Intersectionality, the Welfare State and Women’s Health

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This article applies intersectionality analysis to consider women’s health and well-being in Canada’s welfare state with attention to those occupying vulnerable social locations. Political and economic structures and processes associated with different forms of the welfare state are responsible for producing these vulnerabilities as they differentially distribute economic and social resources among the population. Inequities in these distributions create the social inequalities that act through the social determinants of health to spawn health inequalities. The liberal welfare state -- with its dominant institution being the marketplace -- has higher levels of these inequalities than social democratic and conservative welfare states with rather less public policy effort to reduce them. In addition, the acceptance of neoliberalism as a governing ideology has seen Canadian and other governments further reducing the State role in managing the economy and providing economic and social security to citizens. This has had particular implications for those occupying vulnerable social locations such that the intersectionality concept -- combined with welfare state analysis -- provides a lens which can both explain these social and health inequalities and suggest means to reduce them.

Intersectionality, the Welfare State and Health

Intersectionality has come to be recognized as a means of making sense of the factors that shape the distribution of economic and social resources across a population thereby creating the social inequalities that spawn health inequalities. It has been especially useful in understanding the situation of economically and socially vulnerable populations occupying social locations associated with Indigenous descent, class, race, gender, immigrant status, and ability/disability, among others (Anderson, 2011). Intersectional analysis considers how social categories of difference interact to produce the vulnerabilities of those occupying these social locations (Hankivsky, 2012; Hankivsky, Cormier, & de Merich, 2009).

Welfare state analysis identifies how distinct historical and cultural conditions and structures and processes, including power dynamics and cultural value orientations (Coburn, 2004; Pfau-Effinger, 2005), shape the public policies that distribute economic and social resources. Esping-Andersen (1990) outlines three forms of welfare state capitalism. Two of these, the social democratic and conservative, are more successful in equitably distributing economic and social resources thereby creating smaller social and health inequalities than liberal welfare states such as Canada (Bambra, 2013). Intersectionality analysis helps illuminate how the liberal form of the welfare state comes to create the social inequalities that produce health inequalities. Welfare state
analysis itself identifies the means to reduce the vulnerabilities identified through intersectionality analysis (Raphael & Bryant, 2015).

In this article we consider how intersectionality analysis can be combined with welfare state analysis to explain the distribution of economic and social resources among the population with attention to the situation of women occupying vulnerable social locations. We specifically consider how the liberal welfare state makes it difficult for the State to develop public policy that equitably distributes these economic and social resources such that these women come to experience a variety of health problems. The same liberal welfare state that creates these problems then does little to address them. Such analyses, by identifying these problematic structures and processes, can also provide means to surmount these problems.

**Intersectionality Analysis**

The purpose of intersectionality analysis is to identify and develop practices and public policies to reduce social and health inequalities experienced by different populations (Hankivsky & Cormier, 2011). This involves understanding how those occupying social locations defined by Indigenous descent, class, race, gender, and immigrant status, among others, come to experience differential access to economic and social resources. These experiences are shaped by systems of power and influence in diverse institutional domains that can persist or change over time and place. When these experiences result in economic and social deprivation that develop into social and health inequalities they can be seen as systems of oppression (McGibbon, 2016).

Intersectionality analysis is also concerned with the interdependencies or intersections between and among social locations. By taking into account broader social contexts to understand how diverse dimensions of identity interact and lead to social advantage or disadvantage, it helps in theorizing identity and oppression (Hankivsky, 2012). Intersectionality analysis can be combined with welfare state analysis as both are concerned with explaining how broader social contexts of systems of power and influence intersect with social locations to create advantage or disadvantage, and in the most egregious forms of the latter, oppression.

**Welfare State Analysis**

Esping-Andersen identifies three welfare state regimes in developed capitalist nations: the social democratic, conservative, and liberal (Esping-Andersen, 1990, 1999, 2009) to which other researchers have added a fourth, the Latin (Saint-Arnaud & Bernard, 2003).¹ The social democratic welfare state (e.g. Finland, Sweden, Denmark and Norway) emphasizes universal welfare rights and provides generous benefits and entitlements. Their political and social history is one of political dominance by social democratic parties of the left, a result of political organization initiated by industrial workers and farmers that later came to include the middle class (Esping-Andersen, 1985). Through universal provision of a range of benefits, these states have historically secured the loyalties of a significant proportion of the population (Esping-Andersen, 1990, 1999). The strong influence of organized labour contributes to the stability of the social democratic welfare state by moderating the influence of the business sector on public policymaking. The key

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¹ There is emerging consensus that the Latin welfare state represents an undeveloped form of the conservative welfare state (Saint-Arnaud & Bernard, 2003). Recent economic crises in Greece, Italy, Portugal and Spain direct attention to these nations as having distinctive aspects. There are numerous typologies of welfare states, but many take as their starting point the Esping-Andersen typology (Bambra, 2007)
A feature of this welfare state is greater social expenditures -- possible through generally higher taxation rates -- that provide universal benefits across the population.

The conservative welfare state (e.g., Belgium, France, Germany, Netherlands, and Switzerland) also offers generous benefits, but does so through social insurance plans based on employment status (Esping-Andersen, 1990, 1999). Emphasis is on supporting the primary wage earner, usually male. Their political and social history is one of political dominance by Christian Democratic parties where traditional Church concerns with maintaining the family merges with conservative protection of status differences among citizens. These tendencies sometimes manifest in corporatist approaches (e.g., Germany) where business interests are major influences or Statist approaches (e.g., France) where the State plays a key role in provision of citizen security (Pontusson, 2005).

The liberal welfare state (e.g., Australia, Canada, Ireland, New Zealand, UK, and USA) provides modest benefits such that the State usually provides assistance only when the market fails to meet citizens’ most basic needs (Esping-Andersen, 1990, 1999). Their political and social history is one of dominance by business interests resulting in the population accepting the employment marketplace rather than the State as the source of economic and social security. Liberal welfare states are the least developed in terms of provision of citizen economic and social security. A key feature is use of means-tested benefits targeted to the least well-off. They are also distinguished by lower social expenditures accompanied by generally lower tax rates (Raphael, 2012).

Nations identified as Latin welfare states (e.g., Greece, Italy, Spain, and Portugal) are described by Saint-Arnaud and Bernard (2003) and others as less developed and even more family-oriented versions of the conservative welfare state (Bambra, 2007). Benefits are less generous and programs more fragmented than is the case for conservative welfare states. These nations are of special contemporary interest as they are experiencing severe financial crises that are leading to adoption of severe austerity measures that have health implications (Stuckler & Basu, 2013).

**An Overall Assessment of Gender Inequality in OECD Nations**

Consider how nations identified as typical different forms of the welfare state rank on the United Nations *Gender Inequality Index* (Table 1). The Index is based on maternal mortality ratio, adolescent birth rate, share of seats in Parliament held by women, and differences between men and women on obtaining at least some secondary education, and labour force participation.
Table 1. Gender Inequality Index Ranks by Form of Welfare State, 2015

<table>
<thead>
<tr>
<th>Form of Welfare State</th>
<th>Nation</th>
<th>Gender Inequality Rank</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(1= Least unequal)</td>
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<tr>
<td>Social Democratic</td>
<td>Denmark</td>
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<td></td>
<td>Finland</td>
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<td>Norway</td>
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<td></td>
<td>Sweden</td>
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<tr>
<td>Conservative</td>
<td>Austria</td>
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<td>Belgium</td>
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<td>France</td>
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<td></td>
<td>Germany</td>
<td>9</td>
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<td></td>
<td>Netherlands</td>
<td>3</td>
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<tr>
<td></td>
<td>Switzerland</td>
<td>1</td>
</tr>
<tr>
<td>Latin</td>
<td>Greece</td>
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<td></td>
<td>Italy</td>
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<td></td>
<td>Portugal</td>
<td>17</td>
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<tr>
<td></td>
<td>Spain</td>
<td>15</td>
</tr>
<tr>
<td>Liberal</td>
<td>Australia</td>
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<td></td>
<td>Canada</td>
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<td></td>
<td>Ireland</td>
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<td></td>
<td>New Zealand</td>
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<td></td>
<td>United Kingdom</td>
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<td></td>
<td>United States</td>
<td>43</td>
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</tbody>
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The most striking finding is the differences in ranks between the social democratic nations which rank low on gender inequality versus the liberal welfare states which do very poorly. Canada ranks 18th. It should be noted that this is a very broad indicator of gender inequality. More specific measures of gender wage inequality and children’s poverty rates – a proxy for mothers’ poverty rates -- provides the ranks in Table 2.
Table 2. Gender Wage Gap and Women’s Poverty Rates by Form of Welfare State, 2014

<table>
<thead>
<tr>
<th>Form of Welfare State</th>
<th>Nation</th>
<th>Gender Wage Gap (1= best performance)</th>
<th>Child Poverty Rate (1 = best performance)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Democratic</td>
<td>Denmark</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Finland</td>
<td>26</td>
<td>2</td>
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<td></td>
<td>Norway</td>
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<td>4</td>
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<td>7</td>
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<tr>
<td>Conservative</td>
<td>Austria</td>
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<td>Belgium</td>
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<td>France</td>
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<td>Germany</td>
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<td></td>
<td>Portugal</td>
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<td></td>
<td>Spain</td>
<td>14</td>
<td>31</td>
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<tr>
<td>Liberal</td>
<td>Australia</td>
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<tr>
<td></td>
<td>United States</td>
<td>27</td>
<td>29</td>
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Here we see the social democratic nations – with the exception of Finland -- faring very well, and the Latin and liberal welfare states doing less well. Canada does especially poorly showing ranks of 28th and 23rd respectively on gender wage inequality and child poverty. What are the main features of these welfare states that can illuminate these ranks and the poor performance of liberal welfare states in general and Canada in particular?

Components of the Welfare State and their Potential Intersectionality Effects

Important aspects of welfare states are their extent of stratification, decommodification, and the balance of state, market, and family roles in providing economic and social resources (Esping-Andersen, 1990, 1999). These resources, which we explain in more detail below, either assure or deny citizens’ economic and social security across the life-course, and are especially
important as they create a variety of economically and socially vulnerable social locations, which intersectionality can identify and explain.

**Stratification**

Social stratification is a system by which a society places groups of people in a hierarchy which differ in terms of status, power and wealth (Scott, 2014). Social democratic nations act to reduce economic and social vulnerability as well as health inequalities by recognizing social inequalities as the source of health inequalities (Backhans & Burstrom, 2012; Fosse, 2012; Mikkonen, 2012). The strong redistributive effect of public policy through progressive taxation and universal resource provision in the social democratic welfare state is one of its key features. Stratification is also limited by high union densities associated with wide collective agreement coverage (Organisation for Economic Co-operation and Development, 2004).

Conservative welfare states maintain stratification through occupation-related social insurance schemes, but generous resource provision through State action manages its extent (Pontusson, 2005). There is also wide collective agreement coverage provided through employer association coordination that serves to reduce economic and social insecurity (Organisation for Economic Co-operation and Development, 2004). In fact, sector-wide and intersectoral coordination of wage settlements are common in both the social democratic and conservative welfare state and serves to limit stratification (Pontusson, 2005; Swank, 2005). Liberal welfare states do little to manage stratification. Union densities and collective agreement coverage are low and cross-sectoral coordination of wages and benefits virtually non-existent.

In addition to affecting extent of economic and social security, stratification is related to the power and ability of various groups to influence public policy (Bambra, Fox, & Scott-Samuel, 2005; Bryant, 2012). In highly stratified societies those at the top of the stratification ladder have far greater influence on elected representatives. In addition, the liberal welfare state sees the corporate and business sector able to shape public policy through their ability to invest capital to achieve their profit-making (Langille, 2016).

In Canada, for example, they have been successful in advocating for weak labour legislation, lower taxes on corporations and higher income earners, and reducing social expenditures, all of which contribute to producing the economic and social vulnerability common to groups, including women, that are identified through intersectionality analyses.

The liberal welfare state makes little if any provision to support lone-parent households, or to families in general. Indeed, following divorce, women and their children are more likely to live in poverty. In contrast, social democratic welfare states such as Sweden provide considerable support to lone-parent households (Raphael, 2011b). These include child care, housing allowances, and family benefits.

Inquiry into how different measures of stratification -- both objective measures of material circumstances as well as the lived experiences of those so stratified -- can illuminate how structures and processes associated with welfare states affect health of those occupying various social locations. As a summary indicator of stratification, income inequality is certainly related to a wide range of undesirable health outcomes, although the reasons for this are disputed (Coburn, 2004; Pickett & Wilkinson, 2015).

Not surprisingly, poverty reduction as a result of state intervention (i.e., reduction of market-produced poverty through taxation and transfers) is extensive among social democratic welfare states, mid-range in conservative and Latin welfare states, and low in liberal welfare states (Brady, 2003; Swank, 2005). As a result those occupying a wide range of social locations in liberal
welfare states are prone to higher poverty rates: Indigenous descent, working class individuals, women, persons of colour, persons with disabilities, and immigrants, especially those of colour (Bambra, 2009; Raphael, 2011c).

In Canada, the social location of female lone-parents is associated with exceptionally high poverty rates (Raphael, 2011a). Another social location that is related to high poverty rates, due to the difficulty of living on a single income, is that of being an unattached adult (Raphael, 2011c). This unattached adult group constitutes the greatest proportion of poor people in Canada yet is profoundly under-researched. At risk of material and social deprivation by virtue of the low wage structure in Canada, we know little about their health situation.

Also of importance to managing stratification are the greater guarantees of employment security in social democratic and conservative welfare states and job training and retraining when employment is lost (Raphael, 2012). Spending on active labour policy is very low in liberal welfare states, all of which creates economic and social vulnerabilities for those not in advantaged social locations (Organisation for Economic Co-operation and Development, 2013). Social locations may be defined as one’s ascribed social identities (i.e. gender, race, sexual orientation, ethnicity, caste, kinship status, etc.) and social roles and relationships (occupation political party membership, etc.). Partly as a result of their diverse ascribed identities, individuals may occupy different social roles that confers different powers, duties, and role-given goals and interests (Anderson, 2011).

Extent of stratification is important in understanding the many social locations that intersectionality analysis identifies as economically and socially vulnerable (Hankivsky & Christoffersen, 2008). These vulnerabilities contribute to the adverse health outcomes among Canadian Indigenous peoples, women, immigrants of colour, working class individuals, LGBTQ2S people, and persons with disabilities. Income and wealth are of special importance (Andrew Jackson & Rao, 2016; McGibbon, 2016; Pickett & Wilkinson, 2015; Tremblay, 2016). This is especially so in liberal nations since, as shown below, it is in these liberal nations where more resources necessary for health are commodified and need to be purchased.

Decommodification

Decommodification allows for a decent quality of life independent of involvement in the paid employment market: what Esping-Andersen (1990) terms the ‘cash nexus’. Esping-Andersen’s measures of decommodification are focused on replacement income associated with retirement, sickness and disability, and unemployment. Using these measures, social democratic states are more decommodified than conservative and liberal welfare states.

In addition, there are many other important aspects of day-to-day life that can be commodified or decommodified with many of these having special application to women. These include child care, employment training, tuition-free postsecondary education, dental care, as well as health and social services made available to citizens as a benefit of citizenship.

Such decommodification is more common in social democratic and least common in liberal welfare states. It not only manages stratification, but is also strongly related to health outcomes (Navarro & Shi, 2002). Social democratic nations not only strive to reduce stratification through redistribution of economic resources but also make available universal—therefore decommodified -- benefits and supports such as child care, family benefits, housing supplements, and comprehensive health care services (Olsen, 2002, 2010). Conservative nations also fare better in these efforts compared to liberal nations, but not as well as social democratic nations (Raphael, 2013b). In essence, the extent of stratification tends to be correlated with decommodification.
Role of the State, Family and Market

Welfare states differ in state responsibility for economic and social security (Esping-Andersen, 1990, 1999). The social democratic welfare state has a strong state role and is the most de-commodified compared to the conservative and liberal welfare regimes. The conservative welfare state provides supports that enable the family to meet needs. The liberal welfare state emphasizes the role of the market. The Innocenti Reports on child well-being provide strong evidence that health outcomes among children are more positive – i.e., there are fewer vulnerable social locations – when the state is more active in the provision of economic and social supports (Innocenti Research Centre, 2012). Similarly, the WHO Commission on Social Determinants of Health outlines a strong role for governmental management of the economy to promote the social determinants of health, i.e., reducing economic and social vulnerability (World Health Organization, 2008). In contrast, reliance on the marketplace is associated with a wide range of adverse health outcomes (Chernomas & Hudson, 2007; Leys, 2001; Scambler, 2002).

Identifying the Specific Intersectionality Effects of Welfare States on Health

As outlined above, clear affinities exist between key concepts in the intersectionality literature and the structures and processes associated with these aspects of different welfare states. Social democratic states provide higher quality and more equitable distribution of the economic and social resources which when skewed create the vulnerable social locations identified by intersectionality analyses (Bambra, 2013; Raphael, 2013a, 2013b). These include income and wealth, employment security and working conditions, food and housing security, provision of comprehensive health and social services, support for early childhood development, gender equity, and persons with disabilities (Olsen, 2002, 2010). The different approaches of different welfare states, therefore, do not affect everyone equally.

The literature on intersectionality highlights the importance of considering the combined influence of Indigenous descent, gender, ethnicity and class on people, drawing our attention to the policies that shape the experiences of living in different social locations (Kapilashrami, Hill, & Meer, 2015). It is the unequal distributions of power related to racism, heterosexism, genderism, and classism, among other structural systems of oppression that creates vulnerability for particular groups, not the social locations themselves. In Canada, the distribution of economic and social resources (associated with varying welfare state types) mediates the vulnerabilities of those occupying specific social locations such as being of Indigenous descent, an immigrant, female, person of colour, unemployed, ill, having a disability, and being working class. It should not be surprising that the liberal welfare state which does little to manage these distributions produces a situation in which intersectionality analysis identifies so many vulnerable groups. Figure 1 lays out our conceptual model of how welfare state type and other structural factors shape public policies that determine the quality and distribution of economic and social resources – i.e., the social determinants of health – and produce particular structural systems of oppression for those occupying various social locations.²

Figure 1 directs attention to how this distribution leads to differential experiences of behaviours all of which affect the health of those occupying economically and socially vulnerable social locations (Benzeval & Judge, 2001).³ Empirical investigation of these processes carried out

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² It has been noted that Engels in 1845 identified similar processes by which the working class came to die prematurely (Raphael, 2011b).
through quantitative and qualitative studies of lived experience leave little doubt as to their strong health effects (Raphael, 2011b). These vulnerable groups experience material advantage or disadvantage, psychosocial health or stress, and adoption of health-related behaviours all of which affect their health (Benzeval & Judge, 2001).  

These effects are such that those who are of non-Indigenous descent, higher social class, and male gender; and who are able-bodied, white, and Canadian-born fare better in their access to the social determinants of health and show better health outcomes. There has been less consideration to date of how these social locations can combine to create especially adverse health outcomes (Kapilashrami et al., 2015). Work has begun on these interaction effects (Hankivsky & Christoffersen, 2008).

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4 It has been noted that Engels in 1845 identified similar processes by which the working class came to die prematurely (Raphael, 2011b).
5 Women may live longer but women are sicker than men during adulthood and later years (Pederson, Raphael, and Johnson, 2010).
DISCUSSION

Combining intersectionality analyses with welfare state analyses raises a key question: Why are so many social locations occupied by women in Canada and in other liberal welfare states associated with adverse health and social circumstances? It appears that this is due to the central institution in the liberal welfare state being the market. Since this is the case, the State provides fewer economic and social supports for the population. Universal benefits are sparse and State provision of very modest benefits is targeted to the least well-off. Since the market is less managed through legislation and regulations, the distribution of wages and benefits is profoundly skewed with numerous social locations being disadvantaged.

Another distinguishing feature of the liberal welfare state is its weak labour sector, a result of the political apparatus ceding economic dominance to the business and corporate sector (A. Jackson, 2010). Organizing the workplace is difficult, and has many obstacles. Union density is 31% in Canada compared to 70-90% in the social democratic welfare states (Raphael, 2015b). In conservative welfare states union density is also low but the great majority of employees work under collective agreements negotiated by employer associations and unions. No such process occurs in liberal welfare states. As a result, the distribution of income – as well as employment quality, housing and food security -- is more skewed in liberal welfare states.

In Canada, spending on programs and benefits for age groups across the life course (early childhood care and education for children; active labour policy for adults; and pensions for the elderly) are among the lowest of OECD nations. If unable to participate in the paid employment market due to unemployment, sickness, and disability, the benefits available are very low (Raphael, 2015a).

Canadian public policymaking at both the federal and provincial levels only occasionally deviates from the liberal model (Saint-Arnaud & Bernard, 2003). Canadians opted for the development of Medicare when they recognized that economic marketplace was incapable of developing a universally accessible health care system (Wiktorowicz, 2010). This quasi-socialist commitment to health care – as well as to decommodified elementary and secondary education -- does not occur in other policy areas to provide guaranteed employment, living wages and employment benefits, affordable childcare, or housing and food security, among others (Raphael, 2014). This can be attributed to the ongoing corporate and business sector success in advancing economic justice as opposed to social justice as the criterion for distributing economic and social resources (Hofrichter, 2003; Teeple, 2000).

As noted, the power and dominance of the business and corporate sector in Canada’s liberal welfare state translates into public policy that inequitably shapes the distribution of a variety of social determinants of health that include employment security and working conditions, early childhood education and provision of childcare, housing, and health and social services (Raphael, 2016). This situation persists since the Canadian public votes for liberal parties (e.g. Liberal and Conservative) that do not support a strong role for the State in providing economic and social security (Bryant, 2012).

The liberal welfare state is also susceptible to the economic and social effects of economic globalization as manifested through free trade and other agreements (Baum et al., 2016; Labonte & Schrecker, 2007a, 2007b, 2007c). There are three major pathways by which this occurs: labour markets (and the rise of precarious employment); housing markets (speculative investments and

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affordability) and social protection measures (changes in scope and redistributive aspects of social spending and taxation) (Labonté et al., 2015).

Employment is increasingly precarious and income inequality grows as wages for the majority of Canadians stagnate (Bryant, Raphael, Schrecker, & Labonte, 2011). Housing affordability is decreasing and Canadians are spending increasing proportions of their incomes on this necessity. As governments strive to reduce both corporate and personal taxes for the wealthy, revenues are unavailable to respond to needs for social investment and citizen support (Langille, 2016).

These shifts result from the greater influence on public policymaking of the business and corporate sector in an age of economic globalization (Langille, 2016). Accompanying shifts – if justification is persuasively presented – occur in public attitudes about the State’s role in managing the economy and providing economic and social security.

The value of this approach is that it makes explicit how forms of the welfare state, and their related public policy-making, differentially affect economic and social security – powerful determinants of health – of different groups in society, particularly in terms of the intersections of social locations. The welfare state mediates these vulnerabilities through redistributive public policies, specifically public policies that ensure the economic and social security of citizens. The liberal welfare state is not very good at this, hence the explanatory power of intersectionality analyses.

It is therefore important for those concerned with implementing intersectionality analyses in liberal welfare states to acknowledge the structural barriers—related to the operation of the political and economic system—of having governmental authorities implement public policy that reduces these vulnerabilities. These include the strong influence of the business sector, governmental adherence to this sector’s wishes for deregulation and a weakened welfare state, and the ideological discourse that justifies these imbalances of power (Bryant & Raphael, 2015; Grabb, 2007; Langille, 2016).

There is strong evidence that provision of economic and social resources is more likely when nations are governed by parties such as Labour in Australia, New Zealand and the UK, and the New Democratic Party in Canada (Brady, 2009; Navarro et al., 2004; Navarro & Shi, 2002). It is in the liberal nations therefore that profound shifts in political power are required and such action probably requires the support of the labour movement and social democratic parties of the left. Brady (2009) identifies the strategy for accomplishing this: building citizen coalitions with vulnerable populations, shifting values and ideology of the public, and strengthening political parties of the left to ensure that they achieve power.

CONCLUSION

Overall, we argue that intersectionality analysis can be used to identify and specify how the liberal welfare state creates the profound economic and social vulnerabilities experienced by women occupying numerous social locations. Welfare state analysis suggests that reducing these vulnerabilities will require a profound reordering of the balance of power among the business and corporate, labour, and civil society sectors. Rather than deal with issues associated with each vulnerable social location identified by intersectionality analysis, welfare state analysis calls for a fundamental reordering of societal structures and processes, especially those identified with influence and power from which flow the distribution of economic and social resources. Such a
task requires citizens recommitting themselves to notions of shared responsibility for well-being involving equitable distribution of economic and social resources. This will not be easy in a time of neoliberal resurgence and dominance, but is necessary to address the problems that intersectionality analysis has been so successful in identifying.

REFERENCES


