Health and Reproduction

Questions to ask yourself as you process this information on health and reproduction:

1. Who is the “doctor” in your family?
2. Who can afford healthcare in our society?

Mother as Nurse
Historically, women have helped other women through pregnancy and childbirth. Midwives and home births were norm through WWII (1940s). Most doctoring was done by women in family. Women were trained by their mothers in basic nursing skills as part of their “wifely” duty. Women were expected to: care for sick in their family, neighbors, other new mothers, their children and spouse, the elderly, and their parents. Medical care was expensive and therefore saved for serious conditions like eye sight, crushed bone, etc.

Medicalization of Childbirth
Post WWII, male medical authority grew popular and women’s authority over childbirth faded. Women started delivering in hospitals with male doctors who knew little about childbirth. Women began to be subjected to all sorts of unnatural methods of delivery – giving birth laying down with feet in air (works against gravity), strapping arms and legs down during delivery, shaving the pubic area, and utilizing mind-altering drugs that were dangerous to mom and baby.

New technology was developed for labor and deliver: stirrups and forceps. Both were developed by male physicians and despite of centuries of women delivering babies safely, they were deemed “necessary” for the safe delivery of baby. NOTE: None of the new technologies/procedures were practiced by midwives or learned from centuries of women-led childbirth practices!

Second Wave of Feminism
The study of women’s health is as recent as 1970s. Prior to 1970, the practice of medicine focused on from the male perspective. Few women were doctors with most trained as nurses. The first female doctor was Lucy Stone Blackwell, a good friend of Susan B. Anthony and part of early suffrage movement. She was also first female graduate of a university in the United States and was criticized for keeping her maiden name during her life (even after marriage).

Prior to 1970, most medical research was done by male physicians and studies were focused on white men who could afford the luxury of medical procedures (very androcentric!). Medical research findings on men were generalized as being standard for women and people of color. Today, we know that some diseases are more prevalent in different ethnic groups and some are more gender specific. We have the women’s movement to thank for this advancement!

If a research or medical finding didn’t represent a woman’s symptoms prior to 1970, doctors often treated her as hysterical, depressed, or considered her a hypochondriac. Women were often humiliated when seeking medical treatment. If a woman was considered hysterical in a time period where women were still almost considered property and the marriage ceremony included the term “obey” for women,
who do you think the husband was going to listen to? Most likely, the male, trained, medical professional over their wife. Mental health facilities were full of women who had sought medical care to relieve symptoms of what we now know are common women’s issues like post-partum depression.

In March 1971, 800 women gathered for the first Women’s Health Conference in New York. These white, middle- to upper-class women (again, those who could afford healthcare) questioned doctors’ authority and claimed that established medical practices and diagnoses were gender-biased toward men. They claimed that women’s biology and health were ignored and unexplored by medical field.

The Women’s Health Network was established in 1975 because of the Women’s Health Conference of 1971. It expanded from middle-and upper-class women’s issues to include issues of poverty and women of color. Today, it is dedicated to advancing the health of women of all races and social classes.

**Modern Medicine**
Modern medicine focuses heavily on “fix it” methods rather than “prevention” of disease/illness – therefore, the focus is heavily on drug development and surgery. The Federal Drug Administration requires all large-scale drug studies to include a 50/50 mix of males/females. However, small scale studies and drug trials have less than a quarter of female participants. Unfortunately, 1/3 of all new drug applications do not include separate safety and efficiency data for male and female patients.

Furthermore, more money is spent annually on drug therapies for diseases that are known to affect primarily men than on those that affect women. Much of our healthcare is underwritten and financed by the pharmaceutical industry – not the patient!

Healthcare is controlled by money – those who have money, have healthcare. Those who don’t have money fall victim to eugenics. Eugenics is a racist and classist idea that certain groups have the right to reproduce more than others.

Birth control is expensive and not covered by most insurance plans or welfare programs. However, sterilization is covered by most insurance plans and welfare programs. Therefore, more women of color and women in Third-World countries are more likely to be sterilized rather than having reproductive choice. Sterilization was regularly used through the 1970s without informed consent by the patient in poor women, Native Americans, the mentally retarded, and women who were incarcerated (in prison).

Healthcare is largely a gender-based issue in the United States. Viagra is a drug to help male impotency problems. It is covered by most insurance plans. Birth control, largely a female issue, is not covered by most insurance plans. Contraception is very important health issue for women. There has been a large increase in children born to single women, especially among women of color. This can be attributed to lack of knowledge about reproduction, contraception, an increasingly young sexually active population, poverty, lack of opportunity for employment, failure of schools, and increased use of drugs/alcohol.

One of the most misunderstood medical issues is emergency contraception. Emergency contraceptives reduce a woman’s chance of becoming pregnant by 75% if taken in the first 72 hours following unprotected sex. Emergency contraception is not abortion – in inhibits ovulation, fertilization, and
implantation before pregnancy occurs. Unfortunately, it is often mistaken for RU-482, the abortion pill, which does cause an implanted egg to disengage from the uterine wall.

The use of emergency contraceptives could reduce the number of unintended pregnancies and abortions by half annually. Yet 89% of women age 18-44 don’t know this option exists. NOTE: Wal-Mart (the #1 retailer in the U.S.) will not allow its pharmacies to stock or sell emergency contraception. Its pharmacists will be instantly fired if they consult with a patient on emergency contraception.