

## A Feminist Response to Health Disparities Found in Women of Color

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*In America, women of color have the highest rates of health-related diseases compared to any other group, specifically their white counterparts. This translates to higher infant mortality rates, higher rates of postpartum-related death, higher rates of cardiovascular disease, etc. Studies have shown that this is due to the low socioeconomic position women of color often find themselves in, as well as racist practices found within the healthcare system. Adopting a feminist approach, the issue of health disparities is analyzed through three different feminist lenses: liberalism, socialism, and intersectionality. Each lens examines how feminist confront/identify the solution, goal, and means of achieving such goals. Furthermore, how each lens confronts the issue of health inequalities. Consequently, this analysis demonstrates how intersectional feminism holds the best explanatory power/method to address the health disparities/inequalities women of color face daily.*

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Undergraduate Journal of Political Science, Vol. 8, No. 1, Spring 2024. Pages 12  
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### Introduction

Health disparities are prevalent in people of color across America (Chill et. al, 2021). Characterized by racist and classist notions, health care is often inaccessible to low income people of color (Chill et. al, 2021; Hill et. al, 2022). Relatively, compared to their white counterparts, people of color often rely on poor health care plans to address certain necessities (Chill et. al, 2021). Further, women of color are at an extreme disadvantage; studies show that they have limited access to maternal health and are often dismissed by medical staff for medieval notions (Chill et. al, 2021; Hill et. al, 2022; Hoffman et. al, 2016).

In America, women of color are confronted with a plethora of health inequalities (Hill et. al, 2022). Such disparities stem from a lack of access to health care plans, thus a lack of proper care (Hill et. al, 2022). This is translated through high rates of infant and maternal mortalities.. Studies indicate that pregnancy-related mortality rates amongst Black women between the ages of 30-34 are four times higher than that of White women (Artiga et. al, 2022). Furthermore, American Indian and Alaska Native (AIAN) women within the same age group (30-34) have a mortality rate of nearly four times as high as the rate for White women- despite a significant difference in population (Hill et. al, 2022). Such numbers have been exacerbated by COVID-19; the pandemic has further limited resources available to women of color. Hill et. al (2022) notes that people of color are more likely to be uninsured, therefore exposing them to health risks. Because they lack health insurance and the economic capability to afford proper care, many women of color rely on Medicaid. However, eligibility is often not met, leaving women to essentially fend for themselves postpartum (Hill et. al, 2022). Furthermore, women of color often have limited access to providers due to linguistic and cultural barriers, and the closure of hospitals in regions with high minority populations (Hill et. al, 2022).

Making up 7% of the U.S. population and 13.6% of all U.S. women, Black women experience higher rates of heart disease, strokes, cancer, diabetes, obesity, and stress compared to their white counterparts (Chinn et. al, 2021). For

White females, life expectancy after birth is three years longer than Black women (Chinn et. al, 2021). The infant mortality rate for Black women is also twice as high compared to White women (Chinn et. al, 2021). Furthermore, obesity rates are 34-50% higher for Black women than their White counterparts (Chinn et. al, 2021). Higher rates of obesity often entails higher rates of heart failure, strokes and cardiovascular diseases. Also, cardiovascular diseases and cardiovascular related deaths are extremely prevalent in Black women. Compared to their White counterparts, Black women of age 20 and older have a higher presence of clinical risk factors associated with cardiovascular diseases, including obesity, high blood pressure, and diabetes (Chinn et. al, 2021). Black women are also disproportionately affected by diseases such as anemia, sickle cell anemia, and hemophilia (Chinn et. al, 2021).

Making up around 18.7% of the U.S. population and 25% of all U.S. women, Latina women are prone to diseases such as cancer, cardiovascular diseases, cerebrovascular diseases, and a lower life expectancy compared to their white counterparts (GLOBO, n.d.). Latina women are often faced with linguistic and educational barriers that prevent them from seeking out proper care (GLOBO, n.d.). Furthermore, life expectancy for Latina's is 77.1 years compared to 79.6 years for White women. Cancer is the leading cause of deaths among Latinas between 25 and 54 years (Paz & Massey, 2016). Cancer mortality rates for Latinas are 298 per every 100,000 compared to 155 per 100,000 for White women (Paz & Massey, 2016).

Health disparities among women of color are not only characterized by economic challenges, but also by outdated notions found within the health realm. Research indicates that healthcare providers often believe that Black individuals have a higher tolerance for pain compared to their White counterparts (Hoffman et. al, 2016). Stemming from a justification of slavery, this notion has led to the dismissal of Black patients across America. Studies suggest that physicians underestimate the pain of around 47% of Black patients compared to 33.5% of non-Black patients (Hoffman et. al, 2016). Such biases

found among healthcare providers has played a role in dismissing the concerns of women of color, specifically Black women. According to Hill et. al, (2022) many Black women have felt dismissed by physicians, often leading to a level of distrust.

Adopting a feminist approach, the issue of health inequalities can be interpreted through various frameworks. Using feminist frameworks such as liberalism, socialism, and intersectionality, I seek to identify how each lens responds to the vast health disparities that affect women of color.

Liberalism is a feminist approach centralized in inclusion, equality, and universal human rights (Tucker, 2011). Liberal feminism seeks to address the inequalities and exclusion women experience within society, specifically the exclusion of women in education, profession, and public positions (Friedan, 1963; Gouges, 1771; Mills, 1869; Wollstonecraft, 1792). Addressing this issue, liberal feminists call for the reform of discriminatory practices and institutions in order to integrate women within the system (Friedan, 1963; Tucker, 2011; Wollstonecraft, 1792). Overall, this approach focuses on establishing gender equality through reformation and integration.

A Socialist feminist approach centralizes on the relationship between capitalism and the patriarchy as an oppressive system. Naming this relationship the capitalist patriarchy, Socialist feminist argue that the domination of the working class, subsequently the domination of women, is due to a capitalist society that is dominated by males (Eisenstein, 1977; Tucker, 2011). In order to address and dismantle the capitalist patriarchy, women must be liberated through revolution (Eisenstein, 1977). This entails political consciousness, cross-class organization, and action (Eisenstein, 1977). Generally, this approach focuses on political organization with the intent to liberate women from the oppressive system that is the capitalist patriarchy.

Similar to socialism, Intersectional Feminism identifies the root of women's oppression through a relationship between capitalism, the patriarchy, and white supremacy (Combahee River Collective, 1977; hooks, 1984). Moreso, how

these systems are interlocking (Combahee River Collective, 1977). Intersectional feminist call for the destruction of these interlocking systems of oppression- an intersectional revolutionary liberation (hooks, 1994). This is done through consciousness raising, the redefinition of feminism, and political commitment (Beal, 1963; Collins, 2004; hooks, 1984).

As I adopt each of these frameworks, I seek to discover which of these lenses (liberalism, socialism, and/or intersectionality) provides the best explanatory method/research. As a result, I argue that intersectional feminism provides the best explanatory method/research to analyze health disparities women of color experience through its identification and analysis of interlocking systems of oppressions. In order to establish validity within my claim, I will begin by outlining the importance of centering Feminist Standpoint Theory as a methodological approach. I will then compare and contrast liberalism and socialism in terms of how they identify the problem, solution, and means to achieve their goals. Subsequently, I will apply each lens to my issue, demonstrating how liberalism fails to provide an accurate account of the health inequalities women of color experience. After identifying socialism as having the best explanatory power when compared to Liberal feminism, I will demonstrate how Intersectional feminism adopts notions found within the socialist approach and expands. Addressing these similarities and where Socialist feminism falls short in terms of problem, solution, means of achieving goal, and my issue, I will proceed to demonstrate why intersectionality holds the best explanatory power to address health inequalities affecting women of color.

### **Centering Feminist Standpoint Theory**

#### *Hekman's Critique*

In Susan Hekman's essay, "Truth and Method: Feminist Standpoint Theory Revisited," she defines feminist standpoint theory as a method focused on discerning truth and reality. She states, "Feminist standpoint theory was initially formulated in the context of Marxist politics. But from the outset, feminist standpoint

theorists have recognized that feminist politics demand justification for the truth claims of feminist theory, that is, that feminist politics are necessarily epistemological” (Hekman, 2004, p. 226). Furthermore, Hekman claims that feminist standpoint theorists central the notion of a situated knowledge and the different standpoints of women (Hekman, 2004). As Hekman identifies the discussion of situated knowledge and the different standpoints of women as central to feminist standpoint theory, she pinpoints reality as its root (Hekman, 2004). She states, “Despite their significant differences, all of these accounts share the conviction that feminist standpoint is rooted in a “reality” that is the opposite of the abstract conceptual world inhabited by men, particularly the men of the ruling class, and that is in reality lies the truth of the human condition” (Hekman, 2004, p. 226). Hekman states that there are three problems when centering truth and reality; assuming that the dichotomy between concept and reality can be resolved by welcoming reality, thus rejecting concepts; feminist standpoint theory rejects the idea that lived experience is collective; finally, accounting for different experiences creates an epistemological fallacy.

Central to her critique of feminist standpoint theory (FST), Hekman claims that the difference of women is detrimental to feminist theory. Identifying truth and reality as the root of feminist standpoint theory, Hekman states that FST claims that the standpoint of women provides a privileged perspective on social reality and human conditions- a privileged point for knowledge (Hekman, 2004). She states, “The original formulations of feminist standpoint theory rest on two assumptions: that all knowledge is located and situated, and that one location, that of the standpoint of women, is privileged because it provides a vantage point that reveal truth of social reality” (Hekman, 2004, 227). Identifying this notion of a privileged knowledge, Hekman reaffirms that FST must be reexamined, thus posing a plethora of questions. She states:

First, if as we must, we acknowledge that there are many realities that women inhabit, how does this affect the status of the truth claims that

feminists advance? Second, if we abandon a single axis of analysis, the standpoint of women, and instead try to accommodate the multiple, potentially infinite standpoints of diverse women, do we not also lose the analytic force of our argument? In other words, how many axes can our arguments encompass before they slip into hopeless confusion. (Hekman, 2004, p. 227)

Her questions give us insight over her position on difference- she believes that valorizing difference loses the validity of feminist theory. In other words, Heckman believes that accounting for the different standpoints becomes messy, diminishing the value and effectiveness of feminist theory. If there is privileged knowledge in the standpoint of women, the difference of women creates different realities, obstructing the ability for feminists to create theory; valorizing difference engulfs us in confusion (Hekman, 2004).

#### *Hekman's Misunderstandings: Defending Difference*

Addressing Hekman's critiques of FST, Sandra Harding attempts to clarify her misunderstandings, specifically Hekman's identification of truth and reality as its root. According to Harding, feminist standpoint theory is not centralized in justifying truth claims, instead, feminist standpoint theorists are concerned with relations between power and knowledge (Harding, 2004). She states, “However, it seems to me that Hekman distorts the central project of standpoint theorists when she characterizes it as one of figuring out how to justify the truth of feminist claims to more accurate accounts of reality. Rather, it is relations between power and knowledge that concern these thinkers” (Harding, 2004, p. 255). To a greater extent, feminist standpoint theorists wish to identify how male supremacy along with the production of knowledge has silenced the lived experience of certain women- women that can provide more useful accounts in order to improve the condition of women (Harding, 2004). Furthermore, in Patricia Hill Collins' response to Hekman, she notes that Hekman misreads standpoint theory; she ignores power relations (Collins, 2004). Hekman is able to misunderstand the knowledge/power framework

because she treats groups as an accumulation of individuals instead of an entity with shared realities/experiences (Collins, 2004). She states:

Hekman clearly identifies the very construct of standpoint with the idea of individual perspective or point of view. This assumption allows her to collapse the individual and group as units of analysis and proceed to reason that individuals and collectivities undergo similar processes. But because she remains focused on the individual as a proxy for the group, it becomes difficult to construct the group from such “unique” individuals. Arriving at the dead end of the impossibility of systemic analysis that leads to systemic change appears as the result. By omitting a discussion of group-based realities grounded in an equally central notion of group-based oppression, we move into the sterile ground of a discussion of how effectively standpoint theory serves as an epistemology of truth. (Hekman, 2004, p. 249)

Overall, Hekman misreads feminist standpoint theorists focus on the knowledge/power framework, incorrectly identifying the root of PST as truth and reality.

Furthermore, Harding addresses Heckman’s concern of difference through the stick in the pond metaphor. According to Harding, standpoint theorists are concerned with understanding how different women, i.e. different standpoints, can aid in observing and explaining relations between social power and the production of knowledge (Harding, 2004). The stick in the pond metaphor helps explain why valorizing the different standpoints of women is so important. Harding notes that there is a stick in the pond that appears bent, but once you walk around the pond, viewing the stick from different locations, the stick takes different forms (Harding, 2004). This is the case for women. She states, “In an analogous way, standpoint theorists use the ‘naturally occurring’ relations of class, gender, race, or imperialism as the world around us to observe how different ‘locations’ in such relations tend to generate distinctive accounts of nature and social relations” (Harding, 2004, p. 257). Further, the different interpretations of the stick do not determine what is “truth,” instead

it generates distinctive accounts from those of dominant positions (Harding, 2004). Overall, valorizing difference allows feminist standpoint theorists to make sense of the knowledge/power framework.

#### *How Do We Walk Around the Pond? Genuine Reciprocal Dialogue*

Developing theory is crucial to the feminist movement; theory aids in understanding the nature of the oppression of women (Lugones & Spelman, 1983). However, the nature of feminist theory itself has served to exclude certain women, specifically women of color (Lugones & Spelman, 1983). Often, women who are found in positions of theorizing are White women, creating a central voice for all women (Lugones & Spelman, 1983). However, this leads to the development of a theory that applies only to women found in certain positions (often White middle class). Moreso, the ability for White women to develop and publish theory leads to only one ‘location’ of the pond- this ‘location’ is meant to apply to all women. This entails theorizing about women of color through an ‘outsider’ perspective (Lugones & Spelman, 1983). Because of such limitations, Lugones and Spelman (1983) propose developing theory through genuine reciprocal dialogue.

In order to create effective theory and walk around the pond, Lugones and Spelman (1983) propose partaking in genuine reciprocal dialogue. According to Lugones and Spelman (1983), genuine reciprocal dialogue takes place between the ‘insider’ (women of color) and the ‘outsider’ (White women). This dialogue takes place in order to understand how both women can be found within the insider/outsider position (Lugones & Spelman, 1983). Lugones & Spelman state:

Our suggestion in this paper, and at this time it is no more than a suggestion, is that only when genuine reciprocal dialogue takes place between ‘outsiders’ and ‘insiders’ can we trust the outsider’s account. At first sight it may appear that the insider/outsider distinction disappears in the dialogue, but it is important to notice that all that happens is that we are now both outsider and

insider with respect to each other. The dialogue puts us both into position to give a better account of each other's and our own experience. (Lugones & Spelman, 1983, p. 577).

It is a dialogue that takes place to give a better account of each other's and their own lived experiences (Lugones & Spelman, 1983). However, in order for this dialogue to be effective, women must be motivated by friendship (Lugones & Spelman, 1983). Lugones & Spelman note that genuine reciprocal dialogue puts certain women in an uncomfortable situation. They note that White/Anglo women are much less prepared to partake in this dialogue with women of color; women of color have had to learn Anglo ways whereas White women have never felt excluded from certain conversations (Lugones & Spelman, 1983). In order to create an effective theory that is inclusive of all women (all locations of the pond), we must be motivated by friendship.

#### *Applying Feminist Standpoint Theory to Address Health Disparities*

Feminist Standpoint Theory helps us recognize the value in the different standpoints of women. With Harding's stick in the pond metaphor, we are able to understand how different locations (standpoints) provide us with different interpretations of oppression. Because of this, we are able to produce interpretations that differ from those in dominant/power positions. Feminist standpoint theory provides us with the opportunity to understand systems of oppressions through various perspectives. Moreso, through genuine reciprocal dialogue, we are able to actively walk around the pond and understand different perspectives. Because feminist standpoint theory allows us to take various standpoints into account, it offers immense value when discussing and interpreting the cause of health disparities affecting women of color.

As I intend to research the root of health disparities amongst women of color, it is important to interact with women who are actually affected by this phenomena. Feminist research cannot be done without the experience of women, therefore I intend to take women's

testimonies into account. If this paper is further developed, I intend to enter and analyze the field. This requires interviewing women of color who are actively experiencing disparities within our health system. If interviews are not at my disposition I intend to analyze the work of scholars who have gone into the field and interviewed these women themselves. Taking their testimonies into account, moreso how they interpret their disadvantage, I intend to identify the root through their lens.

### **The Advantages of Socialist Feminism Over Liberal Feminism**

#### *Limitation of Liberal Feminism When Identifying the Problem*

Liberal feminists focus on inequality and the exclusion of women in society. Liberal scholars such as John Stuart Mill, Mary Wollstonecraft, and Betty Friedan outline the exclusion and inequality of women as discriminatory practices that serve as a hindrance to humanity. In John Stuart Mill's "The Subjection of Women," he identifies the legal subordination of one sex to the other (male subordination of females) as one of the main hindrances to human improvement (Mill, 1869). He further states:

In the first place, the opinion in favour of the present system, which entirely subordinates the weaker sex to the stronger, rests upon theory only; for there never has been trial made of any other: so that experience, in the sense in which it is vulgarly opposed to theory, cannot be pretended to have pronounced any verdict. And in the second place, the adoption of this system of inequality never was the result of deliberation, or forethought, or any social ideas, or any notion whatever of what conducted to the benefit of humanity or the good order of society. (Mill, 1869, p. 5).

Mill explicitly identifies the present system as exclusionary and discriminatory that favors the male sex over the female. Subsequently, the adoption of inequality. Furthermore, Betty Friedan states, "Nobody argues whether women were inferior or superior to men; they were simply different" (Friedan, 1963, 19). This difference between men and women is translated through

the exclusion of women in the professional world and as Mary Wollstonecraft (1792) accounts, the exclusion of women in education.

Unlike liberalism, Socialist feminism deters from notions of exclusion and discrimination. Instead, socialism centers on the oppression of women, defining the capitalist patriarchy as the oppressive system (Eisenstein, 1977). Further, how capitalism and the patriarchy work together and reinforce one another (Eisenstein, 1977). Zillah Eisenstein (1977) states, "It is rather a real mix of the interrelationships between capitalism and patriarchy as expressed through the sexual division of labor" (197). Furthering her claims, Eisenstein notes that sexual oppression, the sexual division of labor and society, and the economic class structure have an intertwining relationship (Eisenstein, 1977). Overall, Socialist feminism identifies the mutual dependence of capitalism and patriarchy, hence the capitalist patriarchy, as the root of women's oppression

#### *Liberation over Equality*

As liberal feminists identify the problem of inequality and exclusion, they focus on integrating women into society- equality and inclusion. John Stuart Mill states, "It is held that there should be no restraint not required by the general good, and that the law should be no respecter of persons, but should treat all alike, save where dissimilarity of treatment is required by positive reasons, either of justice or of policy (Mill, 1869, p. 2). Additionally, in her "Declaration of the Rights of Woman and the Female Citizen," Olympe de Gouges (1791) calls for the "imprescriptible rights of woman and man: these rights are freedom, property, security and above all resistance to oppression (Gouges, 1791, p. 50). Such notions of equality are echoed throughout her declaration as she calls for the inclusion of women in public positions and employment. Overall, Liberal feminists call for the inclusion of women into mainstream society in order to address gender inequality.

Because socialism acknowledges that the oppression of women exists, instead of calling for equality and inclusion, Socialist feminists call for liberation from the capitalist patriarchy. This

liberation is done through the destruction of the capitalist patriarchy (Eisenstein, 1977). Eisenstein states, "Hopefully, also, such an examination should serve one overriding objective of the liberation of women" (Eisenstein, 1977, p. 213). Socialism seeks to liberate women from the mutual, intertwining relationship between capitalism and patriarchy.

#### *Revolution over Reformation*

In order for liberal feminists to achieve equality and inclusion, they call for reformation and integration of women in society. As Betty Friedan confronts the "problem with no name"- the fact that American women are suppressed from reaching their full capacity- she calls for the reshaping of the cultural image of femininity (Friedan, 1963). She calls for educators, magazines, and parents to move away from the notion of women as housewives. Instead, shifting the image of girls who, like boys, are able to develop and pursue their own goals and identity (Friedan, 1963). Furthermore, Friedan calls for the integration of women within the professional world. She states:

Ironically, the only kind of work which permits an able woman to realize her abilities fully, to achieve identity in society in a plan that can encompass marriage and motherhood, is the kind that was forbidden by the feminine mystique; the lifelong commitment to an art or science, to politics or profession. Such a commitment is not tied to a specific job or locality. It permits year-to-year variation- a full-time paid job in one community, part-time in another, exercise of the professional skill in serious volunteer work or a period of study during pregnancy or early motherhood when a full-time job is not feasible. It is a continuous thread, kept alive by work and study and contacts in the field, in any part of the country. (Friedan, 1963, p. 148).

Likewise, Wollstonecraft calls for the reformation of the education system, establishing a co-ed system where boys and girls are participating in the same curriculum (Wollstonecraft, 1792). She states, "In order to open their faculties they should be excited to think for themselves; and this can only be done

by mixing a number of children together, and making them jointly pursue the same objects (Wollstonecraft, 1792, p. 196). Overall, Friedan's call for the integration of women within the professional world and Wollstonecraft's call for the reformation of the education system, reflects the desire to reform existing institutions to establish gender equality.

As liberalism seeks to reform and integrate women into existing structures, socialist feminists call for the destruction of oppressive systems- the destruction of the capitalist patriarchy. This is done through a revolutionary strategy and political organization, specifically cross-class organization. Eisenstein states, "Women need to try organizing political action and developing political consciousness about our oppression within the hierarchical sexual division of society and from an understanding of how this connects to the capitalist division of labor" (Eisenstein, 1977, p. 214). Such notions of political organizations are translated through movements such as Wages Against Housework. A movement led by housewives, Wages Against Housework is a call for mobilization in order to receive wages for housework. Sylvia Federici (1975) labels the movement as "the demand by which our nature ends and our struggle begins because just to want wages for housework means to refuse that work as the expression of our nature, and therefore to refuse precisely the female role of capital has invented for us" (Federici, 1975, p. 260). Furthermore, it is a movement to break capitalism's plan for women, thus disrupting the sexual division of labor and social power within the working class- wages against housework disrupts capitalism (Federici, 1975, p. 260). Through political movements and organizations such as Wages Against Housework, socialist feminism seeks the liberation of women through revolutionary strategy.

#### *Advantages of Socialist Feminism in Relation to Health Disparities*

As liberal feminists identify and focus on the problem of inequality and exclusion, their analysis of health disparities fails to recognize the effect of socioeconomic positions. When analyzing

health disparities, liberal feminists tend to focus on inequalities within the healthcare system that affect all women, ignoring how women of color can be disproportionately affected by certain practices (Fee, 1975). According to liberalism, the social subordination of women is reflected in the medical system through an imbalance of male and female physicians (Fee, 1975). This entails a high number of health physicians that do not have the ability to connect with their patients because of a lack of compatible characteristics (Fee, 1975). Fee states, "The imbalance of the sexes here is more extreme than in most other areas of employment, a situation which seems particularly ironic since the practice of medicine requires characteristics compatible with those traditionally ascribed to women" (Fee, 1975, p. 399). Certain medical fields that pertain to the female body such as gynecology are understudied and dominated by males (Fee, 1975). Overall, a liberal feminist approach identifies the exclusion of women within the medical system, specifically the lack of female practitioners, as the cause for health disadvantages in women.

Recognizing the limitations of a liberal interpretation, I turn to Socialist feminism. Arguing that the oppression of women is due to the capitalist patriarchy, Socialist feminist identify the cause of health disparities as the subordination of the working class, subsequently women, by monopolistic institutions- the American Medical Association (Fee, 1975). Fee identifies the American Medical Association and commercial insurance companies as institutions dominated by the corporate class (Fee, 1975). Furthermore, these institutions work to serve the upper and middle classes, often excluding poor/working class women. Fee argues:

These institutions train and socialize the people who staff the upper and middle echelons of the health system. They encourage the development of and reliance upon sophisticated medical technology, an extreme specialization and division of labor, and the flow of funds to esoteric research projects (often involving experimentation on poor, minority, or working-class women). (Fee, 1975, p. 411)

Because the medical system is created to serve



the upper middle class, it specifically serves professionals such as lawyers, doctors, and businessmen, excluding women and members of minority groups. Furthermore, Iffath Syed (2021) categorizes health disparities as a result of the labor market; women are often part of a sex segregated labor market that requires them to work based on demand and overproduction of resources. She states, “This economic disparity can influence women’s access to healthy food and nutrition, their participation in health modifying and health-impacting behaviors, as well as access to health/medical, social, dental, and other types of care” (Syed, 2021, p. 2). A socialist feminist approach identifies the monopolistic nature of health care and health facilities along with the sexual division of labor as the cause for health disparities.

As I identify the limitations of liberalism, and subsequently the advantages of socialism when interpreting health inequalities, it is important to note why socialism is not sufficient. Although socialism’s recognition and analysis of how the capitalist patriarchy limits women’s access to healthcare, it fails to recognize how race can amplify existing inequalities. In presenting Socialist feminism, Zillah Eisenstein (1977) recognizes her own limitations through a questioning of how middle class women who depend on their husband’s income compare to a single mother with a low paying job (211). Because of this, she develops a chart in which women found in different class standings might have shared experiences (Eisenstein, 1977). However, within this chart categories of race are excluded—an occurrence she recognizes. She states, “These class distinctions need to be further defined in terms of the issue of race” (Eisenstein, 1977, p. 212). Furthermore, in a letter to the Communist Party, Claudia Jones (1949) accounts for the exclusion of Black women within the political movement. She argues that the inability of the Communist Party to include Black women has led to stagnant results (Jones, 1949). Through Jones’ letter and Eisenstein’s recognition of the exclusion of race, it is important to adopt an Intersectional feminist approach.

## **Intersectionality, a Development of Socialism**

### *Reinforcing Systems of Oppression*

Although we have identified the limitations of socialism, it is important to recognize its value. More specifically, the notion of capitalist patriarchy as an oppressive system. Intersectional feminists adopt this notion and further expand on it. In an effort to redefine feminism, bell hooks (1984) states, “Feminism is an end to end sexist oppression. Therefore, it is necessarily a struggle to eradicate the ideology of domination that permeates Western culture on various levels, as a commitment to reorganizing society so that the self-development of people can take precedence over imperialism, economic expansion, and material desires” (hooks, 1984, p. 26). In other words, Intersectional feminism is focused on examining/addressing the interlocking systems of oppression. Like Eisenstein noted, the patriarchy and capitalism are intertwining and have a mutual dependency on each other. Intersectional feminists expand on this, claiming that the patriarchy, capitalism, and white supremacy interlock, creating a mutual dependency upon one another to oppress women (Collins, 2004; hooks, 1984; Combahee River Collective, 1977). Furthermore, the Combahee River Collective (1977) states, “We are particularly committed to working on those struggles in which race, sex, and class are simultaneous factors of oppression” (Combahee River Collective, 1977, p. 217). Overall, Intersectional feminists focus on how racism, sexism, and capitalism reinforce one another and oppress women.

As Intersectional feminists identify the interlocking system of oppression between race, gender, and class (Collins, 2004), socialism focuses solely on the capitalist patriarchy. This interpretation of the oppression of women excludes and ignores how white supremacy/racism can serve as an oppressive system. Because of this limitation, intersectionality parts ways with socialism as it identifies racism as another system of oppression that is mutually dependent on the capitalist patriarchy.

#### *Liberating Women From All Systems of Oppressions*

Intersectional feminists, like Socialists, call for the liberation of women from systems of oppression. More specifically, the liberation of women through the destruction/abolition of all systems of oppression. In Marta Vidal's essay, she notes that the liberation of Chicanas, thus women as a whole, is not negotiable (Vidal, 1971). Furthermore, Vidal exclaims that the liberation of Chicanas translates into freedom for everyone (Vidal, 1971). Similarly, Frances Beal calls for the elimination of all interlocking systems of oppression: capitalism, sexism, and white supremacy (Beal, 1963). She states, "Black women likewise have been abused by the system and we must begin talking about the elimination of all kinds of oppression" (Beal, 1963, p. 22).

Intersectional feminists call for the liberation of women from systems of oppression, including the capitalist patriarchy. However, unlike socialism, intersectionality calls for the dismantling, freedom, and destruction of the capitalist patriarchy AND racism.

#### *Consciousness Raising and Political Commitment*

If Intersectional feminists call for the liberation of women from the interlocking systems of oppression, how do they intend to achieve this? Similar to socialism, intersectionality calls for consciousness raising. Eisenstein notes that women need to develop their political consciousness in order to engage in a revolutionary strategy and politically organize. Intersectional feminists name consciousness raising as the means for achieving liberation. Patricia Hill Collins (2004) states, "Early emphasis on women's coming to voice via the process of consciousness-raising and claiming the individual 'voice' inadvertently laid the foundation for the type of conceptual ambiguity between individual and group as categories of analysis (Collins, 2004, p. 252). Furthermore, Beal (1963) calls for the development of a high political consciousness in order to understand how the systems of oppression interlock.

Whilst Socialist feminists and Intersectional feminists both call for the development of political consciousness, i.e. consciousness raising,

intersectionality calls for political commitment. bell hooks (1984) notes that certain women view feminist movements as a lifestyle choice undervaluing the goal of feminism. This results in certain women placing their identity and lifestyle as a priority. Instead, if feminists seek to dismantle the interlocking systems of oppression, feminism must be a political commitment. If we identify feminism as a political commitment, we identify it as an act of will. Although hooks recognizes the importance of political movements, she is critical of women who adopt these feminist movements as a lifestyle; having feminism be a political commitment allows us to demonstrate how feminists tend to combat systems of oppression as a whole.

#### *The Importance of Intersectionality When Addressing Health Disparities*

When responding to health disparities, Intersectional feminists argue that women of color are disproportionately affected by health diseases due to their socioeconomic status, gender, and race (Vohra-Gupta et. al, 2022). Through a research analysis of barriers to healthcare, specifically barriers women face, Vohra-Gupta et. al (2022) found that women of color are more likely to have a low income, subsequently are disproportionately uninsured. This contributes significantly to health disparities. They state, "Our findings also support the relationship between income and having a barrier to care where the lower the income the higher the odds of having a barrier to care" (Vohra-Gupta et. al, 2022). Furthermore, through an analysis of class standings, Vohra et. al (2022) found that when women of color and white women find themselves in the same class position, women of color are still more likely to experience health barriers.

Pirtle & Wright (2021) analyze how women of color were disproportionately affected by the COVID-19 pandemic. Through their analysis, they identify the structural gendered racism as the root of health disparities among women of color. As the pandemic initiated a lockdown, women of color who are often found in low socioeconomic positions, were

disproportionately affected; not having a stable income resulted in the threat of eviction (Pirtle & Wright, 2021). Furthermore, women of color were disproportionately affected by the pandemic compared to their white counterparts (Pirtle & Wright, 2021). Overall, the application of an intersectional approach to analyze health disparities allows us to account for economic, sex, and racial positions. Through the analysis of intersectionality, we are able to sufficiently identify how racism, class positions, and sexism work together to prevent women of color from seeking proper healthcare.

### **Conclusion**

In America, women of color are disproportionately affected by cardiovascular diseases, cerebrovascular diseases, and cancer at a much higher rate than White women. Adopting a Liberal, Socialist, and Intersectional feminist approach, I analyzed how each lens interprets the issue of health disparities. Through these analyzes, it is evident that intersectionality provides the best explanatory power; accounting for the interlocking systems of race, socioeconomic position, and sexism, intersectionality provides a multifaceted perspective on health disparities. Ultimately, I found that women of color face a plethora of health diseases due to their lack of access to health insurance (a result of low income), racial notions found within the healthcare system, and the lack of female representation. Furthermore, I discovered how Feminist Standpoint Theory as a methodological tool aids us in understanding the different standpoints of women. This is translated through the accounts of women, in this case the experience of women of color within the healthcare system.

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