions) that are reproduced in following generations. Bourdieu's approach can be used to statistically examine social factors and health behaviours in order to "map the social space of health lifestyles."

Finally, the chapter presents a model of health that maps the intersections of biological and social factors—social structural, behavioural and psychosocial factors—shaped by issues of structure and agency.

Key Concepts/Terms

Agency: The ability of individuals to act as self-conscious, willful social agents and to make free choices about behaviour (p. 249).

Health promotion: A state-sponsored process aimed at getting individuals to take control over and improve their health by providing them with health-related education and information (p. 234).

Health lifestyles: Collective patterns of health-related behaviour based on choices from options available to people according to their life chances (p. 250)

Health trajectory: Changes in the patterns of health experienced over time (p. 258).

Intersectional analysis: An approach that studies the interaction of factors such as gender, socio-economic status, ethnicity and age, which together shape behaviour and life chances such as health outcomes (p. 228).

Lifestyle: A collective way of life reflecting beliefs, attitudes, and values as well as patterns of behaviour that are shaped by life circumstances and socio-cultural context (p. 234)

Life chances: Aspects of the social structure that provide a social context for individual life choices (p. 250).

Physical capital: Resources for action tied to particular expressions of embodiment (p. 253).

Social capital: Resources for action tied to interpersonal relations and group membership (p. 253).

Social structure: Relatively stable patterns of behaviour that are learned from a society's culture and area observable (p. 249).

Structure–agency issue: A complex sociological and philosophical debate about the extent to which human free will (agency) exists in the face of society's systems of social control (social structure)(p. 249).

Study Questions

1. What does an intersectional perspective explain about health outcomes?
2. What is intersectional analysis in health?
3. Who do the health benefits of alcohol mainly apply to?
4. How might risky sexual behaviour be explained?
5. What is health promotion?
6. What does a healthy lifestyle account for?
7. How does lifestyle affect health?
8. Why are health promotion campaigns less likely to be effective for poor people with poor health?
9. How are structure–agency issues in relation to lifestyle behaviours best described?
10. What does Bourdieu's logic of practice mean in relation to health?

Explore and Discuss Questions

1. What is intersectional analysis and how does it contribute to a feminist understanding of health outcomes?
2. In order to understand the growing trend of obesity, some scholars believe that using an intersectional analysis will offer a more comprehensive understanding of the problem than a lifestyle behaviour model. Discuss.

3. The health problems Aboriginal communities confront are many and complex. An individualized health promotion model may not be the best recourse in aboriginal people's pursuit of health and wellness. Discuss.
4. What are other ways we might conceptualize health promotion?
5. Using Bourdieu's "logic of practice," explain the increasing trend of Canadians to engage in a sedentary lifestyle. Make sure you define "logic of practice."

Further Exploration

Albritton, Robert. 2009. *Let Them Eat Junk: How Capitalism Creates Hunger and Obesity*. Winnipeg: Arbeiter Ring Publishing.

Baidoobonso, S. , G.R. Bauer, K.N. Speechley and E. Lawson. 2016. Social and Proximate Determinants of the Frequency of Condom Use Among African, Caribbean, and Other Black People in a Canadian City: Results from the BLACCH Study. *Journal of Immigrant and Minority Health*, 18(1), 67-85

Bowen, E.A., and N.S. Murshad. 2016. Trauma-Informed Social Policy: A Conceptual Framework for Policy Analysis and Advocacy. *American Journal of Public Health*, 106(2), 223-229.

Bunn, C, S. Wyke, C.M. Gray, et.al. 2016. "Coz football is what we all have": masculinities, practice, performance and effervescence in a gender-sensitised weight-loss and healthy living programme for men. *Sociology of Health and Illness*, 38(5), 812-828.

Fane, J. and P. Ward. 2016. How can we increase children's understanding of the social determinants of health? Why charitable drives in schools reinforce individualism, responsibilisation and inequity. *Critical Public Health*, 26(2), 221-229.

Koeh, S., S. Habib and S. Bukhari. 2016. S(4)AC Case Study: Enhancing Underserved Seniors' Access to Health Promotion Programs. *Canadian Journal of Aging*, 35(1), 89-102.

Liegghio, M. and L. Caragata. 2016, "Why Are You Talking to Me Like I'm Stupid?": The Micro-Aggressions Committed Within the Social Welfare System Against Lone Mothers. *Journal of Women and Social Work*, 31(1), 7-23.

Raphael, D. and T. Bryant. 2015. Power, intersectionality and the life-course: Identifying the political and economic structures of welfare states that support or threaten health. *Social Theory and Health*, 13(3-4), 245-266.

Schlosser, Eric. 2002. *Fast Food Nation: The Dark Side of the All-American Meal.* New York: Perennial.

Syme, Leonard. 2005. "Historical perspective: The social determinants of disease—some roots of the movement." *Epidemiologic Perspectives and Innovations,* 2(2): 1-7.

Veenstra, G.and A.C. Patterson. 2016. South Asian-White health inequalities in Canada: intersections with gender and immigrant status. *Ethnicity and Health*, 21(6), 639-648.

Recommended Films

1. **A Place at the Table (2012)**
   A documentary that investigates incidents of hunger experienced by millions of Americans and proposed solutions to the problem.

http://www.npr.org/sections/thesalt/2013/02/14/172040074/documentary-a-place-at-the-table-is-a-call-to-action-on-hunger

2. **Spin the Bottle: Sex, Lies & Alcohol (2004)**
   This documentary offers a critique of the role that contemporary popular culture plays in glamorizing excessive drinking and high-risk behaviours.
   https://www.youtube.com/watch?v=cNVBiMcp65c

3. **Cottonland (2006)**
   This documentary reveals how easy it is for a social dependency on the state to carry over into a personal dependency on a potent little pill, the prescription painkiller OxyContin.
   www.onf-nfb.gc.ca/eng/collection/film/?id=52109

4. **Donna's Story (2002)**
   Donna's Story profiles a Cree woman who left behind a bleak existence on the streets. She has re-emerged as a powerful voice counselling Aboriginal adults and youth about abuse and addiction.
   www.onf-nfb.gc.ca/eng/collection/film/?id=50444

5. **The Gift of Diabetes (2005)**
   This documentary follows the director's struggle to regain his health by learning about the medicine wheel.
   www.onf-nfb.gc.ca/eng/collection/film/?id=51252

6. **Wasted (2016)**
   Psychotherapist and alcoholic-in-recovery discovers the best new evidence-based addiction research and treatment.
   http://www.cbc.ca/natureofthings/episodes/wasted

Recommended Websites

1. **Health Promotion, Public Health Agency of Canada**
   www.phac-aspc.gc.ca/hp-ps/index-eng.php

2. **Health Canada Alcohol & Drug Prevention Publications**
   www.hc-sc.gc.ca/hc-ps/pubs/adp-apd/index-eng.php

3. **Adult obesity in Canada: Measured height and weight, Statistics Canada**
   www.statcan.gc.ca/pub/82-620-m/2005001/pdf/4224906-eng.pdf

4. **Sheshatshiu: An Innu community's battle with addiction, CBC**
   http://www.cbc.ca/news2/background/aboriginals/sheshatshiu.html