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Defining Differential Approach and Intersectional Perspective: A Multimethod Study

Definición del enfoque diferencial y la perspectiva interseccional: estudio multimétodo

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ABSTRACT

Gender, occupation, income, and ethnicity are all social determinants that contribute to the establishment of disparities and affect people's health outcomes. To address those disparities, comprehensive health care models such as the Territorial Health Care Model of Bogotá, D.C., Colombia: *Salud a mi Barrio, Salud a mi vereda* employ strategies like that of the differential approach and the intersectional perspective. The goal of this mixed-methods research was to define the terms "differential approach" and "intersectionality". A systematic literature search and a qualitative approach through World Cafe meetings were used to gather the information. There were 33 relevant references identified, and eight World Cafe meetings with a total of 97 participants were held. A precise definition of intersectionality and the differential approach, the

latter with a focus on disability, gender, and diverse sexual orientation, were established. These insights could indeed help with the design and implementation of comprehensive and holistic health-care models.

Keywords
intersectional framework; delivery of health care; disabled persons; gender equity; sexual and gender minorities.

RESUMEN
Los determinantes sociales, como el género, la ocupación, los ingresos y la etnicidad influyen en la producción de inequidades y afectan los resultados en salud de las personas. Los modelos integrales de atención en salud implementan estrategias para gestionar dichas inequidades. Una de ellas es la introducción de un enfoque diferencial y la perspectiva interseccional, como en el Modelo Territorial de Salud de Bogotá D.C. (Colombia): Salud a mi Barrio, Salud a mi Vereda. Este artículo presenta una metodología mixta, cuyo objetivo fue precisar las definiciones de la perspectiva interseccional y el enfoque diferencial con énfasis en discapacidad, género y orientación sexual diversa, empleando dos fuentes de información: una búsqueda sistemática de la literatura (con 33 referencias pertinentes) y un abordaje cualitativo por medio de entrevistas grupales tipo café mundial (a 97 participantes) en el marco del Modelo de Salud Territorial de Bogotá. Así, se logró precisar la definición de interseccionalidad y de enfoque diferencial con énfasis en discapacidad, género y orientación sexual diversa. Estos conceptos proveen información de utilidad para el diseño e implementación integral y holística de modelos integrales de atención en salud.

Palabras clave
interseccionalidad; modelos de atención de salud; personas con discapacidad; equidad de género; minorías sexuales y de género.

Introduction

Social scientists in the healthcare industry have recognized, for nearly forty years, that healthcare systems and the conditions in which people are born, grow, live, work, and age (collectively known as "social determinants") profoundly and definitively influence the health of individuals and of populations in general (1). Several publications have illustrated the role of social determinants in producing healthcare inequities. For instance, in 2003, the United States Institute of Medicine produced the first comprehensive report showing that racial and ethnic minorities have less access to quality healthcare (2). In 2008, the World Health Organization announced a new global agenda for equity in healthcare, based on which it clearly stated and substantiated that the social determinants of healthcare, shaped by the distribution of power and material resources, work to produce many avoidable inequities in healthcare (1). In 2010, the US Centers for Disease Control and Prevention produced a white paper that called for new approaches, beyond individual interventions, to reduce healthcare disparities in HIV, viral hepatitis, sexually transmitted diseases, and tuberculosis (3). Analyzes within and between countries show that social determinants, such as gender, occupation, income, and ethnicity, can radically influence health outcomes to create hierarchies of health and disease (1,2).

The methodological implications of using an intersectional approach are extensive, and entire texts have been devoted mainly to this topic: traditional biomedical methodologies aimed at studying disaggregation methods or variables, such as multivariate predictive models. These methods seek to explain the relationship between discrete independent variables, but fail to indicate why these relationships occur, and they do not report on the social and context-dependent constructions or power structures within those relationships. Others have suggested that intersectional approaches have an affinity with traditional qualitative methodological approaches, such as ethnography or case study accounts (4).

In her paper, Kelly dismissed the strictly dichotomous intersectional view of the qualitative versus quantitative biomedical paradigm and suggested that "The integration of feminist intersectionality and the biomedical paradigm in research occurs in the selection of research problems, design, and methods, as well as the operationalization of the assumptions of each paradigm through the research process" (5,p.44). The contrast of biomedical and intersectional paradigms and their traditional affiliations with quantitative vs. qualitative methods reinforce a binary way of thinking that must be questioned and complemented from a philosophical perspective that embraces the complexity of health inequities.

In Bogota, the Territorial Health Model (THM) for the city has been built and adjusted under the leadership of the District's Department of Health, and in accordance with the 2020-2024 District Development Plan. It seeks to implement strategies based on primary health care (PHC), with a sufficient, efficient and modern service infrastructure to serve the population of Bogota and, thus, reduce avoidable morbidity and mortality and improve their living conditions. In this sense, the THM proposes addressing the territory and realities of the communities, articulating collective and individual health care in a continuum and, at the same time, facilitating access to health care services for the most vulnerable population groups that require greater care in the capital of Colombia. The THM uses a differential approach and an intersectional approach, with the intent to incorporate the diversity of the city's population groups, providing comprehensive care, protection, and guarantee of the rights of all citizens (6,7).

In the context of the implementation process of this model, the project titled *Complemento al esquema de medición de avance del Modelo Territorial de Salud, basado en atención primaria en salud: Salud a mi Barrio/Salud a mi Vereda en Bogotá D.C.*, was carried out, which aimed to propose strategies for the monitoring, follow-up, and evaluation of the THM. This paper is written around this project and offers the definitions for the concepts of differential approach and intersectionality, based on a review of the literature and the narratives of the participants in the world café-style group interviews. It also specifies, within the differential approach, the definitions of disability, gender, and diverse sexual orientation. Thus, it seeks to provide information for the incorporation and implementation of the differential approach in comprehensive health care models.

Methodology

A multimethod strategy was developed, consisting of two phases: the first one, a literature search, in order to identify the definitions of intersectionality and differential approach, and the second one, based on a qualitative, world café-style methodology, in order to recognize the perspectives both of the people in the institutions and in non-institutional communities. These phases were developed through Special Cooperation Agreement No. 3028486 of 2021 between the District's Department of Health of Bogota, D.C. (Colombia) and Pontificia Universidad Javeriana.

Literature review

Through a systematic literature search, by checking the PubMed, Elsevier, Biblioteca Virtual en Salud, Web of Science, and ProQuest platforms, in addition to a gray literature search through web search engines, web pages of governmental and non-governmental institutions, and after checking documents submitted by professionals from the District's Department of Health of Bogotá D.C., the definitions of intersectionality and differential approach with emphasis on disability, gender, and diverse sexual orientation in the context of primary and community health care models were identified. Documents written in English, Spanish or Portuguese, published after the year 2000 and which provided the definitions of interest, were included. There were no restrictions by study design.

A search strategy was designed, consisting of controlled vocabulary (MeSH, Emtree, and DeCS) and free language. The strategy was adapted according to the thesaurus of each database searched. The terms used can be found in the supplementary material to this paper. Additional free and indexing terms were identified using the Vosviewer tool (8). The search was carried out in December 2021.

Duplicate documents were removed, after which two reviewers independently selected the publications to be included, based on titles and abstracts. The process was carried out using the Rayyan© (9) platform. A single evaluator

read the selected papers in their entirety and proceeded to code the text of the articles to extract concepts and definitions using the NVivo 12® (10) program.

World Café

Qualitative data was then collected, using the world café-style group interview strategy. The purpose was to "discuss a particular topic in small conversation groups that rotate as the workshop unfolds" (11). This allows a more in-depth knowledge that contributes to the discussion of the central subject of debate and also makes it easier for the participants to propose different solutions and new proposals. This methodology consists of deliberations that are not subject to predetermined procedures and are carried out by a number of demographically diverse citizens. Eight group interviews were conducted, each consisting of two groups, one with officials from institutions and the other with participants from the community. Each world café-style group interview included participants from groups of interest to the project, framed within the differential approach.

Participant selection was based on convenience. Community participants were selected based on their membership in various groups, including women and men at different life stages, victims of armed conflict, peasants, LGBTIQ+ individuals, people with disabilities and their caregivers, migrants, and other vulnerable groups such as recyclers, paid sex workers, and street dwellers. Researchers reached out to these participants directly or through social and community leaders or organizations dedicated to these groups. The officials of the institutions were experts in the differential approach, the intersectional perspective, or the groups mentioned earlier. The profiles of the officials were diverse and belonged to different entities or institutions, including the district health secretary, health promotion companies, health service providers, foundations, and organizations.

The participants were assigned to groups for deliberation, and given the flexibility characteristic of this specific modality, the way was given to the progressive construction of new conversations, combining the discussion groups after a determined time (11). In this case, the groups came from the institutions and the community to exchange knowledge of what was dealt with in the first part. All participants completed a characterization survey before starting the interviews. The survey can be consulted in the supplementary material.

Community participants discussed their experiences, perspectives, and expectations concerning healthcare and the adjustments they believe are necessary to provide care to populations with multiple levels of inequality. The discussions allowed for the introduction of new topics and further deliberation. In the group of institutional officials, the adopted definitions of intersectionality and the differential approach were explored. A discussion was encouraged on implementing the approach in vulnerable populations and the challenges involved in its application to those with multiple levels of inequality (12,13).

Then, the pre-established and emerging categories of each of the group interviews were analyzed. Finally, an integrated definition of the differential approach, as well as of intersectionality, was consolidated as a result of a process of combining different data, known as *triangulation*, carried out by the researchers, taking into account the findings of the literature and the analyzes of the world café-style group interviews.

Ethical considerations

Approval was obtained from the Research and Institutional Ethics Committee of the School of Medicine of Pontificia Universidad Javeriana and Hospital Universitario San Ignacio on 28 September 2021, through Record No. 34/2021.

At the beginning of each world café, a verbal informed consent was shared with the participants, in which they were assured

of confidentiality, anonymity, willingness, and other ethical considerations consistent with and defined in the qualitative research methods. Authorization was also requested to record the conversations through audio recordings and to collect the material resulting from the research.

Results

The search allowed us to identify 35 references with conceptual approaches or definitions for the differential approach or the intersectional perspective in comprehensive health care models. Thirteen of the identified references are operational documents or with guidelines from entities such as the Ministry of Health and Social Protection, the Departments of Health (Bogota and Medellin), the Governor's Office of Antioquia, the Colombian Family Welfare Institute and the United Nations Organization (14). These references are detailed in Table 1. The remaining 22 references are described in Table 2.

Table 1
Operational documents or institutional guidelines included in the review

Title	Entity	Year	Opinion
Atención integral en salud para personas trans y no binarias. Esquemas de atención para la hormonización y reasignación sexual	District's Department of Health	2021	Differential approach, intersectionality
Differential Approach, origin, and scope	Ministry of Health and Social Protection	2021	Differential approach, intersectionality
Documento Marco Modelo Territorial de Salud	District's Department of Health of Bogotá	2022	Differential approach, intersectionality
Transversalización del enfoque diferencial. Gestión para la inclusión del enfoque diferencial en las políticas, planes, programas y proyectos en salud y protección social, para personas en vulnerabilidad, familias y colectivos	Ministry of Health and Social Protection	2020	Differential approach
Lineamiento para la atención en salud de las personas trans y no binarias en Bogotá D. C.: aproximaciones iniciales	District's Department of Health of Bogotá	2021	Differential approach
Anexo 2: Plan Territorial de Salud del municipio de Medellín	Department of Health of Medellin	2020	Differential approach
Proyecto Interinstitucional de Prevención Combinada del VIH. Lineamientos de atención en los servicios de salud que consideran el enfoque diferencial, de género y no discriminación para personas LGBTI	Fondo de Población de las Naciones Unidas-UNFPA	2019	Differential approach
Directriz para la atención diferencial de los niños, niñas y adolescentes víctimas de desplazamiento forzado en Colombia	Colombian Family Welfare Institute (ICBF)	2010	Differential approach
Modelo integral de atención en salud para la ruralidad	District's Department of Health of Bogotá-Integrated Health Services Subnetwork(south)	2018	Differential approach
Atención integral en salud para personas trans y no binarias. Orientaciones para la implementación de las intervenciones individuales de la Ruta de Promoción y Mantenimiento de la Salud (RPMS). Momento vital: infancia	District's Department of Health of Bogotá	2021	Differential approach
Plan territorial en salud 2020-2023	Gobernación de Antioquia. Secretaría Seccional de Salud y Protección Social	2020	Differential approach
Glossary of disability terms	Ministry of Health and Social Protection	2020	Differential approach
Act 762 of 2002	Congress of the Republic of Colombia	2020	Differential approach

Table 2
Characteristics of the documents included in the literature review

Title	First author	Journal/publication	Year	Design/type of reference	Concept
The origin of the term *intersectionality*	Perlman, M.	Columbia Journalism Review	2018	Comment	Intersectionality
The intersectionality wars	Coaston, J.	Vox	2019	Opinion	
Differential approach and intersectionality	Bolaños, T.	Fundación Max Planck por la Paz Internacional y el Estado de Derecho-Unidad para la Atención y Reparación Integral a las Víctimas	2017	Book	Differential approach, intersectionality
La interseccionalidad: una aproximación situada a la dominación	Viveros, M.	Debate Feminista	2016	Assay	Intersectionality
Interseccionalidad y los programas sociales pro-integralidad: lecturas críticas sobre intervención social	Arce, G. et al.	Tabula Rasa	2019	Assay	Intersectionality
Guia para incorporar la interseccionalidad en las políticas locales	Coll-Planas, G. et al.	Igualtats Conectades	2019	Book	Intersectionality
La perspectiva feminista de la interseccionalidad en el campo de la salud pública: revisión narrativa de las producciones teórico-metodológicas	Couto, M. et al.	Salud Colectiva	2019	Review	Intersectionality
La interseccionalidad en contextos de violencia: historias de discriminación y resistencia	Cabarcas, M.	Escenarios	2018	Documentary analysis	Intersectionality
Democracia deliberativa y salud pública	Gómez, L. F.	Editorial Pontificia Universidad Javeriana	2017	Book	Intersectionality
Providing health care for older persons in Singapore	Teo, P. et al.	Health Policy	2003	Cross-sectional survey	Differential approach
Community Engaged Leadership to Advance Health Equity and Build Healthier Communities	Holden, K. et al.	Social Sciences (Basel)	2016	Review	Differential approach
Do essential service packages benefit the poor? Preliminary evidence from Bangladesh	Ensor, T.	Health Policy and Planning	2002	Review	Differential approach
Una excelente pregunta sobre un tema que en Colombia requiere de respuestas inmediatas		ONU Derechos Humanos Colombia		Webpage	Differential approach
The meaning of community involvement in health: the perspective of primary health care communities	Mchunu, G. G.	Curationis	2005	Comparative study	Differential approach
Improving primary care services for people with learning disability	Harrison, S.	Nursing Times	2005	Cross-sectional study	Differential approach
Access and Coordination of Health Care Service for People With Disabilities	Hwang, K.	Journal of Disability Policy Studies	2009	Comment	Differential approach
The meaning of quality of care in home care settings: older lesbian and bisexual women's perspectives	Grigorovich, A.	Scandinavian Journal of Caring Sciences	2016	Case study	Differential approach
Primary health care: a preferred health service delivery option for women	Hills, M. et al.	Health Care for Women International	2005	Review	Differential approach
Services just for men? Insights from a national study of the well men services pilots	Douglas, F. et al.	BMC Public Health	2013	Thematic analysis	Differential approach
Advancing gender equ(al)ity, lifting men's health: dealing with the spirit of our time	Marcos-Marcos, J.	Journal of Epidemiology and Community Health	2021	Assay	Differential approach
Comprehensive transgender healthcare: the gender affirming clinical and public health model of Fenway Health	Reisner, S. L. et al.	Journal of Urban Health	2015	Implementation report	Differential approach
Continuing Gaps in Transgender Medicine Education Among Health Care Providers	Safer, J. D. et al.	Endocrine Practice.	2018	Comment	Differential approach

Eight world café-style group interviews were conducted, in which a total of 97 people participated. Table 3 characterizes the participants in these group interviews.

Table 3
Characterization of participants in the world café-style group interviews

Origin	n	%
Community	51	52.6
Institutionality	46	47.4
Sociodemographic variables	**n**	**%**
Gender		
Male	31	33.3
Female	57	61.3
Non-binary or queer	4	4.3
Transgender woman	1	1.1
Age		
≤30 years	26	28
30 years < x ≤60 years	56	60
Over 60 years	11	12
Ethnicity		
Indigenous	6	6.4
Black, mixed race, or Afro-Colombian	9	9.7
None	78	83.9
Level of education		
≤ Secondary education	16	17.2
University, technical, or technological education	34	36.6
Graduate studies	43	46.2
Occupation		
Employee or contractor	53	57
Professional or self-employed	19	20.4
Unemployed	10	10.8
Other (student, caregiver, homemaker, etc.)	11	11.8
Identity variables	**n**	**%**
Identity		
LGBTIQ+	8	8.6
Victim of the armed conflict	8	8.6
Disabled person	6	6.5
Migrant	3	3.2
Recycler by trade	3	3.2
Sex worker	2	2.1
Farmer	1	1.1
None	62	66.7
93 of the 97 participants who attended the world café-style group interviews filled out the characterization survey.		

The Differential Approach

It is a cultural and historical construct that is structured from the human rights approach, in which the principles of non-discrimination,

social inclusion and human dignity are appealed to (15,16). Based on the human rights approach, the differential approach seeks to claim and legitimate differences (17), understanding that the populations to be described have experienced historical exclusion, which makes the differential approach an ethical imperative (15).

The descriptions, in terms of the object of the differential approach, are aimed at the need to recognize groups, populations, or collectives with special characteristics as subjects of rights, capable of holding institutions, the State, and society, in general, responsible for generating differential responses that meet the specific needs of these populations and achieve a greater well-being for them (15,16). Another object of the approach is to achieve a state of equality and guarantee of rights for differential populations, that is, to seek equity in the right to difference (15-20).

When describing these vulnerable populations, some authors do so as persons, groups, or collectives that are in or at risk of vulnerability, manifest violation, marginality, unequal treatment, discrimination, disadvantage, or exclusion (15,17,19). With respect to specific population groups, the following are recognized: people with disabilities, farmers, social leaders, indigenous people, Afro-descendants, victims of violence, victims of forced displacement, human rights defenders, members of trade union organizations or LGBTIQ+ groups, as well as all those that are not mentioned, but who, due to their cultural, ethnic, gender, sexual orientation, economic, social, physical or mental conditions, are in a vulnerable situation (15,17-19,21-23).

Three functions or components of the differential approach were identified: first, the differential approach as a method of analysis, where the entire process of identification and recognition of the situations and risks of specific populations takes place (15,24,25). Second, the differential approach as a guide to action, where the differential actions to meet the objectives of the approach are generated (15,24-26). Third, the differential approach as a method of evaluating the institutional and community response (15,27). Based on the above, the following definition for differential population is suggested: *specific population groups who are in a situation or condition of vulnerability and, therefore, require a particular institutional response*.

Differential approach for people with disabilities

The findings in the literature about the description of the differential approach for people with disabilities focused mainly on children with learning disabilities. This differential approach must have the capacity to support healthy decisions, based on adequate and accessible information, that improve the lifestyle of this population (28). It is also essential that an approach be made that understands that functionality does not depend exclusively on the disability, but that it is affected by other conditions such as gender, age, race, or socioeconomic level, as well as by social, economic factors, and environmental factors exogenous to the subject (28,29).

Table 4 presents the findings of the reviewed literature and the conceptualizations made by the participants in the world café on disability (people with disabilities, caregivers and institutional representatives) convened.

Table 4
Synthesis of findings around the concept of disability

Definitions Found in the Reviewed Literature	The term "disability means a physical, mental or sensory impairment, whether permanent or temporary in nature, that limits the ability to perform one or more essential daily life activities, which may be caused or aggravated by the economic and social environment" (30). "Disability is an umbrella term that encompasses impairments, activity limitations, and participation restrictions. Impairments are problems that affect a bodily structure or function; activity limitations are difficulties in performing actions or tasks, and participation restrictions are problems taking part in vital situations. Therefore, disability is a complex phenomenon that reflects an interaction between the characteristics of the human organism and the characteristics of the society in which it lives" (31) (Page 10). According to the World Health Organization, disability encompasses impairments, activity limitations, and participation restrictions. Impairments are problems that affect a bodily structure or function; activity limitations are difficulties in performing actions or tasks, and participation restrictions are problems taking part in vital situations (32).
Definitions and Conceptualizations from the World Café-Style Group Interviews: Participants from the Institutionality Group	The concept of disability is not presented as an inability, but as a diversity of abilities that has encountered and faced a series of barriers and limitations preventing development within this diversity. "[…] a human being having a disability does not mean that they do not have the ability; that is, their limitation is set, their condition is set, depending on the type of limitation they have... However, this does not imply that the person does not have abilities; that is to say, ability is intrinsic to human beings, […] what these conventions have originated are barriers, namely attitude barriers, physical barriers, communication barriers that have largely prevented the development of those abilities and have limited the social inclusion of people with disabilities." "With regard to different disabilities, to those different capacities that people have, seen from a differential list, and to people with disabilities". "[…] from the point of view of disability, I establish the definition of disability or confinement as a limitation. I do believe that there is such limitation of the individual for their personal, social and participatory development."
Definitions and Conceptualizations from the World Café-Style Group Interviews: Participants from the Community Group	The term "disability" to refer to this population is frequently avoided because it denies the existence of diverse abilities, perpetuates discriminatory attitudes, and undermines access to rights. Consequently, this approach has been propagandized and evaluated as discriminatory. "[…] I should say, it is a person with diverse abilities and capable of doing this and capable of doing that and who participates and does […] Why should we label them as 'disabled'? I think it's a derogative word and that it is not part of what they are like, a person with rights, just as everyone else."

The differential approach for people with disabilities should favor the coordination of medical care and community support, such as to minimize the influence of those exogenous or endogenous factors and allow all individuals to receive the necessary services to maximize the enjoyment of a normal, age-appropriate functional status (described as not dying or becoming prematurely disabled). This coordination allows the engagement of primary care professionals in the care of these patients, without leaving said care exclusively in the hands of specialist medical and psychosocial groups (28,29).

Participants of the world café-style group interviews believe that recognizing particular characteristics implies accepting differences that lead to different health risks and, therefore, to different requirements in terms of health care. In particular, recognition of the disabled population as people with their own abilities and the right to comprehensive access to health care, recovery, and rehabilitation, is proposed (see Table 4).

Considering the summary of the findings in the literature and in the world café, we propose the following definition for the differential approach regarding people with disabilities:

> The differential approach for people with disabilities seeks to overcome social and contextual barriers to guarantee the effective enjoyment of the rights of the population in a situation or condition of disability. It is defined as the population with a situation or condition generated from the relationship between the person, society, and the context in which they live, which limits the full and effective participation of the individual in society under equal conditions, as well as their performance and development.

Gender and diverse sexual orientation approach

Gender is part of the differential approach, as it is a social determinant that regulates human relations (20). It is considered a category of analysis that facilitates a holistic understanding of society, economy, history, politics, among other variables. At the same time, it facilitates the understanding of the social and cultural construction of gender-related stereotypes and highlights the quality of the relationships woven between women, men, gays, bisexuals, lesbians, transsexuals, intersexuals, cross-dressers, transvestites, and other diverse sexual orientations (20).

Recognition of both biological differences and gender identities is required, as they directly influence the health-disease processes experienced by the populations. Therefore,

health care services should focus on differentiated and specific care measures (15).

The term LGTBIQ+ has two components: one related to gender identity and the other one alluding to a political dialogue strategy. The acronym LGTBIQ+ brings together the social and political confluence of lesbian, gay, transgender, bisexual, intersex, and queer people and includes other sexual identities, with the aim of positioning their inclusion and social recognition on the political agenda (17).

Table 5 presents the results of the definitions around the concepts of gender and diverse sexual orientation found in the literature review, as well as in the narratives of the institutional participants of the world café-style group interviews.

Table 5

Summary of findings about the concept of gender and diverse sexual orientation approach

Definitions Found in the Reviewed Literature: Gender	Gender is a category of analysis that allows for a comprehensive understanding of society, politics, economy, history, among others, which reveals the existing power relationships in different spaces, both public and private. Gender is a way of regulating human relationships that has historically produced violence, inequalities and discrimination, mainly for women, but which does not disregard the fact that hegemonic models of masculinity, in addition to having serious implications for women's lives, also affect men. These differences and inequalities persist in culture, despite the fact that, in real life, women cross many borders, question paradigms and are increasingly linked to economic production, income generation, and processes of social and political participation (18). "It is a strategy aimed at making the concerns and experiences of men and women an integral element of the design, implementation, monitoring and evaluation of policies and programs in all political, economic and social spheres, so that men and women benefit equally and the perpetuation of inequality is prevented. The ultimate goal is to achieve gender equality" (33). The gender perspective makes it possible to reveal the inequalities and inequities in the power, domination and exclusion relationships established between men and women (20).
Definitions Found in the Reviewed Literature: Identity and Diverse Sexual Orientation	Identity and sexual and gender: recognizes discrimination, exclusion, marginalization, historical invisibilization and violence committed against people with a sexual orientation other than heterosexual and with non-hegemonic gender identities (7,34).
	Sexual orientation: the emotional or sexual attraction towards another person that, if of the same sex, will be homosexual; of the opposite sex, heterosexual; and of both sexes, bisexual (32).
Definitions and Conceptualizations from the World Café-Style Group Interviews: Participants from the Institutionality Group	"[Gender] is a social construct, in which those reflections to which we have arrived and the logics of desire with physiological characteristics have been associated over time, in participation, and disarticulated from the logical sequence. Participation has allowed positioning of the the definitions from their own experiences" (participant from the group on women and new masculinities*). "Gender is like a personal identity; I put it in participation because it is very important, what I am, what I do, how I see myself, what I consider myself to be, the gender we identify ourselves as, to feel good" (participant from the group on women and new masculinities). "[…] the biological part is very important for us, taking into account that we are born as a man, woman, or intersex. But we have tried, let's say, to strengthen all that part of gender identities, for example, gender, how a person wants to be seen as. We recognize and accept it, and it does not violate any rights. That is why it's important. Implementing the whole topic, the differential approach […]" (LGBTIQ+ participant). "Gender identity, that is, how we can be men and women, and the recognition of our own sexual practices, which is our sexual preferences within that sexual orientation, and within the different processes that human beings have, searching within themselves and, in that process, seeking their identity. And I believe that, on the issue of sexual identity, it is related to the process that each person, either man or woman, undergoes from the time they are born […]" (LGBTIQ+ participant). "[…] as is gender identity, which I defined as the way we see ourselves and which offers an answer to that question: Who am I? In other words, how do I see myself, regardless of the sex assigned to me at birth? Yes, of course. And, then, all sorts of established gender identities appear, such as being trans, seeing oneself as cisgender, non-binary. […] Sexual orientation, as [name] defined it, basically has to do with the issue of the physical, emotional, and sexual attraction that people feel towards other people. And, obviously, those other categories also unfold from there, such as being homosexual, bisexual, pansexual, among others" (LGBTIQ+ participant).
	And [name] said we are born either man or woman. That's not true. Man and woman is a psychosocial construct; therefore, they build it for us and we build it for ourselves in social interaction. So, believing that we are born men and women puts us in a binary, linear, positivist perspective of the body, of sexuality, of gender, and of oneself. […]. So, for me, identity is self-awareness; it is a particular construct regarding what people should be, compared to what they wish to be, something they can live fully, sometimes, but which they can only experience by being, at other times" (LGBTIQ+ participant). "Therefore, gender is not only male and female, because, since it is a particular and social construct, I can refuse that construct. As such, I can be a genderless individual or I can also be genderfluid. In other words, today I assume I am male or female, or any point on a continuum between masculinity and femininity, and this point moves" (LGBTIQ+ participant) "Sexual orientation is related; it is an affective, sexual, emotional category towards those people with whom I want to establish a relationship. […] sexual orientations are totally different from sexual practices, and there are several categories" (LGBTIQ+ participant)
Definitions and Conceptualizations from the World Café-Style Group Interviews: Participants from the Community Group	"I think that, even being a cisgender woman, uh, with all the, fulfilling all the stereotypes, they are not addressed as urgently, let's say, I don't know, with things like the voluntary termination of pregnancy with the Pomeroy, I think it's in quotes 'they tease us a lot' and it's like you shouldn't continue[…]" (participant from the group on women and new masculinities). "In the health care program, you need to keep in mind that there is a logic about men, that talks about the stereotypes of men (must be strong, are immune), thus building a relationship of carelessness, and that the approach to the field of health care is punctual; this logic of male health means that home care teams do not understand men, and that means that care offered to women is also affected by this male logic" (participant from the group on women and new masculinities*).

*Refers to the population group for which the participant was selected.

Regarding the provision of health care services, according to some studies, there are strategies that contribute to generating more empathic relationships with people from the LGBTIQ+ community: for example, including

their preferred name, pronouns, assigned sex at birth, and gender identity in their clinical records. This would allow us to know more about the patient and provide higher quality care (35).

Participants from the community group in the world café-style group interviews focused on the importance of treating people with diverse sexual orientations with care and respect, recognizing the different vulnerabilities to which they are exposed. Lesbian and bisexual women, for their part, believe that health care professionals should be trained on how to treat them, since they are afraid of being rejected, judged, mistreated and disrespected due to their life situation. Having prior knowledge about the different sexual orientations and gender identities will help to understand their experiences and be tolerant (36,37).

Based on the summary and analysis of the definitions found in the literature, as well as the explicit and implicit narratives of the participants in the world cafés, we propose the following definitions of gender approach and diverse sexual orientation:

> The gender approach is based on understanding that it is a social and cultural construct based on sexual differences that assigns representations of what is feminine and what is masculine and which is instituted on the unequal allocation of resources, power, and the subordination of femininity. In this sense, the inequalities between men and women, and between the different masculinities and femininities, are revealed, which allows differences and discrimination to be interpreted, providing elements of analysis on the forms of distribution of power.
>
> According to the diverse gender identities and sexual orientations approach, gender is a social and cultural construct that has historically been limited to binarity as a power structure, that has ignored, on the one hand, the internal and individual experiences of gender and, on the other, sexual orientation as an emotional and physical category towards those people with whom one wishes to have an intimate relationship. Recognizing and acceping these differences, which resignify and go beyond binarity, favor the effective enforcement of rights and prevent inequalities and discrimination.

Intersectionality

The origin of the term *intersectionality* has been attributed to Kimberlé W. Crenshaw, who coined it in 1989 from the discussion about the discrimination suffered by women of African descent, where he indicated that they were much more than the simple sum of sexism and racism (24,38,39). In this sense, intersectionality is also seen as a critique of the lack of cohesion between feminism and black activism (38,39). Later, in 2015, and based on Crenshaw's ideas, the *Oxford English Dictionary* identified it as a theoretical approach based on the interconnection of social categories such as race, social class, and gender, which create complex systems of discrimination or disadvantage (38,39).

Table 6 presents the results regarding the definitions of the concept of intersectionality found in the reviewed literature, as well as the conceptualizations of the participants in the world café-style group interviews.

Table 6
Synthesis of findings around the concept of intersectionality

Definitions Found in the Reviewed Literature	Theoretical approach based on the interconnection of social categories such as race, social class, and gender, which create complex systems of discrimination or disadvantage (38). Perspective that recognizes the presence of multiple conditions, situations or characteristics that make up a complex system of oppressive structures that lead to a same individual suffering simultaneous vulnerabilities, in a given historical, social and cultural context (24). Approach that seeks to understand vulnerabilities with the intention of defining responses that make it possible to see, analyze and intervene in situations of inequality or structural discrimination (40). Analysis methodology that allows us to understand precisely how vulnerabilities are accentuated when multiple differences are united in the same subject and prevents the creation of new classification categories, because, on the contrary, it seeks to understand the intersection of the aforementioned axes of oppression, where they produce different experiences for each subject (41). Category of analysis on the interactions and mechanisms through which the different systems of oppression are mutually constituted in each case and in each context. According to the Constitutional Court of Colombia, intersectionality is a perspective that allows knowing the simultaneous presence of two or more differential characteristics of people (gender, disability, life cycle stage, ethnic and rural belonging, among others) that, in a historical, social and cultural context, determined the increase of the burden of inequality, producing substantively different experiences between subjects (15). Perspective oriented to the apprehension of the complexity of identities and their relations with social inequalities. Through an integrated approach, it seeks to understand what has been created at the intersection of two or more axes of oppression or violation with markers of social differentiation (gender, class, race, ethnicity, disability, and sexual orientation). The intersectional approach presents a full panorama that addresses the complexity of the experiences of people who recognize themselves in a particular gender, who are in a life cycle, but who also belong to a certain social class and may have particular conditions in their lives. Based on the above, intersectionality is the intersection of the different approaches presented in this guide and, in turn, it allows for a comprehensive understanding of people's health needs (32).
Definitions and Conceptualizations from the World Café-Style Group Interviews: Participants from the Institutionality Group	"But if I am now a heterosexual woman, it does not mean that I stopped being a whore, it does not mean that I stopped being poor, it does not imply that they speak to me a little, not about hormones. I was kicked out of home, and that paramilitaries made me a victim and forced me to move" (LGBTIQ+ participant of the institutionality group*). "[…] likewise, the victim population has an intersection with the population, with ethnic belonging, with other ethnic groups. Conditions and situations that cross-cut them." (participant from the institutionality group on conflict victims*). "The intersection is understood as when an individual has several characteristics that may be compatible with other population groups. In other words, there is someone with a disability, but who is from an indigenous group, so they have their belonging disability, a disability group, but they also have an intersection with the indigenous group. But then they are an indigenous person and, on top of all, they have been displaced. And then, they're also a single parent. Therefore, some intentions have to do with the groups. So, since a single person has direct relationships with other groups with special situations, that's intersectionality, that is, what they have that complements their human nature as such, and their characteristics." (participant from the institutionality group on disable persons*). "All the multiple paths that link me to others, but which allow me to be a woman. I can be of African descent, I can have some sort of disability, be a member or person of the LGBTQ+ community, and all of this makes me a differential but, above all, a diverse human being" (participant from the institutionality group on ethnic groups*). "[…] well, recognizing the different characteristics that an individual can have and seen from the so-called differential categories, issues of diversity or diverse sexual situations, gender, ethnicity, the same territorial, population, life cycle aspects" (participant from the institutionality group on ethnic groups*). "[…] the conjunction of all differential approaches and all populations" (participant from the institutionality group, migrants*). Although the need to characterize the populations is evident, the participants reflect on the implementation of an intersectional (approach,perspective) within the health care models. "The model is based on a rights-based approach to health, […] the care must be the same, the care is already regulated, if it should vary, how it should be capable and detectable, […] the right to health is the same, with specific connotations, it supplies some instances, adapting the specificities to the type of care, but not the service offers itself" (participant from the institutionality group, course of life). "[…] the progress according to the person's needs, has been a very minority progress, it's not enough, you need to think about what the specific care of a person is like, how to make this specific person feel respected in their difference […]" "[…] from this approach, we are going to work on the list of human beings in an integrality and, from there, we are not only going to look at this black man who is gay, this indigenous man who is transsexual, this person with a physical or multiple disability among these seven disabilities" "Then, what I think is that, in the context of intersectionality, identifying this type of particularity allows us to choose between… identifying how I can use the same strategies to serve a population group in a different way, but with the same messages, with the same processes to be developed for care within the framework of psychosocial care […]. But I don't think you have to find a different way of dealing with it, but the approach and intersectionality allows us to identify this" (participant from the institutionality group on ethnic groups). "What is the entrance when there is a case of intersectionality in a migrant person? It doesn't matter, the important thing is going in, it doesn't matter how you did it, the important thing is to pay attention" (institutional participant, migrants).
Definitions and Conceptualizations from the World Café-Style Group Interviews: Participants from the Community Group	Less understood term. Participants do not easily distinguish between the concepts of intersectionality and differential approach. Participants of the world café with members of the LGBTIQ+ community manage to explicitly recognize intersectionality as the confluence of situations, conditions, experiences and characteristics in the same individual. "Ok, you're a trans woman, you have her vulnerability, but there's also the fact that you're a migrant" (participant from the LGBTIQ+ community). "Drug users; outside of gender identity, sexual orientation, their jobs, there is also another stigma, and it's that they're drug users" (participant from the LGBTIQ+ community). "[…] we have several categories within intersectionality in the case of migrants, style and in our own experience with a minor who said they had an itch […]" (participant from the LGBTIQ+ community). By recognizing the concept, they are also critical of the response that the health system offers, considering intersectionality. "So, in the face of intersectionality, the only thing the health care system does is confirm and reaffirm that vulnerability, that is, make vulnerable persons even more vulnerable" (participant from the LGBTIQ+ community). Participants from other world café-style group interviews (women and new masculinities, victims of conflict, and other vulnerable populations) insist that, in order to recognize people with their conditions, it is essential to characterize them and, thus, offer services that adequately meet their needs. "[…] when scheduling the appointment, take into account, well, the approaches, take into account who I am […]" (participant from the community group, victims of the conflict). However, from the perspective of the LGBTIQ+ community, this characterization must be made free of stereotypes in order to cover all the conditions and situations of the populations. "[…] that characterization, that is another reason why it has generated skepticism and built barriers that you can't even try to infantilize to me […] the first thing you ask a whore is, have you had HIV? Do you live with HIV, syphilis, gonorrhea, herpes? […]" (participant from the LGBTIQ+ community).

*Refers to the population group for which the participant was selected.

Intersectionality allows us to understand the health-disease processes and the consequent inequity in health that happens around different oppressions in a given historical, social and cultural context. It implies understanding that the different particularities that have been instruments of domination are interrelated and that they affect the subject jointly, and, therefore, a rigid categorization of differential conditions or situations is inadequate. This implies that, in the field of public policy, the approach proposes a complex approach that allows understanding and acting on the profound interaction between the axes of inequality (24,26,42,43).

As in the differential approach, the intersectional approach recognizes these oppressions as historical. These two approaches complement each other, as both are tools that facilitate the conception and execution of public policies with an emphasis on the most vulnerable population. The relationship is also present with the human rights approach, and therefore the intersectional approach requires comprehensive care based on the protection, promotion and defense of human rights, taking into account the multiple vulnerabilities that have already been described (24,44,45).

According to the findings of the world cafés, intersectionality is strongly linked to the differential approach. Participants agree that the convergence of several situations in the same individual is a fundamental aspect of intersectionality. Table 6 includes details on the interviews. Based on the analysis of the different sources of information and using an iterative consensus process, we propose the following conceptual definition:

> Intersectionality constitutes a perspective that seeks to identify and understand how multiple conditions, situations or characteristics intertwine that make up a complex system of oppressive structures that lead to simultaneous vulnerabilities. This approach does not seek to rank or add the axes of oppression; on the contrary, it establishes a network configuration of structured social positions.

Discussion and conclusions

According to the reviewed literature, the differential approach and the intersectional perspective are complementary categories that

differ in how discrimination is understood and addressed, starting from a joint base. Unlike the findings in the literature review, there is ambiguity between the concepts among the participating users and institutions, since they assume that intersectionality comprises the sum of differential situations in the same subject. Regarding the comprehensive health care models, based on a human rights approach, and based on the information collected, it is evident that vulnerability and discrimination must be considered at the level of the differential approach and the intersectional perspective.

From the differential approach, comprehensive health care models should see to each of the differential populations, understanding that their health needs and risks differ. On the other hand, those individuals who are going through more than one situation of vulnerability should be taken into consideration, as it would be inequitable to offer them services for each of the "boxes" they belong to, becuase it further increases their vulnerabilities and possibly forces them to a series of unnecessary paperwork and procedures.

Faced with people going through various situations of vulnerability at the same time, the intersectional perspective promotes a comprehensive approach to the individual. To illustrate: for a lesbian, adolescent woman of low socioeconomic level, four situations should not be considered; she must be approached as a whole, understanding that her context generates risks and challenges for health care systems, which are so particular that four different approaches would not be able to respond holistically to their health needs.

According to the insights gathered from the interviews, the community recognizes the importance of thoroughly characterizing the population to determine their unique needs. This information is crucial in allocating resources, setting priorities, and developing comprehensive healthcare plans. In addition, incorporating this consideration in designing, implementing, and evaluating a differentiated approach in holistic healthcare models is essential for their success.

Also, to this date, the recognition of the role of social determinants in the generation of inequities in health has not managed to translate into interventions that improve the disparate health outcomes between populations and between individuals. It is necessary to broaden the understanding of the dynamics that generate health inequalities and the resources to research them. This research shows the complexity of the social forces that generate inequalities, and, although it provides flexibility from the methodology to approach the definitions of interest, it also raises the concern about which aspects were not considered in the final analysis due to the chosen avenues of research. Finally, although the data collection, synthesis and analysis methods were rigorous, obstacles were found in terms of interpreting and translating complex knowledge and contexts into condensed and accessible messages for the formulation of action plans of a healthcare model with the intersectionality approach and the differential approach.

Ultimately, every intervention in the healthcare field must have an adequate conceptualization of the differential approaches and the intersectional perspective so that, first of all, it serves to analyze the realities of the different forms of discrimination of vulnerable populations and, second of all, it takes into account the analysis of these realities to provide adequate health care and protection of the rights of these populations. Clarity in these concepts will make it easier for interventions in the healthcare field to have the capacity to respond to the differences of certain populations, to offer timely, quality care adapted to the needs of each individual.

Future work may delver further into the conceptualization and implementation of other approaches, such as the differential ethnic approach. It will also be pertinent to delve further into the differential approach, emphasizing on the new masculinities, where the vulnerability of men and their needs in terms of health are recognized, in order to jointly build better strategies for the promotion and care of male health, free of stereotypes and stigmas, which not only violate women's access to health care,

but also limit men in their self-care and mutual health care.

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Conflict of interest

Authors declare not to have any conflict of interest.

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