

Fall 2004

Summer Funds Recipients – Written Report

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[Title: "Learning from Black Women's Political Activism in Brazil: An Overview of Black Women's Reproductive Health Issues](#)

I) RESEARCH OBJECTIVES

In the doctoral research project I intend to analyze the rise of Black women's organizations in Brazil from 1990 to the present through of the lens of health policies and practices in Brazilian society. This particular moment in recent Brazilian history can be recognized as the result of organized social actions from women like Jurema Werneck, a black feminist activist and coordinator of the CRIOLA organization– a Black women's NGO in Rio de Janeiro. According to Werneck, the year of 2003 inaugurates a period of change in Brazilian society. The affirmation of a new political paradigm expands notions of a democratic society and begins to include sectors of the population that had been previously excluded in the country . During this period, Werneck speaks from a strategic position as the Executive Secretary of the Brazilian Network of Black Women's NGOs. She is also an advisor in the National Council of Social and Economic Development of the executive branch of the Brazilian government whose mission is to discuss federal proposals for social and economic reforms.

The above-mentioned example of Jurema Werneck's activism in 2003 points to the rise of Black women's organizing during the past few years in Brazil. In order to better understand this political phenomenon, I choose the period of 1990 to the present as the starting point of my investigation and analysis. From my preliminary observations, this period appears to be an important moment of political growth and the consolidation of political strategies among Black women's organizations on a national scale.

During this period of political growth, I have noted that Black women's organizations have struggled against racial, sexual, and class oppressions that affect their sexual and reproductive health practices and rights. Accordingly, this mobilization to combat and confront these kinds of discriminations regards black women's health and of the black population in general, as a vital aspect of this rise in political organizing. My research addresses the following general theoretical questions: What has led to the expansion of black women's organizing in Brazil? What has been the role of black women's organizations in the implementation of health policies aimed at the black population (especially for black women)? What is the impact of black women's organizing on the racial and cultural identity of the black Brazilian community?

My premise is that these groups of black women have used the tools of racial consciousness to organize themselves and implement their strategies. In particular, I examine the instruments of political action in the health field that these women have constructed and developed. Through the lens of ACMUN – Cultural Association of Black Women and Criola's health programs, two Brazilian

black women's organizations, I explain the emergence of black women's organizations for health resources such as HIV/AIDS prevention education, prenatal and postpartum care, and treatment for race-specific genetic diseases (i.e. sickle-cell anemia). They struggle for resources that attend to the health as well as to the social and cultural needs of black Brazilian communities. I seek to answer the following questions: What is the relationship between the demands for adequate public health care and the mobilization of black women's political organizations? Is there a relationship between the relative success of the implementation of public health policies and black women's political actions in this policy-making process?

How have these groups organized and articulated their interests with other black women's organizations? Furthermore, how they do promote collaborative actions with black women's organizations in other countries, particularly in the Caribbean, the United States, Latin America and Africa?

Hypotheses

My hypotheses on why black women organizing has been on the rise since the 1990s in the Brazilian society include the following claims: (a) First, I suggest that black women's organizations focus on racial and gender solidarity, building and strengthening local, national and international networks. This framework of solidarity involves collective action among black women's groups, identifying common problems lived by black women. As a network of organizations, they are able to better understand these processes and create

strategies to negotiate with the government and civil society, as well as to empower black communities to comprehend the complexities of their conditions and to fight against oppression.

Second, I suggest that the growth of black women's group is the result of the formation and strengthening of a collective racial and political identity among black women through political strategies rooted in African-Brazilian traditions and values. Black women's groups emphasize the value of the cultural legacy they inherit from their African ancestors. They utilize African culture to understand African-Brazilian women's health conditions and to transform the way that health policies and practices are implemented in Brazil.

These political strategies focus on two types of political actions: generating technical knowledge and empowering black women. On the one hand, these organizations have produced technical knowledge that identify the disproportionate numbers of black women who are infected with sexually-transmitted diseases such as HIV/AIDS, are victimized by maternal mortality, and suffer from mental health problems, among other issues. Such studies have been used to impact policymaking and the ways in which governmental health agencies regard black women's health. On the other hand, these organizations use Afro-descendant cultures to restructure, re-organize, and empower women in African-descendant communities.

More specifically, in terms of health promotion, Brazilian black women organizations have helped black communities to make public demands such as: the availability of specialized clinics and hospital care services that attend to

cases which demand more advanced medical attention; the improvement of the public health programs that guarantees the inclusion of diseases specific to the black population; and the advancement of existing health promotion initiatives that contributes to the adoption of healthy lifestyles. These demands from the black population promote actions to reduce and control risk factors related to disease and other health problems.

Therefore, these two strategies –collective organizing based on the solidarity through networks and the formation of a collective racial and political identity among black women – have given visibility to black women’s organizations since 1990 as well as raised awareness to their health needs and their political demands as part of the social agenda of the country.

I.1) THE 2004 SUMMER RESEARCH OBJECTIVES

In this summer research’s project collected the first data to help me analyze my research topic, which is the rise of Black women’s organizations in Brazil from 1990 to the present through the lens of health policies and practices in Brazilian society.

In the interviews with the black women’s activists I looked at a brief biography composed of their personal stories, to explore how these people get involved with political activism and black feminism, how they organize themselves to empower other black women, what they think about this mission and how they work in their organization.

II) DESCRIPTION OF THE RESEARCH METHODOLOGY INCLUDING POSSIBLE OBSTACLES TO THE PROCESS OF DATA COLLECTION

This preliminary investigation was conducted as ethnographic research. I used two methods of investigation: participant observation and semi-structured interview. I used participant observation in Criola's office in the city of Rio de Janeiro and in the National Seminar of the Black Population's Health in the city of Brasilia. Unfortunately, I could not go to the city of Porto Alegre, where the Black women's organization ACMUN – Cultural Association of Black Women – is located. I could not go to ACMUN's office for two reasons. First, I did not have enough money for the trip. Second the ACMUN's executive director that I needed to interview was out- of- town, on a work trip. So the only way I could talk to her was during the National Seminar of the Black Population's Health in the city of Brasilia.

Another reason for the method choice was that I had only 22 days in Brazil, and it was a very short time to work on my research in the way that I had planned. I had problems getting to Brazil in the period that I planned, because of visa issues. Because of this unexpected situation I had only 22 days and needed to re-organize some methodological aspects of my research. Thus, I only interviewed six black women (with ages between 32 and 45 years old) and I decided to record all these conversations because my time was very short. In

spite of this difficult context, I collected the information that I needed for my analyzes.

My experience participating in the National Seminar of the Black Population's Health was very good. I could only participate, because I obtained support for to pay my trip and I got free accommodations in the city of Brasilia. I consider this seminar an amazing place to observe how black women's activists act, perform, and negotiate with other social actors and organize their political strategies. Also I observed how they work and discuss the black population's health with the policy makers and the administrators of the health policy and system.

Furthermore, due to the short time, I decided not to visit any community in the city of Rio de Janeiro, where Criola has developed its political activities health and human rights.

III) BRIEF DESCRIPTION OF THE NATIONAL CONTEXT (POLITICAL, ECONOMIC, SOCIAL AND ETHNIC ISSUES)

For many people, Brazil is a racial democracy, where African descendants, Europeans descendants and indigenous people live together in perfect harmony, and where a mixed racial population is characterized by the happiness and innovation that this mixture represents. It is this context that supports the denial of the existence of racism in the Brazilian society. There is a strong influence of the myth of racial democracy in all levels of this society. In

general Brazilian people refuse to think about racial differences and their consequences. This denial structure is so strong that it is capable of alienating the own black people.

However, in this Brazilian “racial democracy”, differences are translated into inequalities. These inequalities are reproduced by the social policies, resulting in differences in education, health care, housing and social welfare access for ethnic groups.

Black women in this context live an emblematic situation, where the consequences of the inequalities are deep and intense. Poverty, mass sterilization, unsafe abortion and illiteracy are some of the signals of the prevalence of racism, sexism and the social class subordination that still invigorate in the Brazilian society.

Afro-Brazilian women have been, along our history, the largest victim of the deep effective racial inequality in Brazilian society. Black women's conditions in Brazil, is a dramatic situation that relies not only on the terrible socioeconomic conditions, but also on the cultural denial of rights to Afro-Brazilian through racism and sexism. The result is an inferiority feeling of intellectual incapacity and servitude lived by almost all who belong to this ethnic/ racial group. Bento (1994), call our attention to the fact that “during decades Afro-Brazilian women are pointed as those who live the most precarious situation in the Brazil society. This group is politically isolated by the society and end up living an absolutely dramatic reality”.

According to the demographic statistics Brazilian population is composed by 169,5 millions (one hundred, sixty-nine and five millions) of habitants, which 50,79% (fifty percents) are females; that percentile of female, 44% are black women and women of color. However they are invisible to the social policy.

A 2001 study by Brazilian Black feminist Jurema Werneck that black women's health is affected by racism and sexism in Brazil. Werneck analyzes how black women are physically vulnerable (mentally and emotionally), a condition created by the structural violence affecting poor and Afro-Brazilian communities. In her opinion, Brazilian Black women suffer from the combination of three kinds of discrimination: gender, racial and class. She argues that Brazilian health policies have continuously reproduced these kinds of discrimination.

For example, in the State of Rio de Janeiro, 63% (sixty three percent) of the victims of the maternal mortality are black women, and this number has increased very fast. The principal reasons to the deaths are: first medical (or health professional) negligence; second, the bad quality of the equipments and rooms in the public hospitals. This situation is not different in others Brazilian states or cities.

Finally, poverty and exclusion are the territory where Afro-Brazilian women inhabit in a desolation scenario. The inaccessibility of justice and rights bring them to misery. The Brazilian society is then marked by this gap that is destructive to all and any ethnic group. The construction of a true democracy in

Brazilian territory goes necessarily by the development of specific affirmative actions that seek the empowerment and the inclusion of this population.

IV) DESCRIPTION OF THE COMMUNITIES VISITED.

I focused on the daily lives of two representative black women's organizations in Brazil. They are Criola and ACMUN – Cultural Association of Black Women. Also I looked at other women leaders based in the black communities where these organization have developed their political and social projects. Both organizations have contributed to the advocacy of human rights and adequate health care, generating qualitative and quantitative knowledge on the subject. These organizations have promoted innovative actions and projects in health and human rights education that use racial/ethnic, gender, and class-based approaches to empower black communities, especially women.

As I observed before, I could not visit ACMUN's office, so I will present some information about this organization.

a) Criola's environment

Criola is a Black women's organization located in the city of Rio de Janeiro in the Southeastern region of Brazil; this region is socially and economically-developed. Its office has three rooms. One is for administration and secretary services. The second is a private place, with computers and other facilities. It is the place where Criola's staff works. Then, there is a big room that is used big meetings, training, lectures, etc. Criola's office is located in the core of the downtown,

which is a business area. Its office is on the 2nd floor. The Criola's team is composed of fifteen women, thirteen blacks and one white: three general coordinators, two assistants of projects, one peer educator of the Human Rights Program, four peer educators of the Black Women's Health Program two secretaries, two undergraduate students that are volunteers in the Human Rights Program and one member in "on leave" status . In terms of background the team is composed of: one doctor and Ph.D. in advertising, one social worker, one professor and Ph.D. in social anthropology, one B.A in documentation, one B.A in Economy, one undergraduate student in the Law School, one undergraduate student in Social Science, one undergraduate student in History, two high school student, and four high school students who are finishing their studies.

b) ACMUN

ACMUN is located in the city of Porto Alegre, which is in the Southern region, a socially and economically-developed region of the country too. It is composed of thirteen members – twelve black women and one black man. Its mission is to develop actions against the racial/ ethnic and gender discrimination in the city of Porto Alegre and promote the valorization and recognition of Brazilian black women.

c) National Seminar of the Black Population's Health

The seminar occurred in the city of Brasilia, the capitol of Brazil. The event was located in a very expensive hotel called "Academia de Tenis", used for local upper middle class people. It was organized for 3 days: August 18 to 20, 2004. The Health Ministry and the Special Secretary of the Promotion Policy of Racial Equality were the organizers of the entire seminar.

There were 250 participants enrolled for this seminar of which 186 were women and 64 men. They were composed of representatives of all Brazilian regions, and all extracts of the population. Regarding political representation there were representatives of the Public Secretaries of the States and Districts responsive for the health service in their regions, administrators of the public health system and policy in the federal, state and district levels, policy makers, other politicians, parties, black women's organizations, national and local representations of the black movement, council and associations of health professionals and representatives of Afro-Brazilians Religions. I do not have the exact number, but visually the seminar had more than 80% of its population composed of black people, and the rest of it was constituted of whites, Asian and indigenous people.

V) POLICY IMPLICATIONS (BASED ON YOUR FINDINGS, ASSESSMENT OF CURRENT NATIONAL SOCIAL POLICY IN THE TOPIC)

Regarding the current national social policy, I am looking at black women's reproductive health and the health policy concerning it. In my first findings, I observed strong ideas about black women's sexual life and behavior, and also black women's body.

Black women are perceived as bad mothers, sexual and reproductively out of control and those people that spread sexual diseases. The misguided and prejudiced notions about black women's sexual and reproductive health serve to justify the control of their reproductive behavior. This can be translated in attempts of mass sterilization and the implementation of health policies and programs that promote sexual oppression and limit their rights to enjoy and make decisions about their bodies.

Historically, family planning's policy in Brazil has exerted a disproportionate pressure upon black women's reproductive rights and betrays intrinsic racist and sexist views about black women's sexuality. Such policies in Brazil are quite similar and have the same impacts documented by Roberts (1997) in the case of African American women. She writes, for instance, that "regulating black women's reproductive decisions has been a central aspect of racial oppression". She also calls attention to the importance of black women's autonomy in relation to their body and sexuality. "Reproduction is an important

topic, especially to Black people. It is significant not only because the policies have kept Black women from having children but also because these policies persuade people that racial inequality is perpetuated by Black people themselves“. As in the U.S, there is in Brazil “a belief that black procreation is the problem and remains a major barrier to radical change (pp. 4-5)”.

Family planning and other reproductive health policies implemented by the Brazilian government have guided and determined the definition of reproductive freedom in Brazil. These notions appear in contemporary discussions about welfare reform, the use of Norplant (a controversial women’s contraceptive), legalization of and health services support to abortion, and the heated debate about new reproductive technologies.

VI) POSSIBLE AREAS IN WHICH THE RESEARCH COULD BE DEVELOPED FURTHER AND NEEDS OF COMMUNITIES IN TERMS OF RESEARCH (WHAT DO THEY PERCEIVE AS PRIORITY AREAS TO BE RESEARCHED)

In this preliminary research two aspects appeared as relevant. First, researchers, activists, organizations, etc must develop more analytical instruments to understand what the black women’s activist called “institutional racism”. According to black women’s activists, it means the racism expressed, especially, by the public institutions in the Brazilian society, such as those representatives of the public policy, public health system, public educational system, and so on.

The second need is the emergence of quantitative and qualitative research that uses the racial/ ethnic classification to give visibility to the racism in the health public system.

VII) LIST OF PEOPLE INTERVIEWED (CONTACT INFORMATION)

I interviewed six black women activists who work in Brazilian Black women's organizations. Five interviewees came from Criola and one from ACMUN. In order to maintain the confidentiality of the interviewees, I will use pseudonyms.

Criola's team

1) Joana, 42 years old (1962), black

a) Current job: General coordinator

b) Additional occupation: Criola's General coordinator, Executive Secretary of the Brazilian Network of Black Women's NGOs, Advisor in the National Council of Social and Economic Development of the executive branch of the Brazilian government whose mission is to discuss federal proposals for social and economic reforms, Researcher of the National Technical Council of the Black Population's Health of the Brazilian Health Ministry.

c) Level of education: She is a doctor, Master in Science and doctoral candidate in advertising

d) Activism: Since 27 years old

e) Form of contact: By phone she is very busy and travels frequently.

f) Context of the interview: The interview happened in Criola's office, a place that has an intense dynamic (phones ring all the time, women talk and work in any space, etc). It was a Monday and we talked for one hour and thirty minutes. She was returning from a trip to Brasilia – the capitol of Brazil.

g) Relationship to interviewer: Friend and Criola partner

2) Leonora, 45 years old (1959), black

a) Current job: General coordinator

b) Additional occupation: Criola's General coordinator, Administrator of the Brazilian Network of Black Women's NGOs.

c) Level of education: She is a social worker, once began study in the graduate program in Science for master degree, but stopped because she had difficulty managing her time to study and work in Criola

d) Activism: Since 22 yeas old

e) Form of contact: I went to the Criola's office and talked to her. Usually when she is not traveling or working in an activity outside the organization, she is present in the office. However, she is very busy too and travels all the time.

f) Context of the interview: The interview happened in Leonora's home. She offered me lunch and asked me to choose what I would like to eat. I chose fish

with shrimp's sauce and salad. I arrived to her home at noon and observed her to prepare the food, then we ate lunch in company with her boyfriend, and then we had the interview. She was very tired and sleepy. However, we spent about two hours and thirty minutes talking.

g) Relationship to interviewer: Friend and Criola partner

3) Rosa, 43 years old (1961), black

a) Current job: Peer educator of the Black Women's Health Program

b) Additional occupation: Criola's peer educator of the Black Women's Health Program.

c) Level of education: High school, educator in the social movement

d) Activism: since 27/ 28 years old

e) Form of contact: I went to the Criola's office and talked to her. She works for Criola every day, part inside the office and part outside it.

f) Context of the interview: The interview happened in Criola's office. It was on a Wednesday and we talked during one hour and thirty minutes.

g) Relationship to interviewer: Friend and Criola partner

4) Paula, 31 years old (1973), black

a) Current job: Assistant of projects of the Human Rights Program

b) Additional occupation: Assistant of projects of the Human Rights Program, leader in her community

c) Level of education: Finishing the high school

d) Activism: Since 25/ 26 years old

e) Form of contact: I went to the Criola's office and talked to her. She works for Criola every day, part inside the office and part outside it.

f) Context of the interview: The interview happened in Criola's office. It was on a Friday and we talked one hour and thirty minutes.

g) Relationship to interviewer: Criola partner

5) Amalia, 33 years old (1970), black

a) Current job: Peer educator of the Human Right's Program

b) Additional occupation: Peer educator of the Human Right's Program

c) Level of education: Graduate in documentation and files

d) Activism: Since 29 years old

e) Form of contact: I went to the Criola's office and talked to her. She works for Criola every day, part inside the office and part outside it.

f) Context of the interview: The interview happened in Criola's office. It was on a Friday and we talked one hour and thirty minutes.

g) Relationship to interviewer: Criola partner

ACMUN

6) Eloisa, 34 years old (1970), black

a) Current job: General coordinator and Executive Director

b) Additional occupation: Nurse, officer of the District of the Porto Alegre, adviser of the Human Right Council of the city of Porto Alegre.

c) Level of education: B.A. in Nursing

d) Activism: since 20 years old

e) Form of contact: I called her in the city of Porto Alegre, where she lives and works, and set up a meeting in the National Seminar of the Black Population's Health organized by the Health Ministry. The interview took place during the seminar in Brasilia.

f) Context of the interview: The interview happened in the backyards of the hotel where we stayed during the Seminar. It was in the evening of the second day of the event, we talked for one hour. She was very tired. She was preoccupied with a big show in the hotel for the seminar's participants with a famous Brazilian woman singer. However, we finished the conversation on time. The interesting aspect of this is that after we officially finished the interview, she started to talk again about several concerns regarding her organization (conflicts, problems, etc), so we continued speaking as we walked to see the show.

g) Relationship to interviewer: Professional acquaintance

VIII) Assessment of the mechanisms of collaboration developed with the members of CLASPO's project there.

Since my research project is not a CLASPO's project I am not able to evaluate these mechanisms of collaboration. However, I think that my project is relevant to other researchers because it points out an unexplored topic, which is Brazilian black women's activism. This group has impacted public policy in Brazil, especially in terms of health policy. It has asked the Brazilian health public system to stop reproducing racism against black people, especially black women; also this organization has demanded that the government create mechanisms to improve the health conditions of this population.

In the academic sense, I hope my research can get attention from researchers and institutions that provide support for student research. Because the Brazilian academy and research organism have not given much attention to this topic, students like me have not had support to develop studies.

Beyond the academic purpose I wish to produce results that can benefit Brazilian black communities, especially black women. My desire is to produce qualified material research that can be used to empower black women in my country, as well as other black groups in different countries, such as in Africa and Latin America.

Building upon previous experiences, as a Brazilian scholar and a black woman's activist, my general purpose is to investigate the effects of racism and sexism on Afro-descendant women's sexual and reproductive health and

activists' initiatives to debate and intervene in this issue. Moreover, I consider it very important to compare my findings with similar initiatives adopted in other communities of either African-descendant women in Latin America or African women. Taking this task into account, it is so important for me to have the opportunity to study in the African Diaspora Program of the Anthropology Department, in the University of Texas at Austin. As a result I have had the opportunity to participate in a research project such as CLASPO.

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