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Naturalizing the Female Body: Social Control through Reproduction

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Costa T, Navarro E, Grynszpan D, Souza MC. Naturalização do corpo feminino: o controle social por meio da reprodução. (Naturalizing the Female Body: Social Control through Reproduction). Interface-Comunic, Saúde, Educ (Botucato, Brasil) 2006 September-December; 10(20):363-380.

Objective: To discuss alternatives to understand how the medical sciences have reduced the female body conceptually to its biological dimension as the foundation for its social control.

Methodology: Analytical interpretation and bibliographical revision of the Lilacs, BDEnf, Medline, Adolec and Hisa databases.

Results: The article is divided into two thematic blocks. The first deals with how the medical sciences historically have reduced the female body to its mere biological-reproductive aspect (naturalization) in order to facilitate social control by standardizing health (medicalization) of sexual and reproductive behavior, where the doctor assumes the responsibility of controlling these behaviors. The authors describe how the emergence of modern medicine and its consolidation of scientific knowledge have provided a medical practice that on the one hand, is conceptually linked to motherhood as a "female nature", and on the other hand, promotes moral norms related to work, daily habits and eugenics. In this regard, by the mid-twentieth century, this speech enabled certain medical practices deployed around the female population, such as birth control by sterilization, which has become justified in strategies to combat poverty. For the authors, issues related to reproductive health and rights are strongly influenced by factors such as race, class and ethnic origin.

The second theme discusses contemporary medicalization in Brazil, where the authors denounce the formation of a culture where sterilization is seen as a common theme in reproductive life. The health projects are directed toward working classes, even though in those classes female identity is closely tied with being a mother and wife and the absence of children is considered a gross abnormality or pathology. The authors indicate that the present educative model reinforces the inequalities in gender, race and class, and collaborates with the division of society according to a sexist and binary structure, always in favor of the white and the bourgeois classes.

Conclusions: For the authors, reproductive control and the medicalization of the female body represents a form of social control that works as support for patterns of behavior and differences linked to social classes, races and ethnicities. This medical normalization maintains the hegemonic status of the dominant social group and deepens inequalities of class and gender.