Panel ABSTRACT

Panel 36: Exploring Health in the Context of Territorial Inequalities

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Abstract: Ethnographic research is becoming increasingly important in the analysis of territorial inequalities in Europe and beyond, with health and healthcare playing a crucial role (Hussain et al. 2024). Accordingly, we welcome research on how territorial inequality affects health, well-being, and access to healthcare and social services in different local contexts. It will explore intersecting structural factors, such as poor housing conditions, immobility, unhealthy working conditions or environmental and systemic inaction impacting health and well-being. Further, it examines whether and how national and local policies exacerbate health-related vulnerabilities in certain areas by neglecting infrastructure renewal, underfunding public services, and creating systemic barriers to equitable health outcomes for marginalised communities. A special focus lies on how the latter foster a sense of being “left behind” and neglected among communities living in marginalized areas.

We aim to explore strategies that communities develop to counteract local challenges. We especially welcome contributions highlighting how civil society organisations and grassroots initiatives – often led by women, queer and racialised communities - act against these structural barriers, by addressing health related vulnerabilities within their communities. Such initiatives may create alternative networks of support and challenge the status quo of exclusionary policies. Therefore, it examines the conditions necessary for such approaches to succeed.

The panel will foster a discussion on how territorial inequalities shape health outcomes and deepen perceptions of exclusion. Simultaneously, we aim to underline pathways for rebuilding trust through sustainable and inclusive interventions. We invite submissions grounded in ethnographic research, critical policy analysis, and community-led interventions.

SESSION SCHEDULE

19.09.2025 | Slot 1 | 2-0-2

Jónleyg Djurhuus: (Im)mobilities: Managing moral, structural and geographical boundaries to health care and social services in a small-scale island society in the Nordics

Emma Fàbrega Domènech: Struggling to Make Health Matter: Community-Driven Responses and Social Innovation in Montcada i Reixac, a peripheral Barcelona Municipality

Stephaine Meysner: Territorialising Cancer Inequalities: Ethnographic Insights From Within England's North-South Divide

Keshav Sawarn: Territorial Inequalities and Community Resistance: Ethnographic Insights into Structural Health Disparities in Rural Jharkhand

SESSION PAPERS

(Im)mobilities: Managing moral, structural and geographical boundaries to health care and social services in a small-scale island society in the Nordics

Jónleyg Djurhuus

This paper examines how citizens respond to moral, structural and geographical barriers in accessing health care and social services in a small island setting like the Faroe Islands. Following the egalitarian and universal principles of the Nordic welfare model, the Faroese government is continually adapting and expanding their welfare system (partly to address (post)colonial ties to Denmark). Anticipating, and being in the midst of, local welfare expansion, alongside ongoing political and social deliberation centered on the restrictive reproductive landscape, we argue, leaves Faroese citizens in a state of limbo with unclear expectations regarding their welfare options and rights.

Drawing on ethnographic encounters in the areas of disability and reproduction, we find that Faroese citizens expect access to certain health care and social services as Nordic welfare citizens, but some are "left" behind either due to a malfunctioning infrastructure, legal/structural barriers or the islands' geopolitical status as a non-sovereign state. In response, we find that people navigate and negotiate through (in)formal personal relationships, as well as cross-borderly to access the information and care services they need.

Through the framework of island feminism and feminist migration studies, we highlight how people "left behind" translate and transform close relations on the islands and geographical remoteness in their efforts to manage access to care services. However, we stress that people's management of boundaries does not relieve them of a sense of clash between expectations and experiences of being citizens in a welfare society, nor should this management be viewed as positive or equal.

Struggling to Make Health Matter: Community-Driven Responses and Social Innovation in Montcada i Reixac, a peripheral Barcelona Municipality

Emma Fàbrega Domènech

Territorial inequalities significantly impact the wellbeing and health of residents in affected areas, as well as their access to healthcare. These disparities often lead to innovative grassroots responses aimed at addressing these issues. Drawing upon original ethnographic research conducted in Montcada i Reixac, a municipality on the outskirts of the Barcelona metropolitan area, this paper explores community responses to the adverse effects of heavy transport and industrial infrastructure on residents' health, as well as dwindling access to healthcare services.

Using the framework of social innovation, this paper analyzes the barriers these responses encounter and the conditions needed for them to succeed. This will be done specifically through the case study of Montcada i Reixac's Health Committee, created after the 2008 budget cuts that reduced the area's access to emergency night care, spearheaded by Spanish residents, most of them nearing or already of retirement age. Despite the many years the Committee has existed and their success in raising awareness among residents regarding health issues in the area, they currently find themselves struggling to move beyond their tried-and-true actions - such as monthly protests and hanging signs at Town Hall buildings – and to involve younger residents, who do not share their same preoccupations. Ultimately, this case study highlights the critical role of community-driven initiatives in addressing systemic health disparities and underscores the importance of fostering intergenerational engagement and adaptive strategies to sustain social innovation efforts over time.

Territorialising Cancer Inequalities: Ethnographic Insights From Within England's North-South Divide

Stephaine Meysner

Liverpool City and its wider region, Merseyside, is routinely characterised: England's 'Cancer Capital'. This label rooted in historical legacies, today, manifests profound health inequalities. Merseyside, located on a large estuary in England's northwest, is characterised by post-industrial decline, long-standing socioeconomic deprivation and unjust and differential policy making, all having profound implications for access to and the distribution of healthcare resources, employment opportunities, adequate housing and health outcomes.

These territorial inequalities are particularly visible in head and neck cancer (HANC), which is the fastest growing cancer in Merseyside, with incidence rates 20–30% above the national average. Moreover, within Merseyside the condition is unevenly distributed between the lower socioeconomic areas of Merseyside and the higher socioeconomic areas in Cheshire, places separated by only a few miles.

This paper examines how territorial inequalities shape HANC trajectories across these two contrasting socioeconomic locations in Merseyside and Cheshire. Drawing on comparative anthropological-ethnographic research - involving patients, families, and

community stakeholders - it foregrounds the biosocial dynamics and territorialities of HANC, attending to the intersections of geography, social class, housing, occupation, temporality, and access to care.

Our ethnography challenges behaviouralised framings of cancer causality which prevail in contemporary public health and policy. Our analysis addresses local efforts that respond to HANC inequalities, including the limitations and possibilities of community-based interventions. Finally, our paper contributes to current debates on how territorial inequalities shape biosocial outcomes via ethnographic research on the ways in which HANC is experienced by those most vulnerable to its spatial distributions.

Territorial Inequalities and Community Resistance: Ethnographic Insights into Structural Health Disparities in Rural Jharkhand

Keshav Sawarn

This paper investigates territorial health inequalities in Jharkhand, India, focusing on rural and indigenous communities in districts such as Giridih, Deoghar, and Palamu. Despite global frameworks like Health for All and the SDGs, these regions remain structurally marginalized, facing chronic underinvestment in public health infrastructure, poor sanitation, limited access to clean water, and inadequate healthcare services. Using ethnographic fieldwork and Participatory Rural Appraisal (PRA), the research foregrounds community perspectives to understand how intersecting structural factors—immobility, linguistic barriers, environmental neglect, and low health literacy—compound health vulnerabilities.

The paper critically engages with how national and state policies overlook these communities, reproducing systemic barriers that restrict equitable healthcare access. It reveals how migration for health has emerged as a survival strategy, reinforcing feelings of abandonment and eroding trust in state institutions. At the same time, it highlights the agency of local communities in resisting these exclusions. Special attention is paid to grassroots initiatives—many led by women and Adivasi leaders—that mobilize informal networks, local knowledge, and social solidarity to mitigate healthcare gaps.

These community-led responses offer insight into alternative models of health governance rooted in structural competency and cultural responsiveness. By examining the conditions under which such initiatives succeed or falter, the paper contributes to broader debates on territorial inequality, public health, and social justice. It calls for sustained, community-driven interventions that recognize local voices, counteract exclusionary policy regimes, and promote inclusive, place-based strategies for health equity in structurally neglected areas.