Considerations for Employing Intersectionality in HIV Prevention Research

Jasmine Abrams, PhD
Yale School of Public Health
Thrive Institute for Professional Development
“If you build it, they will come.”
Black Women’s Health
Black/African American women continue to be disproportionately affected by HIV.
New HIV Diagnoses Among Women by Race/Ethnicity in the US and Dependent Areas, 2019*

Black/African American women continue to be disproportionately affected by HIV.

- Black/African American: 54% (3,812)
- White: 22% (1,508)
- Hispanic/Latina: 19% (1,326)
- Multiracial: 3% (202)
- Asian: 1% (97)
- American Indian/Alaska Native: 1% (44)
- Native Hawaiian and Other Pacific Islander: <1% (10)

* Based on sex assigned at birth and includes transgender people. For more information about transgender people, visit CDC’s HIV and Transgender People web content.

* Black refers to people having origins in any of the Black racial groups of Africa. African American is a term often used for people of African descent with ancestry in North America.

† Hispanic/Latina women can be of any race.

HIV disproportionately impacts women of color. In 2019, HIV mortality among Black women was 3x higher than white women, and 4x higher than Hispanic women.

- **Black women**: 2,083 deaths among women diagnosed with HIV
- **Hispanic women**: 555 deaths among women diagnosed with HIV
- **White women**: 704 deaths among women diagnosed with HIV
“If you build it, they will come.”
Intersectionality

- Intersectionality is an analytic sensibility, a way of thinking about identity and its relationship to power.

- Intersectionality theory can guide the implementation of research methods that capture the lived and multifaceted experience of individuals at the crossroads of oppressed identities and social positions/locations.

- Intersectionality can help us identify and challenge harmful and oppressive power structures, while deepening analyses of systemic and structural issues in health and the inequities they create.
Flattening of Intersectionality

- Overemphasis on research that seeks to understand the experiences of marginalized individuals rather than the social inequities that shape their experiences

Rosenthal, 2016
Considerations for employing intersectionality in qualitative health research

Jasmine A. Abrams, Ariella Tabac, Sarah Jung, Nicole M. Else-Quest

*Department of Community Health Sciences, Boston University School of Public Health, Boston, MA, USA
†Center for Interdisciplinary Research on AIDS, Yale University School of Public Health, New Haven, CT, USA
‡Boston Children’s Hospital, Harvard Medical School, Boston, MA, USA
§Department of Psychology, University of Maryland, Baltimore County, Baltimore, MD, USA
¶Department of Women and Gender Studies, University of North Carolina at Chapel Hill, Chapel Hill, NC, USA

Abstract

Intersectionality theory has recently emerged in the health sciences as a critical theoretical and methodical approach. Though some scholars have outlined explicit guidelines for applying intersectionality in research using quantitative methods, others have cited epistemological concerns and additive thinking to advocate for the analysis of intersectionality with qualitative methods. Thus, there remains a need for additional guidance and support for utilizing and applying intersectionality theory throughout the qualitative research process. With the goal of demystifying the process of utilizing intersectionality as a methodological approach in qualitative research in the health sciences, this paper provides researchers with recommendations, specific examples, and important considerations for incorporating intersectional approaches into study conceptualization, participant recruitment, data collection, and data analysis. Additionally, this paper reviews challenges that researchers may experience in conducting research using intersectional approaches and offers suggestions for overcoming challenges. This paper offers timely and relevant information that can be used to strengthen the theoretical and methodological rigor of qualitative health research, especially studies that seek to advance health equity.
1. Avoid Using White Women as the Default or Reference Group
2. Avoid Treating Black Women as a Monolith in Research
3. Avoid Funding Teams of All White Investigators to Study Black Women
This is relevant for all dominant and marginalized groups

1. Avoid Using Dominant Groups as Defaults or Reference Groups
2. Avoid Treating Marginalized Groups as Monoliths in Research
3. Avoid Funding Teams of Dominant Individuals to Study Marginalized Groups
Considerations for Intersectionality in HIV Research

Avoid Using Dominant Groups as Defaults or Reference Groups
Avoids Homogenization
Challenges Power Structures
Unveils Nuanced Health Inequities

Avoid Treating Marginalized Groups as Monoliths in Research
Reflects Social Realities
Minimizes Risk of Stereotyping
Acknowledges Privilege and Bias
Enhances Cultural Sensitivity

Avoid Funding Teams of Dominant Individuals to Study Marginalized Groups
Avoids Tokenism
Addresses Power Imbalances
Authentic Engagement
Promotes Ethical and Equitable Research
There is no such thing as single-issue struggle because we do not live single-issue lives.

—Audre Lorde
“Intersectionality has been the banner under which many demands for inclusion have been made, but a term can do no more than those who use it have the power to demand.”

Kimberlé Crenshaw
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