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Challenging Inequalities: HIV, age, gender, and the dynamics of intrasectionality

Zusammenfassung

Der Kampf gegen Ungleichheiten: HIV, Alter, Gender und die Mechanismen von Intrasektionalität

Der Beitrag vertieft das Konzept der Intrasektionalität, indem er untersucht, wie Hierarchien und Ausgrenzungen innerhalb sowie zwischen marginalisierten Gruppen funktionieren. Auf der Grundlage qualitativer und quantitativer Studien zu Menschen mit HIV in Belgien wird gezeigt, wie der Serostatus Ungleichheiten in Bezug auf Geschlecht, *race*, Klasse und Alter neu strukturiert und so neue Privilegien und Vulnerabilitäten schafft. Die Untersuchung offenbart, wie Solidarität und interne Spannungen die politische Dimension von HIV zugleich prägen. Hinsichtlich des Alterns wird deutlich, wie Serophobie und Ageismus sowohl Stigmatisierung als auch Widerstand hervorbringen und wie „Age Activism" Handlungsfähigkeit und Fürsorge im Alter neu definieren kann. Intrasektionalität ermöglicht somit eine kritische Perspektive auf Anerkennung, Solidarität und Gerechtigkeit in marginalisierten Gemeinschaften.

Schlüsselwörter
Intersektionalität, Stigma, Solidarität, Altern, HIV/AIDS

Summary

This article advances the concept of intrasectionality to deepen intersectional analysis by examining how hierarchies and exclusions operate within, as well as between, marginalized groups. Drawing on qualitative and quantitative research conducted in Belgium among people living with HIV (PLHIV), it explores how serostatus reorganizes inequalities of gender, race, class, and age, producing new configurations of privilege and vulnerability. The analysis highlights the dual dynamics of visibility and erasure shaping HIV politics, where solidarity coexists with internal tensions. Focusing on ageing, the paper shows how serophobia and ageism intersect to generate both stigma and resilience, and how "age activism" reclaims later life as a site of agency and care. Intrasectionality thus offers a critical lens to rethink recognition, solidarity, and justice within minority communities.

Keywords
intersectionality, stigma, solidarity, ageing, HIV/AIDS

1 Introduction

The analysis of social inequalities has been profoundly reconfigured by the emergence of intersectionality, a conceptual and methodological framework initially articulated within Black feminist legal scholarship and activism (Crenshaw 1989, 1991; Collins 2000; Bilge 2014). While intersectionality remains a powerful framework for analyzing interlocking systems of oppression, its development also opens new avenues for further exploration – particularly regarding the dynamics that unfold within marginalized groups themselves. Building on the works of Katri (2017), Atrey (2020) and Perreau

(2023), we argue that intrasectionality[1] offers a feminist extension of this analytical lens by shifting the focus from intersecting inequalities between groups to hierarchical differentiations within minoritized groups.

In this paper, we assess the critical potential of intrasectionality through the field of HIV/AIDS, a particularly revealing site for examining how multiple axes of power intersect and how recognition and justice claims are differentially enabled or foreclosed. More specifically, we ask how an intrasectional perspective allows us to grasp the internal hierarchies, tensions and differentiated forms of visibility that structure the category of people living with HIV (PLHIV). HIV not only shapes but also redistributes inequalities of gender, *race*, sexuality, and class within the PLHIV group. While PLHIV can form a coalitionary minority – uniting men who have sex with men (MSM), Sub-Saharan migrant women, trans people, and/or sex workers – this shared serological identity neither dissolves internal hierarchies nor necessarily creates a cohesive group.

We further foreground a dimension both analytically and politically salient yet largely neglected: age. Resisting binary classification, age constitutes a universal yet differentiated axis of inequality for PLHIV. Ageing, moreover, often compounds vulnerability, as older PLHIV experience multiple comorbidities alongside heightened risks of social and sexual isolation – factors that significantly undermine quality of life and complicate care trajectories (Rosenfeld/Ridge/Catalan 2018). Yet age can also function as a gendered social resource or "ageing capital" (Simpson 2016), redistributing autonomy and resilience in the face of serophobia. Drawing on feminist approaches to ageing that conceptualize age as a socially constructed relation of power (Freixas/Luque/Reina 2012), as well as on intersectional age studies that emphasize how ageing is shaped across the life course by combined effects of age and other axes of inequality (Tunçer 2024), we argue that intrasectionality provides a heuristic tool for deepening intersectional inquiry – deconstructing both external structures of oppression and the internal power dynamics that shape inclusion, exclusion and recognition within the category of PLHIV.

Our discussion builds on a dialogue between an anthropologist who has been researching HIV-related stigma in Belgium since 2008 and a sociologist whose work has focused on ageing with HIV since 2023. Empirically, this article draws on two successive qualitative research phases conducted among ageing PLHIV in Belgium. An initial exploratory study was carried out by Pezeril in 2020, but was interrupted by the COVID-19 pandemic. This research was subsequently resumed and extended through a qualitative interview study conducted in 2023–2024 by Koliopanos. The article is thus based on the combined results of these two investigations and draws predominantly on individual and collective qualitative interviews, including around 30 semi-structured interviews with PLHIV aged 50 and older, while also mobilizing earlier quantitative

1 According to Katri, intrasectionality is "the merging of experience and practice within a given category" (Katri 2017: 54). Moving beyond this subjective focus, Perreau reconceptualizes intrasectionality as the material entanglement of juridical lives, analyzing how the performativity of law binds individual fates and constitutes each subject through and for others, in a Baradian sense of intra-action (Perreau 2023: 217). Extending this logic, Atrey's (2020) theorization of intersectional discrimination can be read as an intrasectional account of how power operates within equality regimes themselves – revealing the normative hierarchies and asymmetries of recognition that structure even ostensibly cohesive legal categories.

findings on the living conditions of people living with HIV in French-speaking Belgium (Pezeril 2012). Both studies were conducted independently by two researchers working at the *Observatoire du sida et des sexualités* at the Université libre de Bruxelles (ULB).

We will first explore the potential contributions of intrasectionality to intersectional analysis through a brief review of literature, before examining how this framework operates within the field of HIV. We then analyze how age functions as a key factor for rethinking categories and internal differentiations. Finally, we conclude by highlighting the theoretical and practical advances enabled by this approach.

2 From intersectionality to intrasectionality: A brief state of the art

Intersectionality directs attention to the ways in which multiple axes of social differentiation, such as gender, ethnicity and age, are not merely additive but mutually constitutive, producing complex and context-specific configurations of oppression and privilege (Cho/Crenshaw/McCall 2013). By exposing the epistemic limitations of single-axis frameworks, intersectionality has generated a relational and dynamic understanding of social power (Nash 2008; Collins/Bilge 2016).

Intersectionality challenges both essentialist and unidimensional models of oppression, advancing a structural analysis attentive to how social hierarchies are co-produced within institutions, cultural discourses, and everyday practices and gendered regimes of care and dependency (Yuval-Davis 2006; Walby/Armstrong/Strid 2012). This shift has allowed scholars to theorize inequality as an interdependent system of power relations, wherein *race*, gender, class, and age do not operate as discrete variables but as intertwined modalities of domination, vulnerability and moral worth (Brah/Phoenix 2004). Furthermore, this shift has also influenced debates on methodology and knowledge production across the social sciences (Collins 2000; Harding 2008).

Nevertheless, the translation of the concept's analytical power into empirical inquiry has proven both methodologically and conceptually challenging. Critics have shown how intersectionality can be co-opted and depoliticized, functioning as a "buzzword" stripped of its critical edge (Davis 2008) or offering an insufficient conceptualization of power relations, especially the racialized ones (Fassa/Lépinard/Roca I Escoda 2016). Bilge warns against "the whitening of intersectionality" (Bilge 2014: 412) shaped by neoliberal academic and activist logics. Furthermore, a persistent tendency remains to treat categories in an additive or cumulative way, layering oppressions rather than interrogating how power circulates within marginalized groups themselves and how the boundaries of these groups are discursively and politically constructed (McCall 2005). Finally, these authors also criticize the concept for the methodological challenges it poses in terms of operationalization and for the multiplicity of its uses. While *intrasectionality* does not resolve these tensions, it contributes to reorienting the debate: rather than taking social categories as pre-given sites of oppression or identity, it invites a reflexive inquiry into their very production, coherence, and political use.

In this sense, intrasectionality offers a complementary framework to intersectionality, one that extends its analytical reach by turning attention to the processes through

which categories and hierarchies themselves are formed and maintained. Whereas intersectionality primarily interrogates how social categories intersect within macro-systems of domination, intrasectionality shifts the analytical gaze toward the internal hierarchies, negotiations, and asymmetries through which minority groups are constituted. Atrey (2020) further emphasizes that intrasectionality enables an engagement with the ambivalences and internal conflicts within groups, acknowledging that solidarity is frequently fractured, negotiated, and contingent rather than given.

This theoretical move has been further developed by scholars who apply intrasectionality to the analysis of law, policy, and minority politics, demonstrating how internal hierarchies are not merely symbolic but materially reproduced through institutional frameworks and representational struggles. Katri's (2017) legal analysis of transgender anti-discrimination cases reveals how legal and policy frameworks often reproduce hierarchies within minority groups by privileging subjects who align with dominant norms of intelligibility and respectability. Those who deviate from these normative scripts – racialized, poor, undocumented, or gender-nonconforming individuals – remain structurally unprotected. Perreau (2023), in turn, highlights how such asymmetries extend beyond the law into the broader field of minority politics, where the quest for recognition and legitimacy often generates intracommunal frictions. He interprets these frictions not as failures of solidarity but as sites where minority politics are actively negotiated, exposing the complex interplay between internal tensions and the external policies that seek to manage or instrumentalize them.

Intrasectionality thus extends the insights of intersectionality by emphasizing three critical moves: first, that seemingly stable and homogenous categories are socially constructed and internally stratified; second, that recognition frequently hinges on conformity to normative expectations, excluding those who diverge; and third, that solidarity demands reflexivity about unequal privilege and voice within minority coalitions. This conceptual shift aligns with social psychological research on *intra-minority stress*, which shows that mechanisms of domination and exclusion operate not only between dominant and subordinate groups but also within minority communities themselves (Meyer 2003; Pachankis et al. 2023). Intrasectionality reframes these internalized hierarchies not as individual failings but as structural effects of gendered and racialized social orders, making visible how inequality is reproduced within minority groups themselves.

3 Rethinking HIV politics through an intrasectional lens

This section mobilizes an intrasectional perspective to examine how inequalities related to HIV are not only produced through intersecting relations of gender, *race*, class, and sexuality, but are also redistributed within the category of people living with HIV itself.

Since its initial articulation, intersectionality has become a widely mobilized framework across the social sciences, public health, and policy studies (Carde 2021). In HIV research, it has been especially influential in explaining why certain minorities, especially MSM, face disproportionate exposure and experience structural barriers to care (Stangl et al. 2013; Dworkin 2024). By mapping how stigma, racism, sexism, and homophobia intertwine, intersectional approaches have revealed the mechanisms that limit

access to testing and treatment, shape prevention campaigns, and produce strategic silences within research and policy agendas (Watkins-Hayes 2014; Pezeril 2020; Demart/Pezeril 2024).

Yet these frameworks have been less attentive to the hierarchies and internal tensions that structure minority communities themselves – precisely the analytical blind spots that intrasectionality brings into focus. Building on this perspective, we argue that comparable tensions are at work within the politics of HIV, where struggles for visibility, authenticity, and political voice expose the fractures that traverse communities often imagined as unified. An intrasectional approach thus invites a critical inquiry into the social production of the category of PLHIV and into the internal hierarchies that shape it.

3.1 The social production of "PLHIV"

Rather than treating social groups as pre-existing entities, both intersectionality and intrasectionality invite us to interrogate the very processes through which such groups are defined, qualified, and made intelligible. The category of "PLHIV" is particularly revealing in this respect, as it illustrates the tendency to reify social groups – to the point of turning them into acronyms. Too often taken as a self-evident or homogeneous, this category is historically and politically produced through epidemiological surveillance, biomedical classifications, community activism and the institutionalization of HIV programs.

In the 1990s and early 2000s in Belgium, groups such as ACT UP Brussels politicized seropositive identity and forged alliances between mostly white gay men, lesbians, and heterosexual migrants, radically transforming the relationship between patients, medicine, and the state (Epstein 1996). These coalitions, though conflictual, proved extraordinarily productive, pressuring pharmaceutical companies and governments to accelerate drug development and expand treatment access (Patton 1990; Broqua 2005; Schulman 2021). ACT UP turned physical vulnerability into a political resource, using the public declaration of seropositivity as a performative act of resistance. As Ariane Gelluy, president of ACT UP Brussels, recalls:

> "And then, we used to – it sounds a bit silly – but we all declared ourselves HIV-positive, for instance. It's perfectly absurd, because you either are or you aren't. But we didn't want anyone to ask: 'And you, are you HIV-positive?' So we would immediately shut that down, saying: 'Of course I am! Everyone at ACT UP is HIV-positive!'"[2]

This collective performativity sought to reclaim seropositive identity while rejecting the Us/Them divide produced by diagnosis. As Broqua notes, ACT UP produced "political fictions" (2005: 401) that both reflected and transformed reality. While ACT UP Paris articulated this fiction around the link between homosexuality and AIDS, ACT UP Brussels soon reoriented its activism toward opposing the deportation of HIV-positive women and their children – mainly to Congo – before eventually disappearing due to a lack of activists.

Drawing on our qualitative material, we show that while HIV status can function as a shared reference for collective mobilization, it simultaneously imposes an identity

2 Interview recorded on January 24, 2011. Sadly, Ariane has passed away since the interview.

that many individuals resist. Our interviews reveal how several PLHIV neither assume nor politicize their serostatus, anticipating stigma or refusing to have their subjectivity reduced to a biomedical marker. Such distancing is not merely individual but reflects the structural dynamics through which stigma, recognition, and identity politics are negotiated, shaping the very conditions of possible subjectivation. Many PLHIV expressed the violence of being reduced to HIV, of no longer being seen as full individuals but, as one respondent put it, as "AIDS on legs". Beyond stigma, what emerges is a deep desire not to have one's entire identity defined by the virus – a refusal of reduction and a longing for normality. As one Afrodescendant woman explains, she avoids disclosing her status because she is "afraid of being reduced to that" and "want[s] to be seen as a human being", while another wants to be treated "as a normal person"[3].

Here, silence operates as a form of agency – a way to resist the reduction of subjectivity to a stigmatized biomedical identity. Numerous PLHIV deliberately avoid associations or collective spaces[4], as one man explained: "HIV already takes enough space in my life; I'm not going to talk about it even more in associations." By keeping HIV confined to specific temporalities – taking medication, attending medical appointments – individuals attempt to prevent the virus from spilling over into the broader texture of their lives.

This ambivalence is reinforced by legal frameworks that formally protect PLHIV against discrimination while simultaneously relying on disclosure as a condition of access to rights (Pezeril 2011). Our quantitative survey confirms that this paradox produces inequalities regarding access to care and recognition: less than three percent of respondents reported seeking information about their rights or initiating legal action after experiencing discrimination (Pezeril 2012).

These dynamics illustrate how the category of "PLHIV" remains both politically necessary and personally constraining: it enables collective claims while at the same time reinforcing the very boundaries and hierarchies that many individuals seek to escape.

3.2 Intracommunity stratification in the HIV field

The collective identity of people living with HIV has long fostered solidarity and rights-based mobilization (Epstein 1996; Nguyen 2010), yet this community is far from being homogeneous. From an intrasectional perspective, HIV does not erase inequalities but reorganizes them within the PLHIV group itself, producing differentiated access to visibility, legitimacy, and care.

Public health discourse relies on categories such as MSM (men who have sex with men), SAM (Sub-Saharan African migrants), trans*, or "older adults" to define risk and guide interventions. While operationally useful, these labels flatten complex realities and privilege subjects who fit recognizable identities while rendering others invisible (Alvidrez et al. 2021; Giami 2024). African women who do not identify as "migrants" or trans people whose identities escape medical classifications, are rarely accounted

3 Interviews in this part were conducted in Brussels as part of the research on serophobia: see Pezeril (2020).

4 According to the 2012 survey, 71 percent of HIV respondents had never attended an HIV/AIDS organization or support group (Pezeril 2012: 18).

for within systems structured by narrow identity markers. Likewise, older PLHIV are defined primarily by age, overlooking how gender, *race,* and class shape ageing and care trajectories.

White MSM have progressively come to represent the legitimate face of PLHIV, benefiting from activist legacies, targeted prevention and institutional support (Adam 1998; Broqua 2005). This prominence reflects *homonormativity* – the production of a "respectable" gay subject aligned with dominant ideals of citizenship and health (Race 2009). As a result, key prevention tools such as PrEP (Pre-Exposure Prophylaxis) have been developed and disseminated primarily for MSM, excluding populations officially deemed priorities but structurally marginalized in practice.

Women remain among the most affected by these exclusions: in Belgium, 99.2 percent of PrEP users are men (Sciensano 2024). Afrodescendant and Sub-Saharan women face compounded forms of stigma – racialized discrimination in healthcare (Arrey et al. 2017), precarious socioeconomic conditions, and community expectations of silence around serostatus. As Demart and Pezeril (2024) show, their absence from decision-making arenas reflects what Tuana (2006) terms an *epistemology of ignorance* – the active production of unknowing through gendered and racialized hierarchies. Their marginality is reinforced by chronic underfunding of Afrodescendant women's organizations (Pezeril/Kanyeba 2013) and exclusion from clinical trials based on presumed pregnancy risk.

Similar erasures affect trans people, long rendered invisible by Belgium's binary HIV-cases reporting system (Sciensano 2024). Despite global evidence of disproportionate HIV exposure and barriers to care (Poteat et al. 2016), institutional recognition still depends on normative gender conformity (Katri 2017).

Beyond these structural invisibilities, intrasectional hierarchies are also reproduced through everyday interactions *within* PLHIV communities themselves. One 60-year-old heterosexual white man, diagnosed several years earlier, sought to distinguish himself from what he perceived as "typical" PLHIV, mobilizing racist, sexist, and homophobic stereotypes to assert his moral respectability:

"I told myself I'd sleep with a hundred prostitutes before finding my wife. That's when I met the girlfriend who gave it to me. African women aren't afraid of passing it on; they don't care about giving AIDS to people. [sic] […] Also, people who are infected aren't criminals. I wouldn't go on TV to say that – only the sodomites [sic] do that and get seen."

By dissociating himself from both racialized and homosexual PLHIV, he reaffirms internal hierarchies of recognition and contamination that mirror broader social inequalities. A similar dynamic emerges, from another position, in the testimony of Fernando, a 53-year-old Portuguese gay man who has been living with HIV for over two decades. Financially secure and in good health, he describes his discomfort during an association meeting focused on housing issues:

"I almost never go to HIV association events, but once I did – they were organizing something about housing, and at the time I was struggling to find a place. I went, and I felt awful. There was this old, skinny, toothless gay guy sitting next to me, and I just wanted to leave."

Here, serophobia and ageism intersect with classed and aesthetic hierarchies within the gay community itself. His discomfort reproduces, in an inverted form, the same bound-

ary work as the heterosexual respondent: both seek to preserve moral or social respectability by distancing themselves from stigmatized figures within the shared category of PLHIV.

An intrasectional analysis thus shows that visibility and recognition for some PLHIV are often secured through the marginalization of others. These internal dynamics reproduce the very structures of exclusion that operate at the societal level, underscoring the entanglement of external and internalized forms of domination. Such findings call for a critical rethinking of how care, solidarity, and political representation are organized in the HIV field, without idealizing community cohesion or ignoring the internal tensions that structure it.

4 When age matters: Rethinking HIV inequality across the life course

Age is an especially revealing axis through which HIV reconfigures inequality across the life course. The advent of antiretroviral therapy in the mid-1990s transformed HIV from a fatal disease into a chronic condition, enabling a first generation of "long-term survivors" to reach older age. Today, in Belgium as elsewhere, the category of PLHIV50+ represent an increasingly large share, already accounting for more than half of the entire PLHIV population in Belgium (Sciensano 2024). Yet this institutionally constructed threshold remains understudied. It intersects with broader neoliberal discourses of "successful ageing" (Lamb 2017), which valorize autonomy and productivity while stigmatizing dependency, colliding with what Setbon (2000) called the "paradoxical normalization" of AIDS. HIV is medically normalized through treatment yet continues to carry deep social stigma, while ageing with the virus generates new and unprecedented health challenges. The combination of serophobia and ageism produces what Emlet (2007) documents as a dual stigma that relegates older PLHIV to invisibility, framing them as "useless" or "burdensome".

At the same time, age can function as a resource. Simpson (2016) conceptualizes "ageing capital" as a gendered and biographical resource, a symbolic authority and resilience accumulated over a life course marked by survival. Older PLHIV often mobilize their biographies to mentor younger cohorts, sustain activist traditions, and embody living testimony (Fabbre 2015). Studies highlight both resilience and new vulnerabilities in sexuality and intimacy among older PLHIV (Banens 2018). Reports document distinctive challenges for this early generation known as "long-term survivors": managing comorbidities, confronting persistent stigma, and negotiating disclosure in elder care.

4.1 Dualization among older PLHIV: Differentiated needs and lived inequalities

From an intrasectional perspective, ageing with HIV does not produce uniform vulnerability but differentiated needs, risks and claims within the PLHIV50+ group. Social isolation particularly affects African or Afrodescendant women and undocumented migrants (Fargnoli/Burton-Jeangros 2019; Pezeril 2021). Entry into long-term care can trigger a *double return to the closet*, as individuals conceal both serostatus and, for LGBTQ

elders, sexuality. Dependency in elder care often revives silences imposed earlier in life (Brossard 2023), while stigma in such institutions remains pervasive. Participants in an exploratory focus group[5] mentioned cases of PLHIV being refused admission to nursing homes – mainly due to fear of "not knowing how to handle" their condition or because they were deemed "too young" for such facilities.

The experience of Vincent – a 70-year-old Belgian gay man, a retired executive and owner of an apartment in an upscale medicalized residence – illustrates how ageing with HIV can entail renewed concealment and fear within institutional contexts:

"No one here knows that I'm gay, let alone HIV-positive. In fact, I'm sure the director of the residence is homophobic. […] And I'm still better off – at least most of my family and friends have long known that I'm gay and living with HIV."

For Vincent, entering a residence rekindles the fear of discrimination despite material comfort and relative privilege. By contrast, Ahmed, an undocumented Moroccan man, faces a different form of silence and self-concealment. Unable to return to his country, he hides both his sexuality and his serostatus from his family and community:

"Even if you catch this disease by accident, most people think you got it in a shameful way, forbidden by religion. AIDS means sex. They think you sleep with anyone, anywhere. […] My family is closed-minded. Same with my community – they don't like people like that, and my religion forbids it. My heart is angry with myself. I haven't accepted it."

Read together, Vincent's and Ahmed's experiences illuminate how the differentiated ways in which homophobia, serophobia, class, and racialization intersect in the lives of gay men ageing with HIV. For Vincent, privilege provides partial protection yet does not prevent fear of institutional stigma; for Ahmed, precarity, migration status and moral sanction compound social isolation. Both, however, navigate the persistent tension between visibility and safety that continues to structure the lives of PLHIV.

An intrasectional reading of our material highlights a paradoxical sense of both survival and renewed vulnerability. Many interviewees described ageing with HIV as a chance – given that survival itself was once uncertain – but also as a new exposure. Above all, nearly all expressed a shared aspiration to "age with dignity", understood as the right to respect, non-discrimination, and humane treatment. Yet the concrete meaning of this aspiration diverged sharply according to social position, resources, and lived histories. For some, central concerns relate to the recognition of couplehood and access to LGBTQ-inclusive care environments; for others, priorities are more structural, involving the fight against economic precarity, gender-based violence, and the urgent need for housing and legal regularization. These varied needs underscore the intrasectional dynamics through which inequalities of gender, *race*, class, and legal status shape the very possibilities of ageing with HIV.

Sexuality reflects these differentiated experiences. Over one-third of women above 50 reported ceasing sexual activity (Pezeril 2012), often linking it to trauma or diagnosis. Some women framed abstinence as a deliberate choice ("my priority is my child, not a man") while others described forms of sexual reinvention, exploring non-penetrative

5 Conducted by Pezeril in January 2020, with 11 PLHIV from Action +.

practices and new intimacies. Among gay men, ageing intersects with community norms of youth and desirability, producing both exclusion and new sexual cultures. Koliopanos (2019) calls this *sexpertise*: the sexual and biomedical competence through which older HIV-positive gay men sustain legitimacy and social belonging despite ageing.

Loneliness emerged as a pervasive fear, although family and community support remained protective. Participants feared discrimination, infantilization, or disclosure in residential settings. Economic precarity and cultural expectations further shaped these anxieties. As one 71-year-old African woman observed: "We can't afford the luxury of a retirement home ... And it's not in our traditions, we Africans." Here, dignity was closely tied to the possibility of ageing in safe, supportive, and culturally attuned spaces. Some participants imagined alternative forms of collective housing to maintain autonomy while avoiding isolation. Javier, 66, an Argentinian gay man and former restaurant worker, described his ideal:

> "It would be great to have some kind of center where we could bring together many men and women living with HIV […] a shared housing […] a co-managed building where each person keeps autonomy but we meet twice a week to talk."

Such visions underline a key insight of intrasectionality: that social protection and community-based care are not peripheral but central to the capacity of older PLHIV to age with dignity. They also invite us to think of age not merely as an individual trajectory but as a social relation structuring power and recognition. Read through the lens of feminist and intersectional age studies, these empirical materials show that ageing with HIV is not a uniform condition but a socially differentiated process, in which age operates as a relational axis that redistributes vulnerability, resources and claims to dignity within ageing PLHIV populations.

4.2 Age as an intrasectional praxis

Age, though rarely conceptualized as a social relation on par with gender or *race* (Rennes 2019), constitutes not only an analytical category but also a site of praxis – a terrain where care, recognition and political agency are negotiated and redefined. The power dynamics of age are constitutive of social inequality. Importantly, age hierarchies are not simply binary – young versus old – but situational and shifting. Intrasectionality provides a framework to integrate this insight: age is both epidermalized (visibly marked on the body) and performed (narrated through survival stories). It structures recognition and exclusion within PLHIV communities while offering a universal but unevenly distributed life course. Strategic essentialism (Spivak 1989) is evident when older PLHIV mobilize the identity of "long-term survivor" politically while masking internal heterogeneity.

Following Rennes (2019), age unfolds across three interrelated planes – chronological, social, and corporeal – each producing distinct power effects. Chronological age, codified by states and biomedical systems, defines who counts as "older" (often through the PLHIV50+ category), structuring surveillance, research, and funding priorities while concealing the diversity of ageing experiences. Social age, or life stage, organizes expectations about what individuals should do or desire at a given time – being "too young"

to know or "too old" to be sexually active for example. This temporal ordering echoes Freeman's (2010) *chrononormativity*, which describe how temporal norms discipline bodies into "proper" life courses. HIV disrupts and reproduces these chronologies simultaneously: while medical treatment has normalized the disease, older PLHIV remain imagined as asexual or politically inert. In this context, the call to "age with dignity" articulated by many participants constitutes a counter-discourse to neoliberal ideals of "successful ageing" which privatize risk and obscure structural inequalities (Lamb 2017).

Bodily ageing adds yet another dimension. For long-term survivors, decades of antiretroviral treatment and comorbidities accelerate physical decline, producing bodies that are physiologically frail but chronologically "too young" for geriatric care. This dissonance often triggers stigma or outright exclusion, such as refusals of admission to nursing homes. Yet activism increasingly challenges this erasure. Belgian LGBTQIA+ initiatives such as Rainbow Ambassadors[6], UTOPIA_BXL[7] and Cercle des aînés[8] reclaim ageing itself as a political category, demanding that the intersections of HIV and ageing be recognized within health and social policies.

Overall, intrasectionality repositions age as a central analytic. Age is intra-sectional: it differentiates experiences within the PLHIV community, shaping the contrast between newly diagnosed youth and long-term survivors. It is inter-sectional: it mediates how *race*, gender, class, and sexuality are experienced across the life course. And it is supra-sectional: it is the one axis that all PLHIV will inevitably encounter, regardless of background. Age thus destabilizes assumptions of both difference and unity, showing itself as a universal yet profoundly unequal trajectory. Recognizing age in these multiple dimensions forces us to rethink what solidarity, coalition, and justice mean in the politics of HIV.

5 Concluding remarks

This paper has shown that *intrasectionality* does not represent a departure from intersectionality but its analytical deepening, shifting the focus from intersecting inequalities to internal differentiations within social groups. It redirects the analytical gaze inward, interrogating how social categories are constructed, inhabited, and hierarchized. Far from treating them as fixed or self-evident, intrasectionality examines the social, historical, and institutional processes through which categories – such as serostatus, gender, *race*, class, or sexuality – are defined, made relevant, and hierarchize minoritized groups in specific contexts. In the field of HIV, this perspective reveals how the group of "people living with HIV" emerges from the biomedical category of serological status, becoming socially and politically constituted through regimes of visibility, recognition, and exclusion.

Second, intrasectionality illuminates the internal differentiations that traverse these social groups. Serostatus does not erase inequalities of gender, *race*, age, or class; it reorganizes them, producing new configurations of privilege and marginalization. The visibility of white MSM, the symbolic capital of long-term survivors, the erasure of

6 Association promoting the visibility and rights of older LGBTQIA+ people.
7 Association promoting the visibility and rights of older PLWHIV.
8 Monthly gathering organized by the association *Tels Quels*, aimed primarily at LGBTQIA+ individuals aged 50 and older.

trans people, and the ongoing invisibility of African migrant or Afrodescendant women are not peripheral anomalies but constitutive features of HIV politics.

Third, these dynamics call for what Dean (1996) terms *reflexive solidarity* – a form of alliance grounded not in presumed unity but in the recognition and negotiation of inequality. Solidarity, in this sense, must confront rather than conceal asymmetries, acknowledging that privilege circulates within minority groups. This resonates with Perreau's (2023) conception of *minoritarian universalism*, understood not as the celebration of sameness but as an ethics of interdependence. It rests on a shared sense of incompleteness – a relational rather than relativistic universality – that transforms vulnerability into collective agency.

Finally, age adds a revealing dimension to intrasectional analysis within gender studies. Building on Anthias and Yuval-Davis (1992), we argue that age, like gender or *race*, appears as a natural and universal attribute, yet is both socially constructed and politically contested – unlike class, whose structural character is more immediately visible. Its boundaries are fluid and generationally shifting – the "old" of one era become the "young" of another.

The implications are both conceptual and practical. For research, intrasectionality calls for moving beyond additive models to examine how privilege circulates and how solidarity is attempted – and sometimes fails – within minority communities. For policy, it demands sensitivity to intragroup disparities: culturally competent outreach for migrant women, gender-affirming and statistically visible services for trans people, protection and economic security for sex workers, and age-responsive care that addresses comorbidities and isolation. For activism, it suggests that durable coalitions must be reflexive – confronting internal privilege and negotiating difference rather than presuming unity. For all, it urges a critical examination of the genealogy of categories and their naming, reminding us that the power to define and classify remains central to the politics of recognition.

Intrasectionality thus offers a crucial lens for understanding how power operates between and within categories, showing that solidarity is possible not despite difference but through it. By combining structural analysis with reflexive attention to lived inequality, it helps rethink both the politics of recognition and the practice of care in communities living – and ageing – with HIV.

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