



Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

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Health and Social Care: Disability and Wellbeing

Theme 3: Sociological Perspectives on Health & Wellbeing

Part 2: Feminist Perspectives on Health

Trawsnewid Addysg; Trawsnewid Bywydau
Transforming Education; Transforming Lives



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(Conflict Theory) Feminism



Feminist Theory and Health

- Elinor Cleghorn in her study of medical attitudes towards women throughout history, *Unwell Women*, argues that the male body has always been privileged in medicine
- She points out that Aristotle (384-322 B.C.E.) ‘described the female body as the **inverse** of the male with its genitalia turned *outside in*’ (Cleghorn, 2021 p. 2)
- She goes on to describe the various ways in which ‘male’ medicine defined and constrained ‘female health’
- For example, the Ancient Greeks believed that the uterus moved around the body and caused ‘hysteria’ when it influenced the brain
- Although his definition of hysteria was different, Sigmund Freud was still using the term to describe female mental health

Feminist Theory and Health

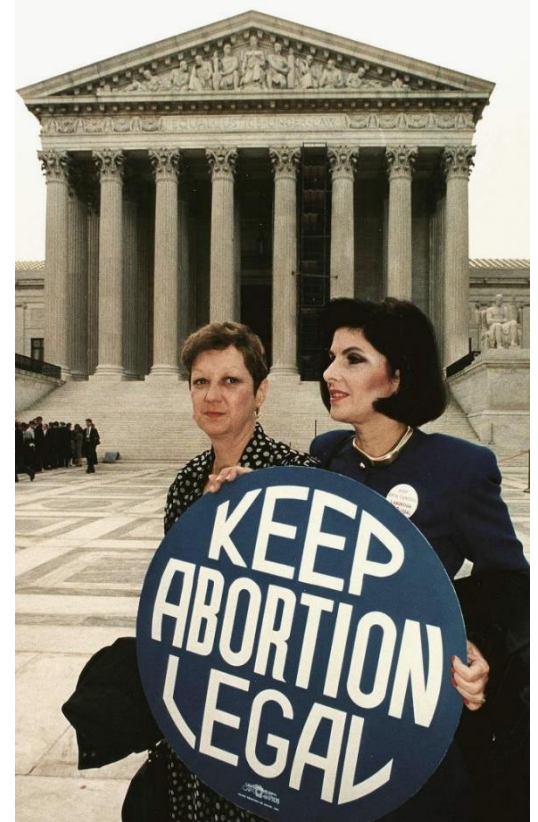
- Feminist approaches to health focus on addressing systemic inequalities and power imbalances that affect health outcomes, particularly for women and marginalized groups. These include:
- **Empowerment and Knowledge:** Feminist health movements have historically aimed to empower women by increasing their knowledge about their own health and challenging paternalistic practices in healthcare. This includes advocating for reproductive rights and fighting against the medicalization of women's bodies.
- **Intersectionality:** Feminist approaches recognize that health is influenced by a variety of intersecting factors, including gender, race, class, and sexuality. This perspective emphasizes the need for healthcare systems to address these multiple dimensions to improve health equity.

Feminist Theory and Health

- **Holistic and Inclusive Care:** Feminist principles align with holistic healthcare, which considers the interconnectedness of social, economic, and environmental factors in determining health outcomes. This approach advocates for inclusive care that prioritizes the voices and experiences of marginalized groups.
- **Challenging Power Structures:** Feminist health frameworks aim to transform oppressive power structures within healthcare systems. This includes addressing issues like gender-based violence, discrimination, and inequities in the health workforce.
- **Policy and Practice Integration:** Integrating feminist thinking into medical science, practice, and policies can lead to significant improvements in women's health worldwide. This involves not only recognizing biological differences but also understanding the societal impacts on health.

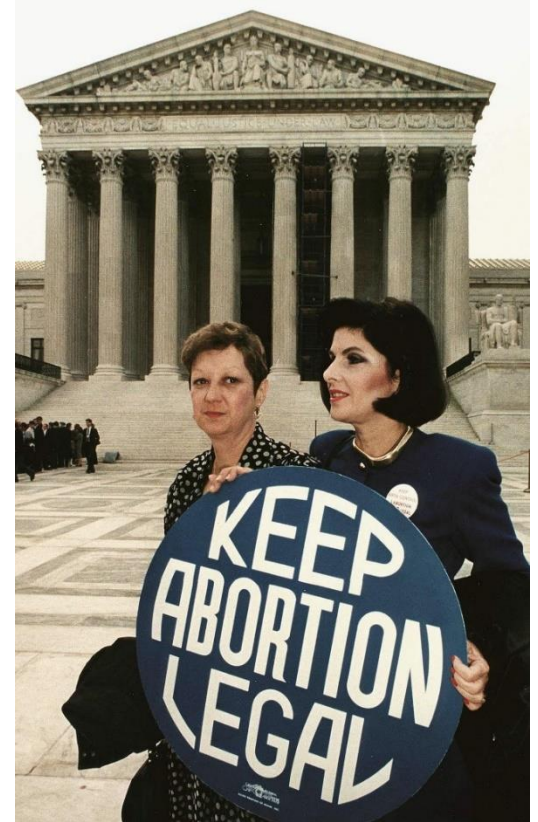
Reproductive Rights

- Bodily autonomy was a significant part of the 'second wave' of feminism (1960s-1980s)
- Feminists fought for reproductive rights
- E.g., Roe vs. Wade in America, a 1973 U.S. Supreme Court decision establishing a constitutional right to abortion in the United States
- Proponents of the decision argued that women's emancipation comes from control over their sexuality (including reproductive choice)



Reproductive Rights

- However, in 2022, the US Supreme Court published a draft decision that [reversed this ruling](#)
- States are now free to pass Laws which make abortion illegal
- Feminist activists, such as Barbara Smith, have argued that this was possible because the right was not written into the Constitution
- [Cohen-Sanchez et al](#) (2022) argue that this is a clear example of women's rights to health control being removed by a male dominated 'biopolitical' system
- We will look at the concept of biopolitics in the section on post-modernism



“The global status of women’s and girls’ sexual and reproductive health and rights is disturbing: 214 million women worldwide want, but lack access to, contraception; more than 800 women die daily from preventable causes related to pregnancy and childbirth; and same-sex relationships between consenting adults are still illegal in 76 countries globally”

Challenging Diagnoses

- Modern feminists critique the psychiatric diagnosis of ‘Borderline Personality Disorder’ which is most often applied to women
- See for example Becker, D. (2000) ‘[When She Was Bad: Borderline Personality Disorder in a Post-traumatic Age](#)’
- Borderline Personality Disorder is a recognised condition (see for example the [NHS description](#))
- However, in her paper, Becker argues that sexist bias can be seen in the fact that mostly women have been diagnosed with BPD
- She goes on to argue that this pattern can also be seen in diagnoses of Post-Traumatic Stress Disorder PTSD in women

The Global Gag Rule

- The Global Gag Rule, also known as the Mexico City Policy, is a U.S. government policy that affects foreign non-governmental organizations (NGOs) receiving U.S. global health assistance.
- It has been criticised by feminism theorists for imposing patriarchal standards on world healthcare
- Here are the key points:
- **Restrictions:** It prohibits these NGOs from providing legal abortion services, referrals, or advocating for abortion law reform, even if they use their own, non-U.S. funds.
- **History:** First introduced by President Ronald Reagan in 1984, the policy has been alternately revoked by every Democrat President and reinstated by every Republican
- **Impact:** The rule has significant effects on global health services, particularly in areas like HIV/AIDS prevention and treatment, maternal health, and family planning. It often leads to increased rates of unsafe abortions and maternal mortality.

WHO IS HURT MOST?



(Global Fund for Women, 2021b)

Period Poverty in the UK

- Period poverty refers to the lack of access to menstrual products, sanitation facilities, and education about menstrual health due to financial constraints. This issue affects millions of people worldwide, particularly those in low-income communities.
- Key aspects of period poverty include:
 - Inability to afford menstrual products: Many people cannot buy essential items like pads, tampons, or menstrual cups.
 - Lack of sanitation facilities: Inadequate access to clean water and private spaces for managing menstruation.
 - Educational barriers: Limited knowledge and awareness about menstrual health, often due to stigma and cultural taboos.
- Period poverty can lead to significant consequences, such as missed school or work, health issues from using unsafe alternatives, and emotional distress.

Period Poverty in the UK

- One in ten girls (10 per cent) have been unable to afford sanitary wear
- One in seven girls (15 per cent) have struggled to afford sanitary wear
- One in seven girls (14 per cent) have had to ask to borrow sanitary wear from a friend due to affordability issues
- More than one in ten girls (12 per cent) has had to improvise sanitary wear due to affordability issues
- One in five (19%) of girls have changed to a less suitable sanitary product due to cost
- This was partly due to the charging of Value Added Tax (VAT) on sanitary products
- Campaigns have meant that the [UK Government has changed its policy on taxing such products](#)

Period Poverty in Wales



- The Welsh Government has committed more than £3.3m to tackle period poverty in communities and promoting period dignity in schools and colleges across Wales
- Each local authority will be allocated part of a £220,000 fund to help them provide free period products to women and girls who may otherwise be unable to afford them
- These will be available in community-based locations such as libraries and hubs.

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