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What The Health (WTH)?: Theorising Southern Black Feminisms in the US South

Jameta Nicole Barlow and Gabrielle P.A. Smith

abstract

The everyday lived experiences of Southern Black American women in the United States (US) are rarely explicitly characterised in Black Feminisms' discourse. The lack of an active discourse surrounding the Southern Black women's identity is a glaring weakness in the broader discussion of feminism (Rushing, 2009; 2017). From Black women who historically worked as day workers, cleaning the homes of white families while their families fended for themselves, to the contemporary phenomena of home health care aid workers charged with cleaning and caring for individuals, often older and white, Southern Black women's ways of knowing have framed not only the civil rights movement (Emmons *et al*, 2013); but also contemporary social movements such as #SayHerName and the agency of digital social phenomena such as Black Twitter. Past social movements emphasised space and the meaningfulness of the South concerning civil rights, yet current discourse fails to integrate region and location in the narrative of these movements, thus missing opportunities to explore the "complexity and explanatory power" place contributes (Rushing, 2017:1). The proliferation of digital platforms such as podcasts, videos, social media stories focused on health demonstrate how Black women are reclaiming their health, and bringing others along with them. However, the theorisation of what we term Southern Black Feminisms, specifically as it relates to Black women's health, is lacking. This theoretical article, informed by qualitative and quantitative data from both authors' previous research, will build a profile for Southern Black women in the US, characterise Southern Black Feminisms and propose a Southern Black woman informed, evidence-based framework addressing health inequities among Southern Black women. The goal is to demonstrate how the experiences of everyday Black women in the US South and the Global South are connected, especially with African Diasporic women, and consider how potential alliances can contribute to collective resistance and action.

keywords

Southern, Black Feminisms, Black women, health, action

Paramount to any examination of Black women living in the United States (US), is the acknowledgment that this population is simultaneously both their race and gender – not favouring one identity over the other. This acknowledgment of a Black Feminist Consciousness has socio-historical implications that are rooted in past social movements, especially the American feminist and civil rights movements. It speaks to

the idea that Black women are more able to understand contradictions present within life and exist in a world of double consciousness. Consistently, Black women have been forced to prioritise either their gender or race in the ongoing quest for social equality. Moreover, whether accepting or unaccepting of the term Black Feminist, the essence of Black Feminism has been at the heart of this quest. Intersectionality represents an

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interpretive framework in which to better understand Southern Black women and their relationship to their health and the African Diaspora. The theorisation of Southern Black Feminisms with applied impact is essential for ongoing resistance, action, and intervention. Specifically, with the South at the forefront of the ongoing political onslaught against reproductive freedoms and the biopsychosocial phenomena that persist in the South; for example, the Stroke Belt (discussed below) where several cardio-metabolic conditions (e.g. stroke) and diseases are prevalent (Davis *et al*, 2014).

Background

The notion of feminism, as an ethos, predates the American feminist movements. There have been women throughout the world who rejected patriarchal and parallel economic systems; were committed to dismantling structures of injustice towards women; and collectively organised and mobilised in action-based, grass-roots, activist efforts around access and equality (Salami, 2012; Schaffer, 1991). That which is now considered feminism has existed, yet not always been recognised, as an intellectual-activist tradition rooted in social, political and spiritual power in Diasporic communities. Feminism is not new to the African Diaspora: from African warrior women such as the Fon of Dahomey, Makeda of Ethiopia, Nzinga of Angola and Mkabayi of the Zulu, to the Huda Sharaawi of the Egyptian Feminist Union, colonial resistance leaders like Lilian Ngoyi of the Federation of South African Women and in Nigeria, leaders like Funmilayo Ransome-Kuti, among others, resisted repression (Salami, 2012).

Similarly, many different schools of feminism have emerged. They transcend race, class, gender, sexuality, geography, disability, and age. While this discussion is not exhaustive, it is meant to highlight some of the key feminisms that have framed our work, as well as recognise that feminism is not solely viewed through a Eurocentric or US lens. Moreover, these feminisms contribute to our collective way of knowing. In its most simplistic form, feminism is the belief that men and women, all genders, deserve equal treatment. Formally, feminism is the

study of the political, economic, and social equality of women and men (Eagly *et al*, 2004). There have been extensive writings on the three, commonly accepted waves of feminism in the US (Landrine, 1995; Landrine and Felipe Russo, 2010; Guy-Sheftall, 1995; Dill and Zambrana, 2009).

The first wave being the suffragist movement, where scholar/activists such as Sarah Grimke, Sojourner Truth and Susan B. Anthony, collectively worked for the voting rights of women; albeit only white women legally sought and received voting rights. For Black women, this demonstrated what Anna Julia Cooper (1892) theorised, the Combahee River Collective (1978) characterised, and Kimberlé Crenshaw (1993) defined as intersectionality, where Black women's positionality in colonialist social structures are mutually reinforced and based upon their marginalised identities.

The second wave of feminism (1960/70s), the women's liberation movement, is where issues such as sex-based wage discrimination and reproductive rights were at the core of the movement. However, the experiences of Black Feminists were vastly different from the experiences of white Feminists, due to the pervasive and blatant situations of racism, segregation, and the 'Jim Crow' laws (passed by white lawmakers after the abolition of slavery in Southern States reinforcing oppressive social, economic and political structures, and enforced until 1965). As such, much of the discourse at this time neglected to holistically consider how poor, Southern Black women fared during this time. As Taylor (2001) asserts, Black women existed in economic realities that required them to contribute to the household financially, often with underpaid exploited labour which provided the means to "liberate" white women; while denying Black women access to a protected form of femininity. In essence, this spawned an alternative movement that many white Feminists see as a sub-part of feminism, while Black Feminists and/or Womanists maintain it is equal to feminism as an overall construct (Taylor, 2001; Giddings, 1984; Collins, 2003; Guy-Sheftall, 1995; Few, 2007; Henderson, 1997; Jackson and Greene, 2000; Nettles, 1996). Regardless, the second wave of feminism precipitated the formal, introduction

of frameworks and concepts such as Black Feminism and Womanism.

The third wave of the feminist movement (1990s) officially birthed terms such as intersectionality, forcing feminism to truly consider the role of intersecting identities and the impact of social structures on the daily lived experiences of all women. Consistent in these three waves of feminism has been the ethos of giving voice to women where their voice and personal narratives have been previously and glaringly absent. Nevertheless, the interests, struggles, and personal narratives of Black women generally remained marginalised in the broad feminist quest for equality. The unique experiences of Black women living under a settler-colonial state in the US were even more challenging for Southern Black women. Further, rarely were feminisms throughout the African Diaspora even discussed. Moreover, it is those experiences that uniquely connect them to the Global South, especially within the African Diaspora.

The rise and re-ignition of women's movements throughout the Global South are intricately tied to the repressive gender-based policies and the emergence of a military state within many countries. Women have always organised as a means of supporting one another, their families, and communities. As white nationalism continues to spread throughout the world and becomes further institutionalised in policy and praxis, women serving grassroots organisations are leaning upon the work of Black Feminist US scholars and transnational feminism. Moreover, typically, many of those on the frontline of the movement represent other intersectional identities such as sexuality. The Queer Black Feminism lens allows for an examination of the intersection of these identities that are often absent from mainstream narratives. The necessity of the disaggregation of the Black identity as it relates to feminism is well-established in the literature on queer feminism (Johnson and Henderson, 2005). Black American Queer poet Audre Lorde speaking in 1980, in an interview, said: "... the true feminist deals out of a lesbian consciousness whether or not she ever sleeps with women" (Hammond, 1980:n.p.). A Black queer identity places individuals on the margins of a society that often devalues all

aspects of the Black identity; this is particularly true in the South (Global and US) (Johnson, 2018). As a result, the expansiveness of Black Feminisms embraces the works of scholars who understand feminism does not have borders (Mohanty, 2003), but requires us to consider the settler-colonial state and work towards decolonial policies, approaches, and praxis. Transnational feminisms, rooted in Southern Black Feminisms, are the feminist genealogies (Alexander and Mohanty, 2013) that enable us to engage in discourse with our sistren throughout the Diaspora.

The Global South

The "history of the United States is a history of settler colonialism - the founding of a state based on the ideology of white supremacy, the widespread practice of African slavery, and a policy of genocide and land theft" (Dunbar-Ortiz, 2014:2). In the US, Hurricane Katrina's impact on New Orleans exposed how Blackness results in maltreatment and dispute of country of origin. Natural-born US citizens were called refugees within the confines of their home country during a natural disaster. Hurricane Katrina demonstrated that the struggle for equality was not only tied to nationality and gender, but it was also associated with skin-tone and socio-economic status; a shared phenomenon throughout the Global South. The 'inescapability' of race was made paramount by Katrina and formed a universal bond among those in the African Diaspora (Parameswaran, 2009).

The presence of institutionalised racism in foreign policy is also apparent in the way issues in predominantly Black countries are handled by the US and similar Western countries (e.g. Haiti). Countries that have populations that are mostly of colour seem to be treated the worst in terms of foreign aid, yet race and racism are not central in discussions of the global economy and human rights (Lewis, 2009). Moreover, whenever there is political chaos, surely gender-based oppression is almost inevitably present and perhaps, magnified (Charles, 1995). The political movements of women throughout Latin America and the Caribbean continue to address the unique gaps and needs of marginalised women in their countries.

Since the twentieth century, the rise of globalisation has transformed racial meaning and identification (Clarke and Thomas, 2006). The “double consciousness” coined by W.E.B. Du Bois (1903) suggests that those displaced members of the African Diaspora have dual cultural citizenship. For instance, Black Americans actively engage in and identify with American culture, while maintaining connections and traditions from Africa. In terms of globalisation, racial identity has the potential to transcend boundaries related to countries, continents, and language. Connections or solidarity across the African Diaspora could lead to a better understanding of different groups within the diversity of the multiple Souths, by noting the differences and similarities between them all. This is apparent with respect to the recent Black Feminist mass activism in Brazil, “Who killed Marielle Franco?”, to demand justice for a Black gay feminist politician who spoke out against police violence against the poor.¹ It could also apply to global approaches to address Black women’s double jeopardy and maternal health.²

Our struggles are not unique but are linked. The implications for the applied health and reproductive justice movement are vast. The instances of maltreatment tied to racial politics, as well as the similarities in musical taste and mixed genres, a celebration of progress made for the entire racial group, serve to link Blacks across the globe and, serve to offer places of shared learning and activism.

The United States South

Scholars often focus on a fixed idea of the historical South or on moving or migrating, Black populations. The larger narrative of the Southern identity in the US typically involves an emphasis on white culture and the exclusion of Black people except for how it concerns their white counterparts (Jansson, 2004). While the nature of the Black existence in the US is to be a person tied to the South, the reality of Southern roots does not negate the fact that the South is a current, evolving, and complex place (Hunter and Robinson, 2018). Black migration from the South is a topic that can still benefit from continued exploration; however, there are distinct experiences that

occur within the Southern region of the US that also deserve attention. Much of the awareness of the importance of the South emphasises its role in crafting new Black narratives elsewhere (Reese, 2019). Although many Black people in the US migrated from the South to other regions of the US, their existence still dramatically differs from those who remain in the Southern region. According to the 2010 US Census, the South is comprised of a variety of states in the lower region of the United States and has the highest concentration of Black-identified individuals. The exclusion of the present-day South in the larger narrative of the Black experience is problematic because the South is where the bulk of the Black population resides.

The US Black experience is not monolithic; it varies and can include various ethnicities, yet remains a distinct culture, from which much political activism and culture has emerged. The Black Southern woman’s experience is also not a monolithic existence, and it varies at the intersection of various identities as well, as noted. It is the multiple Souths and experiences of Blackness that this article seeks to begin to theorise in order to promote exploration into the narratives of Southern Black women.

The historical viewpoint that below the ‘Mason-Dixon line’ (the demarcation between the US slave-owning States of the South and the northern States before the abolition of slavery) lies a homogenic South frozen in time is antiquated and inaccurate. Discussed in length by Hunter and Robinson in 2014, the South has experienced a multitude of changes that makes it distinctly different from other regions. There are also differences within its borders. For instance, areas in the Southeast, specifically the states of Alabama and Mississippi, fare notably worse in health outcomes that research has started to identify with psychosocial harm done by the experience of racism.

As a consequence of the disproportionately larger incidence of cardiometabolic syndrome, specifically stroke, it has been referred to as the Stroke Belt (Davis *et al*, 2014). The higher rate of maternal mortality for Black women is connected directly to the larger incidence of cardiometabolic syndrome. The effort to disaggregate Black women nationally and address the

sociocultural factors contributing to vastly different lived experiences has been limited. As Collins postulated, those who live inside particular “structures” have “critical” insight into their oppression (Collins, 2000:35). Globally, the reproductive health of Black women is under attack as a result of growing conservatism, white nationalism, and neo-liberal policies. While the characters may have different names, the narrative in the US South, is the same.

Southern Black Feminisms

Southern Black Feminisms represent a framework that is informed not only by Black Feminisms, but by positionality, and geographic location. It is problematic that the everyday lived experiences of Southern Black American women in the United States are rarely explicitly characterised in Black Feminisms’ and public health discourse. As a result, Southern Black women’s health becomes further problematised. The missing active discourse surrounding the Southern Black women’s identity is a glaring weakness in the broader discussion of feminism (Rushing, 2009; 2017).

From Black women who historically worked as day workers, cleaning the homes of white families while their families fended for themselves; to the contemporary phenomena of home health care aid workers charged with cleaning and caring for individuals, often older and white, Southern Black women’s ways of knowing was at the heart of organising. Their ways of knowing not only framed the civil rights movement (Emmons *et al*, 2013), they have also framed contemporary social movements such as #SayHerName, a hashtag started by Kimberlé Crenshaw’s African American Policy Forum (AAPF) to highlight the police violence towards Black girls and women (Crenshaw and Richie, 2015) and the agency of digital social phenomena such as Black Twitter (Sharma, 2013), a global phenomenon on Twitter “emphasizing community, social movements and private/public conversation” (Clark, 2014:n.p.). However, while past social movements did not fail to emphasise space and the meaningfulness of the South concerning civil rights, current discourse fails to integrate region and location into the narrative of

these movements, thus missing opportunities to explore the “complexity and explanatory power” place contributes (Rushing, 2017:1).

The proliferation of digital platforms such as podcasts, videos, social media stories focused on health demonstrate that Black women are broadly and visibly reclaiming their health, and bringing others along with them. Responding to the culture of disrespect of Black women by America, Brittney Cooper, a Black Feminist aligned with the Movement for Black Lives (M4BL), has foregrounded Black women’s rage. She exclaims:

[Black women] have been dreaming of freedom and carving out spaces for liberation since we arrived on these shores. There is no other group, save Indigenous women, that knows and understands more fully the soul of the American body politic than Black women, whose reproductive and social labor have made the world what it is. This is not mere propaganda. Black women know what it means to love ourselves in a world that hates us. We know what it means to do a whole lot with very little, to ‘make a dollar out of 15 cents,’ as it were. We know what it means to snatch dignity from the jaws of power and come out standing. ... We know what it means to face horrific violence and trauma from both our communities and our nation-state and carry on anyway. But we also scream, and cry, and hurt, and mourn, and struggle. We get heartbroken, our feelings get stepped on, our dreams get crushed. We get angry, and we express that anger. We know what it means to feel invisible (Cooper, 2018:4).

Her words speak strongly not only to the necessity of harnessing rage for social change, but also to our theorisation of Southern Feminisms, the unique ways of knowing that Southern Black women exhibit with praxis, including agency, action, and strategy for the sole purpose of survival and liberation, specifically, as it relates to Black women’s health. And, it is this theorisation, that is lacking.

Scholars and activists well versed in the praxis of Southern Black women’s lived experiences such as Zora Neale Hurston (1984; Patterson, 2008; Stewart, 2018),

Fannie Lou Hamer (Hamer, 2011; Rushing, 2017) and Loretta Ross (Ross and Solinger, 2017) were and are committed to the lived experiences of the most marginalised Black women, agency in reproductive justice and the dismantling of gendered and racialised policies disproportionately affecting Black women. There is a long history of Southern Black Feminists who centre their “southernness”, such as Ida B Wells Barnett, Beverly Guy-Sheftall, Alice Walker, and Angela Davis (Stewart, 2018). Black Feminist foremother Anna Julia Cooper, wrote her book *A Voice From the South* (Cooper, 1892), from a Southern Black Feminist standpoint, yet, this point has been blurred, or rather collapsed into a broader discussion of Black Feminism (Rushing, 2017).

Black women have always organised around health and related social issues as a means of survival for their families and communities (Fraser, 1998; Schaffer, 1991). Globally Black women disproportionately represent the populations of women most likely to die as a result of pregnancy throughout the world. The maternal mortality rate for the top 50 countries represents a majority of African and Caribbean countries. Maternal mortality rates are one of many health indicators of a population, particularly relating to women’s health. For Black women, the relationship between reproductive health and overall health and well-being is complex.

Black women have the highest rate of maternal mortality in the US and are three to four times more likely to die due to childbirth (Centers for Disease Control and Prevention, 2019). Their disproportionate maternal mortality and pregnancy related outcomes, such as low birth weight and infant mortality rates among Black women across all incomes, suggests a direct relationship between the social exposures they all share on a daily basis: institutionalised gendered racism.

The unmet reproductive health needs of Black women, such as access to family planning and reproductive wraparound services which includes abortion, translate to inadequate access to resources and treatment in other areas of health, such as violence, mental health and chronic diseases such as obesity and various cancers (National Cancer Institute, 2019). In regions of the world, such as sub-Saharan Africa,

the Americas, and the Caribbean, Black women are plowing the fields of dismantling social structures that prevent healthy living, using a political prowess and community engagement that is changing the health of Black women in their countries. The emotional, physical, spiritual, and mental labour, Southern Black women perform is informed locally, but often with global impact. Southern Black Feminisms shows up in the work of organisations throughout the African Diaspora, such as the African Medical and Research Foundation’s Stand Up For African Mothers campaign, South America’s Criola, and the Caribbean Association for Feminist Research and Action; which closely resemble the work of the North America’s International Center for Traditional Childbirth, SisterSong Women of Color Reproductive Justice Collective, and Black Women’s Health Imperative.

The reproductive justice work of organisations such as SisterSong and the Feminist Women’s Health Center are just two examples of organisations resisting the increase in restrictive abortion policies in nine Southern states alone this year.³ While organisations such as these currently and historically exist in the South, there is a perception of Southern Black people as politically disengaged. The omission of Southern Black women in the larger narrative is particularly evident in the national response to the recent political movement in the South, with most of the coverage consisting of shock and awe at this “new” progressiveness in the South (Moser, 2018; Stewart, 2018). This narrative of Southern Black American women as newly interested in political engagement suggests a view of the South still frozen in a fictionalised past, one that omits the various social, economic, physical and political contributions and sacrifices from this region (Rushing, 2017). It can be argued that Black Feminism is too broad a discipline to encapsulate the experiences of Southern Black women. Southern Black Feminisms, has the potential to impact not only on the health crisis of Black women but also education, politics, labour, and housing.

Contextualising Southern Black women’s health status

African Americans consistently face health issues such as hypertension and diabetes

that are related to specific social determinants such as identity (Jackson *et al*, 2000). Health-related disparities are particularly noticeable in the deep South (e.g.: Alabama) region of the US, where the bulk of African Americans reside (Brown *et al*, 2017; DeSantis *et al*, 2016; US Census Bureau, 2011). Regional disparities in access to healthcare further exacerbate the racial health disparities within the South (National Partnership for Women & Families, 2018; Sommer, 2013). Blacks in the US South are dying at alarming rates, and there is limited success in decreasing this high rate of mortality. While the deep South (e.g.: Alabama) is known for an array of psychosocial factors that contribute to poor health outcomes, the literature surrounding Black health does not effectively disaggregate populations by region.

The South is facing a health crisis. Numerous interventions have attempted to circumvent the health disparities (Williams and Mohammed, 2009), where US Blacks experience disproportionately higher rates of preventable chronic diseases and conditions, with some measure of success. However, there has been minimal work in investigating the potential psychosocial factors that contribute to the specific adverse health outcomes. Research has shown that perceived discrimination (a stressor) is associated with adverse health outcomes related to metabolic syndrome, a prominent risk factor for strokes or cardiovascular disease.

Much fuller consideration of the way that race-related stressors (e.g. discrimination) or ways to cope with race-related stressors (e.g. John Henryism) impact the problem is needed. John Henryism posits that prolonged exposure to these stressors may further exacerbate health issues, impacting those of lower socio-economic status the most (James, 1994). Similarly, Sojourner Syndrome (Mullings, 2002), situating Black women at the centre, offers an explanatory approach for the gendered racialised health experiences of Black women, as well as their increased mortality and early onset of disease and disability (Lekan, 2009).

Relatedly, there is an overabundance of health issues related to lifestyle choices concerning food, smoking, and general health-seeking behaviour with limited research on the sociocultural factors that contribute to engaging in high-risk behaviours for Southern Black populations. Health concerns

in the Black community are also shown to be significantly affected by both racial (Prelow *et al*, 2006) and religious identity.

Food and Black identity

The ways that Black Southern women conceptualise the role of food as a marker of that racial identification is particularly understudied. Within the South, there are regional ties to food, which are further exacerbated by the intersecting nature of racial and gender identity. Previous work suggests a complicated relationship with food, and the prevalence of sedentary behaviour among Black women in the South (Sims *et al*, 2012). Yet, how Southern Black women's conceptualisation of their identity influences dietary choices is not evident in the literature. It is problematic to address the reluctance to part with traditions surrounding food consumption without an understanding of how traditions contribute to the Southern Black woman's performance of her identity and wellbeing. Equally, it is also imperative to address the issues surrounding access to food, in grocery stores and/or healthy choices, as a potential barrier to making health-conscious food choices (Reese, 2019).

Religion and Black identity

Southern Black people, especially women, engage in religious practices at markedly higher rates than their northern counterparts (Pew Research, 2014). Southern Black connectedness to spiritual practices, beliefs, powers and religious institutions most likely arose from the church's role in Black history. Historically, the religious institutions of the Black community, often referred to as the "Black Church", have served multiple purposes within the lives of its members (Ellison *et al*, 2008). From being a place of worship to a haven to those in need, to a place to organise protests and movements, the Black Church has long been an essential part of Black life (Watlington and Murphy, 2006). Although individuals in a variety of demographic groups draw on their religious faith to cope, there is a greater emphasis on the power of religiosity within the Black community (Watlington and Murphy, 2006). Thus, while there are commonalities that tie all US Black women together, there are marked differences, namely region, and religion, that distinguish their experiences. within the

Black community (Watlington and Murphy, 2006). Research on the Black Church has also explored the tendency to engage in ecstatic, participatory worship that is unmatched in other religious, racial groups (Meyer *et al*, 2009). Further, spiritual practices present in the US South feature practices reminiscent of other African Diaspora religions as well as practices in West Africa (Gonzalez, 2014). While the literature suggests that racial (Prelow *et al*, 2006) and religious identity (Meyers *et al*, 2009) are related to cardio-metabolic risk, the impact of regional and gender identity are yet to be fully explored.

Unethical medical practices

Further, medical mistrust due to a turbulent history with the medical field also underlies the reluctance to adhere to directives from health professionals (Scharff *et al*, 2010; Washington, 2006). One of the most egregious studies was the Tuskegee study, which followed Black men in Alabama with syphilis for decades (1932-1972) and failed to disclose actual diagnosis or provide the penicillin, which was accepted as a cure in 1947 (Washington, 2006). Another, notorious example, is Dr J. Marion Sims, also known as the Father of Gynecology, who purchased enslaved women and operated on them, creating a version of the speculum we use today and a cure for vesicovagina fistula, a painful condition where a hole forms between a woman's rectum or bladder and her vagina. These harmful medical acts and ongoing eugenics practices further contribute to the medical distrust experienced by US Black women. Medical mistrust is not confined to the US (Washington, 2006). This legacy of abuse has impacts for current health status with a 2016 tuberculosis outbreak in rural Alabama fueled by a combination of mistrust, limited medical access, and poverty.⁴ Interventions that ignore the significant impact of history, identity and lived experiences will fail to aid in restructuring consciousness regarding health-related choices based on racial identification to improve the health status of this vulnerable and at-risk population.

Restricted access, politicisation and policing of women

These issues are further aggravated by the ongoing policies that minimise access and

agency for Black women. These include restrictive reproductive health policies, failure to expand universal Medicaid services, the chipping away of the Affordable Care Act which was designed to provide affordable health care to all, including its mental health parity requirement, as well as access to medication for reproductive health, such as birth control. In conclusion, in the US South, Black women's health is not only threatened by racism and health policies but also by related nefarious medical practices and the absence of adequate health care practice. Health concerns for Black women in the South are further complicated by the ongoing and restrictive politicisation and policing of women's bodies in the US, an issue particularly prevalent in the deep US South. Like their sisters throughout the African Diaspora, especially those in the Global South, Southern Black women are criminalised for existing. Our overall goal is to understand the relationship between identity, health behaviours, and outcomes while guiding future culturally sensitive community-based programmes for Black women in the South.

Southern Black Feminisms health framework

This article aims to build upon the efforts of select scholars, activists, and artists to theorise Southern Black Feminisms for applied health impact to inform policy change, health behaviour interventions, and solutions to address social determinants of health. In December 2002, the Association for Feminist Anthropology published a path-breaking special issue of *VOICES*, focused on 'The Impoverishment of Women'. In this issue, Leith Mullings introduced the term, Sojourner Syndrome, inspired by the life of abolitionist Sojourner Truth, as a way to "construct a framework to conceptualise the multiplicative effects of race, class, and gender on the health of Black women for a medical audience" (2002:34). Mullings' construction of this term "personifies the resistance to the interlocking oppressions of race, class, and gender that has defined Black women's existence for generations" (2002:34). Similarly, Sherman James' characterisation of the "John Henryism" Hypothesis as "a strong behavioral predisposition to cope actively with psychosocial environmental

stressors – [which] interacts with low socio-economic status to influence the health of African Americans” (1994:163) has produced empirical data and possible mechanisms for understanding the role of stress, hypertension and the daily lives of Black Americans.

Like Mullings and James, we aim “to express the combined effects and joint influence of race, class, and gender in structuring risk for African American women” (Mullings, 2002:34), focusing solely on Southern Black women in the US. Southern Black women, knowingly or unknowingly, negotiate these intersecting identities and multiple socio-environmental stressors, that directly or indirectly impact their health, around daily living.

There is a dearth of literature tapping into the feminist concerns of Black women at a socio-economic level, and that considers the role of intersecting identities in segmenting health attitudes, behaviours, and actions. Few (2007) offers a general, applied Black Feminist methodological approach that consists of: 1) Deconstruct social constructions; 2) Place the voices of Black females at the centre of analysis; 3) Pinpoint the intersections to layer evidence of institutional inequalities and the resiliencies of Black women; and, 4) integrate revisionist scholarship. Our Southern Black Feminisms Health Framework (Figure 1) builds upon this applied framework to address Southern Black women’s health.

First, to address Southern Black women’s health, engaging Southern Black Feminisms, strategies to dismantle the settler colonialist (Dunbar-Ortiz, 2014) state must occur. Colonialist policy is “policy of enslavement and exploitation through the military, political, and economic coercion of peoples, countries, and territories” (Barlow, forthcoming). In fact, “everything in US history is about the land - who oversaw and cultivated it, fished its waters, maintained its wildlife, who invaded and stole it; how it became a commodity (“real estate”) broken into pieces to be bought and sold on the market” (Dunbar-Ortiz, 2014:8). Black women’s health is inextricably tied to the settler colonialist state, based upon the US history of enslavement and the early medical practice of doctors examining enslaved Black women to assess the health and value for sale at slave auctions (Jennings, 1990). Black women’s agency has been linked to the State since enslavement,

during the period following the abolition of slavery, Reconstruction, and Jim Crow, where there were double standards for sexual violence and defensive acts for Black women vs. White women; and, today with the ongoing criminalisation of Black women’s bodies and the cumulative stress contributing to the cardiometabolic syndrome. In fact, “Settler colonialism, as an institution or system, requires violence or the threat of violence to attain its goals” (Dunbar-Ortiz, 2014:6). Thus, the ongoing violence experienced by Southern Black women serves to attain the goals of settler colonialism, necessitating its dismantling.

When Black women are centred in research, policy, praxis, and practice, intersectionality, specifically the reinforced oppression experienced from multiple marginalised identities, is subverted. Too often, the privileged group in social structures is centred, and as a result, the experiences and challenges of the marginalised group are rarely considered. A critical element of Southern Black Feminisms is the act of centring Black women. This attention is to “the presumed reality of multiple identities... [that is, individuals inhabit multiple social locations] that are lived and experienced simultaneously” (Jones *et al*, 2012:698; Dill and Zambrana, 2009). This is what the Combahee River Collective (1978) called,

... consciousness-raising, actually life-sharing ... we began to recognize the commonality of our experiences and, from the sharing and growing consciousness, to build a politics that will change our lives and inevitably end our oppression.

By centring Black women, we can contribute to the consciousness-raising necessary to address Black women’s health. Reconsidering policies such as the age when women begin mammogram screenings, since Black women are more likely to die of breast cancer, even though white women are more likely to be diagnosed with it. Or, reconsidering restrictive reproductive health policies that criminalise Black women, who represent the increasing majority of women in prisons, as well as the most adversely affected by the targeted restrictions on abortion providers (TRAP) laws, that “are costly, severe, and medically

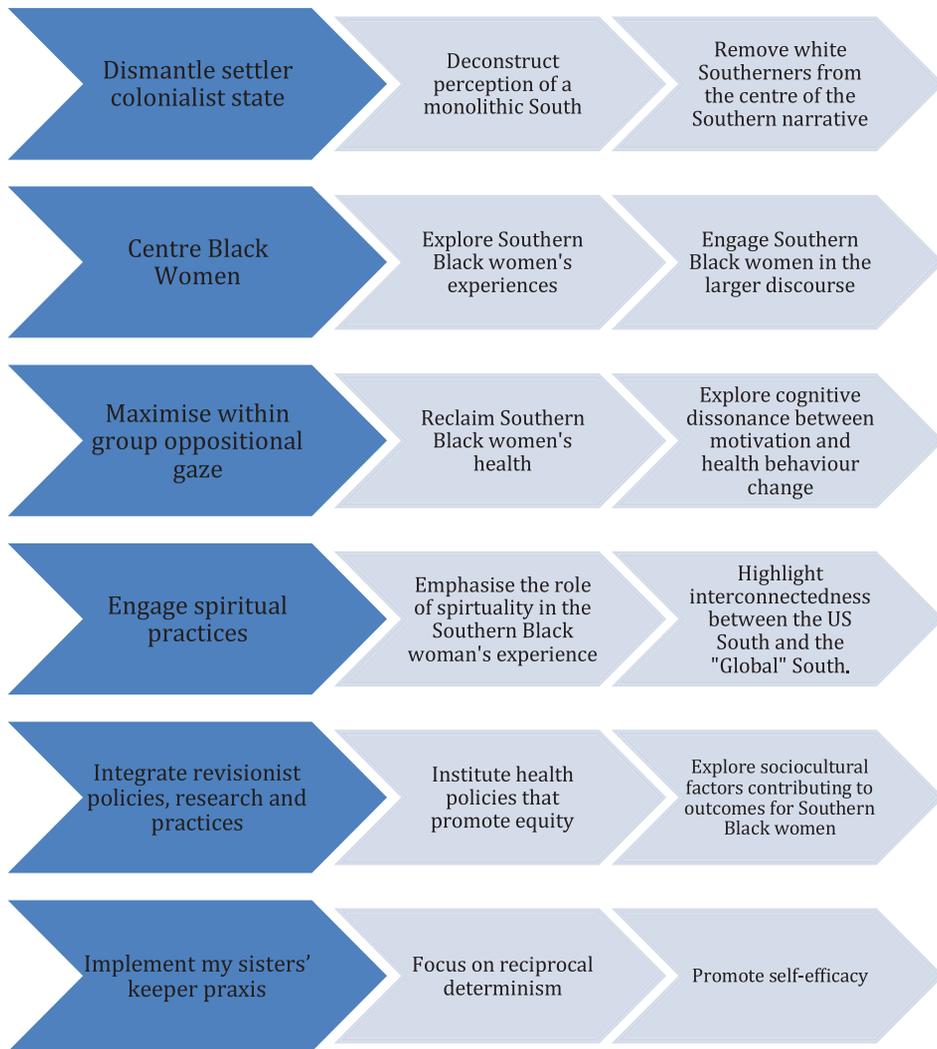


Figure 1: Southern Black Feminisms Health Framework (Source: Authors)

unnecessary requirements imposed on abortion providers and women's health centers" (Planned Parenthood, n.d.:n.p.; Guttmacher Institute, n.d.).

Approaches that not only centre Black women, but also address liberation and resistance include the acts of maximising the within-group oppositional gaze (Barlow, 2016:209), an "operational construct [serving] as a site of resistance in reclaiming the health of Black women by engaging the dissonance between intrinsic motivation and health behaviour change." Maximising

Southern Black women's opportunities to engage in practices such as the implementation of my sisters' keeper praxis is necessary for the application of Southern Black Feminisms towards Black women's health.

Black women, knowingly or unknowingly, negotiate these intersecting identities around daily living and the socio-environmental stressors that directly or indirectly impact their health. This sense of reciprocal determinism influences Black women's perspectives on the relationship between themselves, each other, and their environments,

as well as their self-efficacy in changing health behaviour(s) (Barlow, 2016).

For many Southern Black women, there is an ongoing praxis of respectability politics that translates into their motivations for health behaviour change. Strategies such as maximising within-group oppositional gaze, through the implementation of my sisters' keeper praxis, facilitates a Southern Black Feminisms praxis towards Black women's health.

Fannie Lou Hamer, an organiser, leader, and activist, reminded us to "never to forget where we came from and always praise the bridges that carried us over" (Sentinel News Service, 2017).⁵ Engaging spiritual practices within activism towards addressing Black women's health is nearly compulsory. There is a rich history of engaging spiritual practices such as reverence, prayer, meditation and praise and worship, as part of regular individual practice, but also within social movements. This element can be integrated throughout the framework to reframe how spiritual health contributes to overall health and well-being. Further, in many Southern communities, if one person is sick or without, then everyone in the community is also. This collectivist orientation prompts a level of collectivity that is nourished by spiritual practices. Womanism, imagined by Zora Neale Hurston (1937), rediscovered by Alice Walker (1983/2005) and characterised by Layli (Phillips) Maparyan, is a:

social change perspective rooted in Black women's and other women of color's everyday experiences and everyday methods of problem solving in everyday spaces, extended to the problem of ending all forms of oppression for all people, restoring the balance between people and the environment/nature and reconciling human life with the spiritual dimension (Phillips, 2006:xx).

Lastly, the integration of revisionist policies, research, and practice allows Black women's health to be reclaimed. This is how we reimagine Black women's positionality in colonialist social structures, by redesigning policies, research, and practice approaches for positive impact. This requires researchers and practitioners to engage in revisiting the past and reimagine how specific policies,

research, and practices are conceptualised and implemented.

Conclusion

Due to the perceived homogeneity of Black women in the US, researchers are collecting data under the erroneous assumption that the results are applicable throughout the population. Disaggregation of Black women by region can lead to a more nuanced understanding of disparities related to health, education, and other outcomes. Also, highlighting the diverse experiences of Black women will contribute to dispelling the myth that the Black experience is uniform. Consideration of region, in conjunction with other socio-demographic factors (e.g. diet and family history) is necessary to understand the disparities that exist within Black America. Exploration of the intragroup diversity will emphasise the different within-group concerns and aid in the construction of culturally relevant and regionally centred interventions. Furthermore, regional considerations will allow for an examination of the positive aspects of Black Southern culture along with efforts to increase equity.

This theoretical article, informed by both qualitative and quantitative data and the authors' previous research, builds a profile for Southern Black women in the US, characterises Southern Black Feminisms and includes a Southern Black woman-informed, evidence-based framework addressing health inequities among Southern Black women. As the Black women's experience is not a monolithic one, neither is the Southern Black women's, particularly given the complexity that exists within the Southern region itself, with Black women differing both within (e.g.: rural vs urban), and across state lines. The goal is to demonstrate how the experiences of everyday Black women in the US South and the Global South are connected, especially with African Diasporic women, and consider how potential alliances can contribute to collective resistance and action. Unearthing and healing the trauma (Barlow, 2018; Barlow and Dill, 2018; Robinson, 2014) produced by the violence of the American South and its effect on Southern Black women is central to this discussion. This article produces a realistic and nuanced evaluation of the state of Black Southern

American women's health without relying on the ideas of the "Problem South" or "southern exceptionalism" as the primary framework for this discourse (Rushing, 2017). The consequences of this work are connections to indigenous knowledge, land, and community, ancestral, environmental injustices based on race and gender, and decolonizing approaches to result in Southern Black Women's Ways of Knowing and Doing, or Southern Black Feminisms.

Notes

1. see E Londoño, 'A year after her killing, Marielle Franco has become a rallying cry in a polarized Brazil', 14 March 2019, *New York Times*, available at: <https://www.nytimes.com/2019/03/14/world/americas/marielle-year-death.html> (accessed 12 August 2019).
2. See: E Kasprzak, 'Why are black mothers at more risk of dying?', 12 April 2019, *BBC News*, available at: <https://www.bbc.com/news/uk-england-47115305> (accessed 12 August 2019)
3. RKK Lai, 'Abortion bans: 9 States have passed bills to limit the procedure this year', 29 May 2019, *New York Times*, available at: <https://www.nytimes.com/interactive/2019/us/abortion-laws-states.html> (accessed 30 July 2019).
4. See: A Blinder, 'In rural Alabama, a longtime mistrust of medicine fuels a tuberculosis outbreak', 7 January 2016, *New York Times*.
5. Sentinel News Service (2017) 100th Birthday Celebration and Commemoration: 'Remembering and Raising Up the Life and Legacy of Mrs. Fannie Lou Hamer', available at: <https://lasentinel.net/100th-birthday-celebration-and-commemoration-remembering-and-raising-up-the-life-and-legacy-of-mrs-fannie-lou-hamer.html> (accessed 13 August 2019).

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