Can Intersectionality Increase Active Travel in Marginalised Groups? A Literature Review

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SUMMARY

Active travel, such as walking, running and cycling, are cheap, sustainable, and healthy ways to transit within in the urban environment. Many marginalised groups are either underrepresented in active travel modes or find they are limited using them in certain neighbourhoods or at certain times. These limitations lessen the accessibility of a range opportunities including those of employment, social activities and cultural experiences to a wide range of citizens. This review endeavours to recognise those barriers to active travel which affect a diverse selection of society and understand affordances which encourage use of these modes. It aims to identify solutions which may encourage active travel across a diverse community leading to an urban environment which is more equitably accessible for all.

KEYWORDS

Gender, Active Travel, Running, Cycling, Walking, Intersectionality

Introduction

Intersectionality is a term first used to describe identity by feminist Kimberle Crenshaw. She proposed that identities are constructed through the crossroads where multiple dimensions of the individual meet. Initially this was in relation to the increased levels of oppression experienced by black women due to the intersection of their race and gender but she recognised this analytical approach could be extended to other "marginalisations" (Crenshaw 1991). Following this an intersectional lens has been applied to research across a diverse range of domains including transportation research (O'Brien 2020). These intersectional groups are now often extended to include any combination of gender, race, sexuality, transness, culture, religion, age, class, education, body shape, nationality, language, immigration status, occupation, and disability. (Lim et al 2021, Stanley 2020).

In the UK 42% of women and 34% of men do not meet activity targets (WHO 2020) resulting in an estimated annual cost of £7.4 billion and is thought to be the leading cause of one in six deaths. (Office for Health Improvement and Disparities 2021). By including active travel in the commuting routine improvements can be seen to health, air quality, congestion and carbon footprints (Nieuwenhuijsen 2021).

Aims and Approach

According to intersectional theory whilst gender clearly plays a major role in the accessibility of active travel this single aspect of the individual should not be taken in isolation (Francis and Pearce, 2020). This review endeavours to identity, from the current literature, those barriers to active travel which affect a diverse range of members of society.

Method

A Grounded Theory was taken when conducting this literature search. As such no pre-determined categories of classification were derived before reading the literature, instead the themes emerged from the literature, evolving throughout the reviewing and re-reviewing process. This approach has the benefit of removing bias based on previous topic knowledge, or reflexivity, allowing the researcher to approach the literature without an existing hypothesis in order that ideas arise inductively (McGhee et al 2007).

The key term 'intersectionality' was combined with either 'active travel', 'walking', 'cycling' or 'running'. Web of Science and Scopus were selected for identifying published academic literature in addition Google Scholar was used to ensure grey literature and policy documentation, this was due to the still emerging use of intersectionality within the transport domain and the importance of its inclusion in not just academia but also in transport policy and decision making. Active travel modes, marginalised groups, and barriers or incentives relating to engaging in active travel were thematically categorised.

Results

A final selection of 41 papers were identified. These come from a wide range of domains including Human Factors, Health Promotion, Sociology of Sport, Urban Design, Climate Change, Transport Planning and Geography. 28 papers mentioning cycling 21 mentioned walking (several focusing on both) but running was under represented being mentioned in just two papers.

The marginalized groups identified, with their frequency were Gender (39), Race (23), Age (starting at 55+) (19) and Socio-Economic-Status (SES) (19). LGBTQ+ (19). As gender was the most commonly occurring group, it therefore intersected with the other groups most frequently. Intersecting with race 22 times, with age 18 times, SES 19 times and LGBTQ+ 19 times. Most common barriers identified were Traffic Safety (18), Personal Safety including experiencing microaggressions, bullying and fear of sexual assault (14). Each scoring four are travelling with children, the limited range of the mode versus required distance to travel, racism and exposure to pollution. The literature focusses more on barriers however the most common incentives were Social benefits of being with others or seeing friends/ family (7) Good Infrastructure (4) and improvements to Weight or Fitness (4).

Discussion

Safety was by far the most common barrier both from traffic, and personal safety, fear of gender specific abuse or attack. Whilst improved cycle infrastructure was a solution to the fears surrounding traffic safety (Russell et al 2021, Graystone et al 2022) those surrounding personal safety are a more complex societal issue. Related to this concerns about how women engaged in active travel are perceived as appearing unfeminine, putting themselves before familial commitments (Curry 2016) or simply a feeling of not belonging in the domain of the straight, middle-class, white Cis man (Adjepong, 2022, Stanley 2020). Some of these issues can be resolved through belonging to targeted groups (Wegner et al, 2019, Ravensbergen et al 2020) and being able to identify with those who are depicted as taking part in active travel (Fogg-Rogers et al 2021).

Conclusion

A literature review was conducted to determine which marginalised identities intersected with gender when creating barriers to active travel update and whether there had been incentives previously identified to counteract this. Safety was identified as the biggest barrier across all groups whereas social benefits were seen as the biggest incentive. Future work will look further into the

reasons for the barriers to engaging in active travel in order to identify ways in which they can been removed.

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