Tracing the Evolution of the Women's Health Movement:

The Importance of History within the Modern Movement

"These feminist health activists were committed to uncovering the ways women's bodies had been ignored, to examining knowledge that had been withheld from women and certain groups of men, to reclaiming knowledges that had been denied or suppressed, and to developing new knowledge freed from the confines of traditional frameworks."

- *Nancy Tuana*

Introduction

Second Wave feminism(s) appeared in the late 1960s and saw valiant progressive efforts, including the emergence of the women's health movement (WHM), particularly during the 1960s and 1970s in the United States. The WHM has now evolved over time, reflecting the progress that has been made, the threat of regression, and the incentive to continue developing the movement. Considered as a liberation and epistemological resistance movement, the WHM was first mobilized within the larger scope of the women's movement and was inspired by the civil rights movement of the time. Feminist philosopher, Nancy Tuana, describes how the focus of the WHM is "on women's bodies

and women's health, with the goal not only of providing women with knowledge but also of developing new knowledge." ("Speculum" 2). In order to have a more profound understanding of contemporary women's health, it is imperative to trace the history of the movement's motivation, goals, and progress, especially in order to fully grasp the realities of the movement today. It is important to note that I will focus my analysis on North America; however, the WHM is a global, widespread, and diverse movement that holds different histories, goals, and achievements internationally.

I will begin by historicizing the WHM by inspecting the history of birth control and the female orgasm while unpacking the inspiration behind the WHM and how it was historically mobilized. I will then draw on Tuana's understanding of epistemologies of ignorance within the WHM in order to demonstrate how the movement is a reaction to the willful ignorance of hegemonic medical practices. Lastly, I will focus on the modern WHM, specifically looking at the burden of birth control and the invention of the male pill as well as the recent importance placed on intersectionality and the rejection of gender essentialism. Throughout this research paper, I will explore the extent to which the Women's Health Movement of the 1960s and 1970s has shaped the modern movement and influenced women's experiences in relation to medicine today.

Historicizing the Women's Health Movement

The earlier stages of the WHM were committed to "redefining [women's] sexuality [which] included redefining anatomical knowledge of the clitoris." ("Speculum" 7). Until the early nineteenth century, male genitalia was considered to be the true and natural form of human biology, consequently regarding women's sexual organs as simply the interior and subsidiary version of men's genitals ("Coming to Understand" 199). Moreover, in earlier centuries, the female orgasm was thought to be necessary for

conception; however, after this idea was debunked, female pleasure was no longer considered to be an important aspect of sexual relations and not worth the investment of medical knowledge. It was not until the sixteenth century that the clitoris was widely discovered as a source of pleasure, and again, following this revelation, it was stigmatized and excluded from anatomical texts and imagery until after the introduction of the WHM.[1]

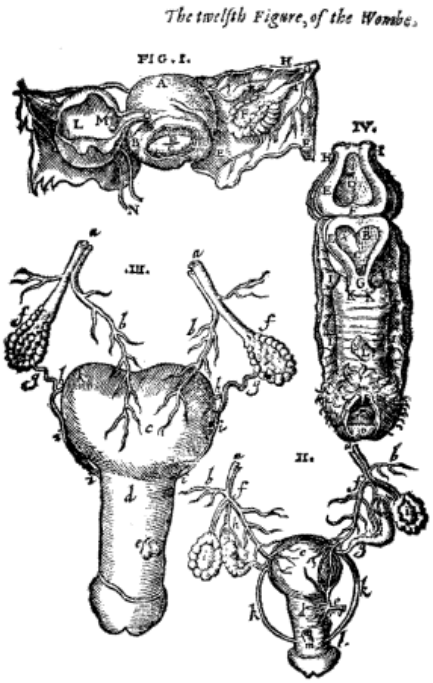

Illustration 1: The workes of that famous chirurgion Ambrose Pare, translated out of Latine and compared with the French by Thomas Johnson. London, Printed by T. Cotes and R. Young, Anno 1634. Page 127.

Fig. 1. Retrieved from Nancy Tuana's "Coming to Understand: Orgasm and the Epistemology of Ignorance."

[1] Compare fig. 1 to fig. 2. Fig 1 depicts the archaic medical imagery of female genitalia as the interior of the phallus while fig. 2 is from the 1980s and is a scientifically accurate depiction of biological female anatomy and includes the clitoris.

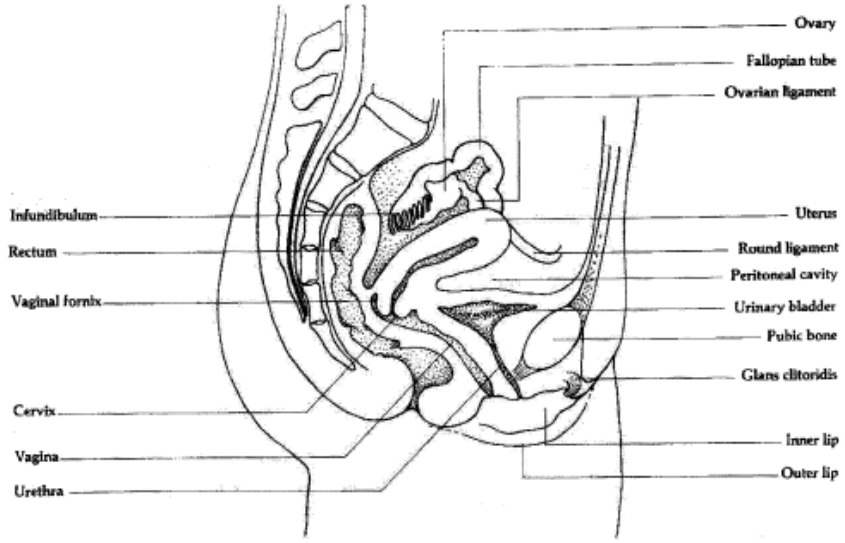

Illustration 2: Figure 4.3, Sagittal section of female internal anatomy (Rosen and Rosen 1981, 138).

Fig. 2. Retrieved from Nancy Tuana's "Coming to Understand: Orgasm and the Epistemology of Ignorance."

These figures exemplify the contrast between conceptions and depictions of female anatomy before and after the WHM. Additionally, this contrast demonstrates how medicine and science have historically systematically silenced women and controlled women's bodies in terms of health, pleasure, and agency, ultimately placing women's importance in society as solely child bearers and rearers. This is particularly harmful because science and medicine are considered to be sources of "objective knowledge" within society, hence acting as a form of structural and epistemic violence. The notion of epistemic violence within the medical sphere is maintained when examining the history of the birth control pill.

One of the most relevant cases of the fear of female bodily agency dates back to 1873, when anti-pornography campaigner, Anthony Comstock, lobbied for the support of Congress and state legislature to outlaw the production, distribution, and education

of birth control (Wardell 736). Comstock's hegemonic efforts to control access to birth control sparked Margaret Sanger – an activist, sex educator, and nurse – to respond by challenging him through law and ultimately motivated the creation of her campaign, Planned Parenthood (736). Sanger draws an important link between history prior to the WHM and the WHM today. Although Planned Parenthood prevails in the United States today more than a century later, Donald Trump's new administrative rule on the Title X program has made access to women's healthcare increasingly difficult, particularly for clinics that rely on federal funding as well as low-income women (*Atlantic*). The history and current state of Planned Parenthood demonstrates how modern conceptions of birth control and women's health continue to be controlled by oppressive systems of power and tainted by structural sexism.

The side effects of the birth control pill were largely hidden and undermined by the medical industry until the WHM. These side effects were brought to the attention of Barbara Seaman, a health columnist, when she began receiving reports of women's experiences of blood clots, depression, loss of libido, heart attacks, and their speculation that their birth control was the cause of these symptoms ("Speculum" 9). The development of women's anecdotal evidence inspired Seaman to launch an investigation into oral contraception based on women's experiences. In 1969, Seaman published *The Doctors' Case Against the Pill*, where her investigations and findings ultimately led to the federal hearing on the safety of the birth control pill (Nichols 58). Seaman's work illustrates how one of the central tactics of the movement was the valuing of experience and anecdotal knowledge – I will unpack this concept further when discussing standpoint theory. *Our Bodies, Ourselves,* published in 1970, was written by a feminist collective and their work is another key example of women reclaiming the production of

knowledge – the publication was described by the *New York Times* as "America's best-selling book on all aspects of women's health" (Sundwall 847). The WHM challenged the biased epistemic objectivity of medicine and science which led to various reformations and the proliferation of women's experience and knowledge.

The Women's Health Movement as an Epistemological Movement

The WHM is an epistemological movement because it seeks to challenge the ways in which the production and circulation of knowledge are linked to systems of privilege and power and how these are systems based on willful ignorance. In other words, as Tuana puts it, willful ignorance is "knowing that we do not know, but not caring to know." ("Speculum" 5). As I have highlighted in its history, the WHM began as a reaction to willful ignorance in the medical sphere and has since functioned as a longstanding and widespread grassroots movement in order to uphold the advancements made by the movement in addition to continuing the much needed pursuit of progress. One of the central causes of willful ignorance in medicine is rooted in the gendered mind/body dualism wherein the mind is linked to the masculine while the body is linked to the feminine. This mind/body dualism enforces the notion that the woman is the object while the man is the creator of knowledge and reason and, therefore, women's subjectivity has been negated, particularly in the medical sphere. Moreover, the dualistic linkage between women and the body has enabled medicine to legitimize malpractice, mistreatment, and ignore women's health in general. For example, the negative side effects of the birth control pill – such a loss of libido and depression – were dismissed by doctors as innate symptoms of womanhood despite these symptoms really being side effects brought on by medicine. Another example of the association of women with the body is the hegemonic regulating and illegalizing of

medical abortions justified by the narrative that women are meant to be mothers based on their biological bodies. The gendered mind/body dualism has subliminally contributed to the epistemology of medicine in terms of who the creators of knowledge are, who the knowledge is about, and the means by which this knowledge is discovered. The WHM exploits these underlying issues and strives to reclaim the narrative in order to transform women's health.

Standpoint theory is a conceptual framework that analyzes inter-subjective discourses; situates knowledge within the authority of the individual; and influences the ways in which one experiences and contributes to social constructs. A feminist standpoint is achieved rather than being an innate position or perspective. Moreover, the experience of inequality shapes an individual's or group's standpoint. I argue that standpoint theory relates to Marie-Benedict Dembour's understanding of the protest school of thought which is "concerned first and foremost with redressing injustice" and sees human rights as "rightful claims made by or on behalf of… the oppressed." (3). The link between feminist standpoint theory and the protest school of thought, in terms of the WHM, lies in the fact that the theory influences the thought. In other words, the protest school does not exist without standpoint. One must experience inequality and have an emotional response to subordination in order to conceive the opinion and perspective that aligns with the protest school of thought. Through the dynamic between feminist standpoint as the protest school, we can see the ways in which the WHM is conceptualized, motivated, and mobilized.

The Women's Health Movement Today

Today, there are only two available forms of birth control for men: condoms and vasectomies. With the rise in the birth control pill in the 1960s, drug companies decided

that research into male hormonal contraception would not be profitable ("Speculum" 4). Indeed, the common side effect of loss of libido in women ultimately prevented the drive to invest in the male pill which reflects the historical trend in society and medicine to prioritize men over women, especially when it comes to sex and pleasure. The male pill is now a technology in the making and has the potential to be a cultural revolution in terms of making birth control the responsibility of both males and females, representing a monumental achievement for the WHM. With that being said, even something as seemingly progressive as the male pill is nevertheless tainted by the impulse to preserve masculinity, thus continuing to place the burden and blame on women. For example, according to Geoffrey Waites, the male pill would "occupy niches, e.g., when delaying vasectomy, when female methods were not tolerated, and during the post-partum period." (617). At first glance, this does not seem to be a harmful statement; however, to say that the male pill would merely act as a niche or backup option of birth control is counteractive to the promising possibility of equality that the male pill has the potential to offer because Waites insinuates that the first, best, and main option is for women to be held accountable for birth control.

Linda Gordon highlights the importance of an awareness of history and ideology in understanding the contemporary movement. She states that, "[to] understand [the struggles of the WHM], we must first understand something about the nature and sources of censoring ideology." (7). Gordon's idea of censoring ideology is complementary to Tuana's concept of epistemologies of ignorance and we can see there is a clear trend in the understanding of the WHM as being a movement towards dismantling hegemonic systems of knowledge. The modern WHM is focused on campaigning for economic justice, freedom of speech, and the extension of women's

rights to the level of democracy in which women's voices are not only equal but prioritized when it comes to health (Gordon 7). These struggles fuel the WHM because of the continuous injustice in these areas that reinforces the necessity for the movement today. There is a strong interconnectedness between the economy, freedom of speech, and democracy in the political climate of North America today. Moreover, the WHM faces different obstacles compared to the mid-late twentieth century because the movement must overcome the deception of a postfeminist society. This illusion of a postfeminist North America hinders the movement because it enforces the belief that there is no longer a need for the movement and that justice and equality in relation to women's health have been fully realized when this is in fact far from the reality. There are many areas of women's health that remain underdeveloped, neglected, and devalued. According to Francine Nichols, the WHM of the 21st century demands "greater emphasis… on cultural diversity, effective means to decrease violence against women, and increasing the link between research and effective health care for women." (62).

Kimberle Crenshaw conceptualized intersectionality in 1989 where she used the example of the multidimensionality of Black women's identities in order to describe the experience of being "multi-burdened" simultaneously by race and gender (140). Crenshaw's intersectionality has since been extended to describe other intersections and layers of all marginalized identities. Intersectionality has become a buzzword and the cornerstone of Fourth Wave feminism(s), including that of the WHM. The modern movement employs an intersectional lens when looking at women's health, for example, when it comes to race. There is no denying the racial gap in women's healthcare when statistics show that African Americans are more than twice as likely to die in infancy

(Dominguez 4). Furthermore, "[d]ifferential treatment in the healthcare system is another way in which racial bias is institutionalized at the macro-level. Racial/ethnic minorities receive less intensive and poorer-quality health care services than do Whites. African American pregnant women are less likely to be given medical advice [and less likely] to be informed of medical complications or risks (9)."

Another example of the intersectionality of the WHM is the problematizing of gender essentialism. Gender essentialism is the idea that gender is innately linked to biology and sex rather than being a social construction and the property of an individual as their own intimate personal truth. Gender essentialism is strongly perpetuated through the medical sphere, negatively impacting the physical and psychological health of those who do not conform to the normative sex/gender paradigm. Through understanding contemporary objectives and standpoints of the WHM, I invite the possibility of queering medicine as a potential solution to epistemologies of ignorance by creating a holistic health care system in which those who have been systematically marginalized are able to contribute their subjective knowledge(s) to mainstream medical practices. A holistic healthcare system would aid in dismantling the hierarchy within the mind/body dualism, as I have previously discussed, and it would challenge the biased objectivity of medicine by enabling a conversation between science and the subject. In the case of queering medicine, the term 'queer' refers to the overarching embodiment subsumed by the Other and is a way of describing identity-constituting discourse (Sedgwick 8). Interrupting dominant discourse by queering medical narratives engenders a sense of inclusivity, equality, and connectivity, which is in keeping with the objectives of the modern WHM.

Conclusion

The WHM is not a movement limited to a specific time, place, or event. It is rather a continuous, widespread, and all-encompassing movement composed of small-scale silent progresses as well as radical public victories. The movement has evolved alongside the larger feminist movement and is now geared towards the equality of any and all self-identifying women and the pursuit of justice for their bodies, health, and pleasure. The WHM exemplifies the continuous struggle for human rights, freedom, and the extension of democracy and justice to women's health. Since its emergence in the late 1960s, the WHM has overall seen important progress and achievements such as research and publications; an evolution of sexual education; political reform; and economic investment. The movement is aimed at reclaiming individual property of bodies that have been historically subjected to the sexism, oppression, and violence of medical practices through exposing the relationship between power and knowledge. Namely, "feminist epistemologists and science studies theorists have carefully demonstrated that… theories of knowledge and knowledge practices are far from democratic, maintaining criteria of credibility that favor members of privileged groups." ("Speculum" 13).

The history of the WHM has shaped the current state of women's health and is imperative to the understanding of the modern movement – the threat of returning to what *used to be* and the tangible potential of what *could be* drives the movement today. It is considered to be an epistemological movement because medicine, itself, is composed of systems of knowledge, methods, and practices; therefore, the WHM seeks to demonstrate the ways in which medicine has been skewed by the external forces of prejudice and bias. The movement is mobilized through academia, activism, as well as

grassroots efforts motivated by the unification based on womanhood and/or identity of Other and the importance placed on self-help within the movement (Norsigian 845). Self-help and the valuing of anecdotal evidence is one of the most unique advances of the WHM because it is a form of resistance to ignorant medical practices that exert power over women's bodies and health. The WHM dared to demand: "what is it that women do for each other that transcends the scientific/medical?" and the movement has proven time and time again that women have valuable knowledge and input concerning their bodies that science alone cannot uncover (845). The WHM has seen decades of progress and yet the movement is still as urgent as ever, which ultimately begs the question: will there come a day when the movement is no longer needed? Or will the medical sphere perpetually be corrupted by inequality, prejudice, and injustice?

Bibliography

Crenshaw, Kimberle. "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracial Politics." *University of Chicago Legal Forum*, vol. 1989, no. 1, pp. 139-167.

Dembour, Marie-Benedicte. "What are Human Rights - Four Schools of Thought." *Human Rights Quarterly*, vol. 32, no. 1, 2009-2010, pp. 1-20. HeinOnline.

Dominguez, Tyan Parker. "Adverse Birth Outcomes in African American Women: The Social Context of Persistent Reproductive Disadvantage." *Social Work in Public Health*, vol. 26, no. 1, 2011, pp. 3-16. DOI: 10.1080/10911350902986880.

Duyfhuizen, Bernard. “Deconstruction and Feminist Literary Theory.” *Tulsa Studies in Women's Literature*, vol. 3, no. 1/2, 1984, pp. 159–169. *JSTOR*, www.jstor.org/stable/463832.

Gamache, Mylène. Notes from course lecture. GWST 216 Critical Foundations: Feminism and Difference. University of British Columbia Okanagan. 2019.

Gordon, Linda. *The Moral Property of Women: A History of Birth Control Politics in America*. Penguin Books, 1990.

Khazan, Olga. “The Biggest Consequence of Trump’s New Abortion Rule Won’t Be for Abortion.” *The Atlantic,* 5 March 2019, https://www.theatlantic.com/health/archive/2019/03/trumps-title-x-rule-change-planned-parenthood/584005/.

Sedgwick, Eve Kosofsky. *Tendencies*. Routledge, 1994, pp. vii-ix; 1-19.

Sundwall, David N. “Our Bodies Ourselves and the Women’s Health Movement in the United States: Some Reflections.” *AJPH,* vol. 109, no. 6, June 2019, pp. 844-848. https://ajph.aphapublications.org/doi/10.2105/AJPH.2019.305059.

Tuana, Nancy. “Coming to Understand: Orgasm and the Epistemology of Ignorance.” *Hypatia,* vol. 19, no. 1, Winter 2004, pp. 194-232. *JSTOR,* http://www.jstor.org/stable/3810938.

Tuana, Nancy. “The Speculum of Ignorance: The Women’s Health Movement and Epistemologies of Ignorance”. *Hypatia,* vol. 21, no. 3, Summer 2006, pp. 1-19. *JSTOR,* https://www-jstor-org.ezproxy.library.ubc.ca/stable/3810948?pq-origsite=summon&seq=1#metadata_info_tab_contents.

Waites, Geoffrey. “The Male Pill: a biography of a technology in the making.” *Perspectives in Biology and Medicine*, vol. 47, no. 4, Autumn 2004,

pp. 617-623. https://doi.org/10.1353/pbm.2004.0075.

Wardell, Dorothy. "Margaret Sanger: Birth Control's Successful Revolutionary." *AJPH,* vol. 70, no. 7, July 1980, pp. 736-742. https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.70.7.736.