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Modern Reproductions: Women, Biology, and History (book reviews)

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Modern Reproductions: Women, Biology, and History


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Recent political tempests in the United States serve as vivid reminders that biology is often inextricably bound up with social, cultural, and political meanings—especially, it seems, where women’s reproductive systems are concerned. Incomplete and disputed scientific understandings of the complex processes involved in human procreation leave ample space for vying significations among the lay public. Examining the particular character of social and cultural contests over female reproduction, therefore, may reveal deeper tensions within a given society. Three recent books about the twentieth-century United States provide compelling illustrations of how societal anxieties in times of profound change were expressed through public discourses about how women’s reproductive systems can and should be controlled, and who should control them.

In The Modern Period: Menstruation in Twentieth-Century America, Lara Freidenfelds traces the emergence of a new cultural expectation that women actively “manage” their monthly periods, causing as little disruption as possible in their own lives and the lives of others. Underlying this change, Freidenfelds sees the wider imperatives of increased efficiency, productivity, and rationality that served as the hallmarks of “modernity” in the late nineteenth and early twentieth centuries. Women’s growing participation in the paid labor force set up expectations that their bodies would suit the requirements of a fast-moving and increasingly automated workplace. Public health awareness raised individual standards for personal hygiene, while the growing popularity of female physical education brought women’s bodies under new scrutiny. Such notable changes in the nature of women’s
public lives required the maintenance of bodies that “would not leak, smell, hurt, cause anxiety, appear unfashionable, or lose efficiency (productive or reproductive) at inopportune moments” (2). The modern regime of menstrual management had two components. First, women should seek access to objective and up-to-date “expert” information about their monthly periods, rather than relying on folklore, superstition, or their mothers’ outmoded advice. Second, women should purchase newly available feminine hygiene products that were discrete, hygienic, and disposable, unlike the cumbersome cloth “diapers” hand sewn and laundered by their mothers’ and grandmothers’ generations.

In 1921, Kimberly-Clark introduced Kotex disposable sanitary napkins and launched a decades-long marketing campaign to build brand loyalty for the product among female consumers. Freidenfelds examines, in detail, the advice pamphlets Kimberly-Clark distributed as a key aspect of this campaign. Through numerous iterations, the pamphlets employed the voice of a friendly female health authority figure who offered frank and pragmatic advice about menstrual management, a successful tactic in an era that placed a great deal of faith in the power of science and technology to solve social problems. The texts also avoided overt mention of female sexuality, adroitly sidestepping obscenity charges while, at the same time, appealing to mothers as helpful tools in advising their daughters about menstruation. Making their first appearance in the 1920s, the ubiquitous little booklets offered a distinctive vision of female modernity that perfectly suited several expanding markets, including women working outside the home and women attending college in an age that celebrated youthful female vitality and glamour. Kimberly-Clark’s paradigm of modern menstrual management was so widely replicated in such vehicles as mass circulation women’s magazines and instructional films produced for high school hygiene classes, that it became a normative cultural standard by the middle of the century. While Kimberly-Clark’s marketing efforts were massive, women themselves eagerly took advantage of the comfort, ease, and convenience that the new commercial feminine hygiene products offered. Freidenfelds draws upon interviews she conducted with working-class, African-American, and Asian-American women to demonstrate that adopting the paradigm of modern menstrual management served as a desirable emblem of middle-class status for many young women in the mid-twentieth century.

Tampons, by contrast, were a tougher sell. Introduced in 1936, they were widely disapproved of by physicians as well as by many mothers of young daughters, both of whom, according to Freidenfelds, shared a twofold concern: “first, that the tampon break the hymen, and second, that its use would be sexually stimulating to young girls, possibly inviting promiscu-
ity or autoeroticism” (173). In the 1960s, however, dramatically changing sexual attitudes among middle-class Americans lessened anxieties about preserving the hymen as a symbol of virginity, and a new generation of women eagerly adopted the product. In the 1980s, an outbreak of serious, sometimes-fatal, bacterial infections (known popularly as “toxic shock syndrome”), associated particularly with Proctor and Gamble’s super-absorbent Rely brand, prompted a renewal of public concerns about the safety of tampons and eventually resulted in the brand’s recall. But tampon use itself continued relatively unabated; Freidenfelds’s interviewees remembered making a reasoned calculation that the benefits of tampons in terms of convenience, comfort, and security outweighed any potential health risks. The author concludes that, ultimately, “changes in menstrual education, ideas about menstrual health, and menstrual technologies and practices very much reinforced each other,” resulting in the overwhelming triumph of the modern menstrual management paradigm (195).

The Modern Period’s limited focus ensures that this study is both coherent and accessible to a range of specialist and nonspecialist audiences. While this is an asset of the work, there was room in Freidenfelds’s analysis to explore further the meaning of the new regime she convincingly constructs within the larger context of early twentieth-century efforts to regulate and control the human body, including eugenics, Taylorism, the eight-hour workers’ movement, and public health reform. In the book’s conclusion, a brief discussion of controversies over extended-cycle birth control pills that allow women to reduce the frequency of their periods seems inadequately integrated into the larger story she tells.

Birth control pills are the focus of Heather Munroe Prescott’s The Morning After: A History of Emergency Contraception in the United States. Prescott traces the involvement of diverse interest groups in the development, implementation, marketing, and eventual widespread acceptance of hormonal contraception’s use as an emergency measure, taken by women after intercourse rather than on a daily basis. The story involves a range of actors seeking better access to safe and effective birth control methods, including feminist health activists, population control advocates, medical researchers, the pharmaceutical industry, and college students. The author offers her own detailed account as a corrective to previous scholarship that posited an intrinsically adversarial relationship between two camps of birth control advocates: paternalistic medical men pushing a disease model of women’s reproductive health onto their female patients versus feminist activists advancing the cause of women’s rights to control their own bodies.

Like disposable sanitary napkins for earlier generations, birth control pills proved an extremely popular choice among women eager to manage
their reproductive health needs. Prescott’s previous scholarship on college health services enabled her to identify the significant role played by both male and female students in the rapid proliferation of hormonal contraceptives following their approval by the Food and Drug Administration in 1960.1 Female undergraduates, only recently admitted at Yale University, volunteered as subjects in the first tests of postcoital contraceptives there. (C. Lee Buxton, chair of Obstetrics and Gynecology at Yale Medical School, was Estelle Griswold’s co-plaintiff in the 1965 landmark U.S. Supreme Court case Griswold v. Connecticut.) Controversy erupted in the 1970s when studies showed a high incidence of a rare form of vaginal cancer among the daughters of women who had been treated with diethylstilbestrol (DES) for complications during pregnancy. DES was the synthetic hormone used in experimental birth control pills and, therefore, feminist activist groups like the Boston Women’s Health Book Collective, producers of the influential volume Our Bodies, Ourselves, launched a major critique of what they considered to be researchers’ callous disregard for the safety of female subjects. Their protests alarmed the general public and, following Senate subcommittee hearings, Congress passed the 1974 National Research Act, which created the National Commission for the Protection of Human Subjects in Biomedical and Behavioral Research and established new procedures and standards for the use of human subjects in research. The search was underway for safe alternatives to DES in emergency contraceptive drugs, but feminist health activists remained suspicious of institutional medical research. A major breakthrough came in 1980 when the “Yupze method” of emergency contraception gained widespread attention. Developed by A. Albert Yupze at the University of Western Ontario, the method employed two large doses, taken several hours apart, of Ovral, a commonly used birth control pill. The method worked by accelerating the passage of an egg through the reproductive tract, lowering the chances of conception after sex. In addition to being effective in preventing pregnancy, the Yupze method produced only mild side effects. Prescott traces a decade of further controversy over the question of whether health care providers could and should give their patients information about how to use birth control pills as emergency contraception.

By the 1990s, a backlash against abortion rights, growing steadily since the 1973 Roe v. Wade ruling, had gained considerable steam. New statutory restrictions on abortion, liberal charges that the procedure was being foisted on low-income and minority women, and the alarming embrace of violent tactics by anti-abortion activists led former opponents in the debate over hormonal contraception research to unite in promoting the Yupze method as a safe alternative to abortion. The new coalition also
advocated for the development of birth control pills packaged specifically for use as emergency contraception. In addition, these activists pressured for the new “morning after” pill to be made available over the counter in order to allow access without the obstacles of money and time imposed by the requirement of a doctor’s prescription. Prescott credits the progress realized in those endeavors to the powerful sway of women’s rights advocates, this time working within the mainstream medical establishment rather than in opposition to it. She also points out the influence of a newly emerging popular medical self-care movement that succeeded in making an abundance of nonprescription medications available to consumers. The result was two new emergency contraceptives, Preven and Plan B. But these drugs also had vocal detractors, particularly among political and religious conservatives. The retail giant Wal-Mart, for example, refused to make the new drugs available in its pharmacies.

Prescott concludes that the complicated history of emergency contraception has left a mixed legacy for reproductive rights. The “morning after” pill is currently available without a prescription, but not literally “over the counter” because consumers are required to present proof of age in order to purchase it. Pharmacists may, furthermore, refuse to sell it on religious grounds. Present-day conservative birth control opponents, ironically, have coopted the safety objections first advanced by feminist health critics in the 1970s, despite the fact that Preven and Plan B don’t contain DES; opponents also incorrectly conflate these “morning after” pills with the controversial “abortion pill” RU 486. Prescott observes that even over the counter availability fails to guarantee access to emergency contraceptives to women who lack the financial means or the geographical mobility to access them.

*The Morning After* traces the modern history of emergency contraception in careful and illuminating detail. Prescott has pieced together a wealth of evidence into a clear narrative that serves as an invaluable resource for understanding Americans’ ongoing cultural and political battles over the availability of contraception, female reproductive health care, and women’s rights to exercise autonomy over their bodies. Like Freidenfelds’s study, this is also fundamentally a story about societal struggles over modernity projected onto the physical bodies of women. Prescott’s analysis, however, leaves most of these deeper implications unexamined.

Complex struggles over modernity underlay the rich and incisive analysis offered by Sara Dubow in *Ourselves Unborn: A History of the Fetus in Modern America*. Dubow traces the “discovery” of fetal life in the United States to the country’s emergence as a modern industrial nation in the period from the 1870s to the 1920s, an era in which the fetus first “materialized as a scientific specimen with physical substance” (11). The physical body of the
fetus, she argues, was interpreted through varying discourses of medicine, law, culture, and politics, providing Americans a means of imposing order onto the stresses and strains of rapid modernization while, at the same time, offering the promise that an uncertain future could be both comprehended and brought under control. Paralleling fetal development itself, Dubow’s intricate narrative proceeds through successive chronological stages in which the fetus emerges as a figure ever more central in the public’s imagination, eventually materializing into an entity completely separated from the body of its mother and, indeed, even standing in opposition to her.

The American public first became familiar with images of fetal development in the late nineteenth century. Wax models were displayed at the 1893 World’s Columbian Exposition, followed forty years later by actual specimens preserved in formaldehyde at the 1933 World’s Fair. Over the succeeding decades, fetal bodies underwent a cultural transformation, from serving as objects of curiosity “inspiring wonder and awe into ‘babies’ and ‘human bodies’ deserving sympathy and burial”; therefore, well before Roe v. Wade, the public had imbued the fetus with “individuality, personhood, and rights” (41). In the same period, the science of endocrinology made it possible to confirm pregnancies at ever earlier stages. Human life in utero became the setting of a variety of social, cultural, and philosophical discourses. A legal sea-change took place when, in 1946, a court broke with over sixty years of precedent and recognized the right of a child to receive compensation for damages incurred by a wrongful act that had been committed on it prenatally. Ten years later, a California court found a father culpable for failing to provide for the care of his unborn child. Dubow argues that case law in the middle decades of the twentieth century reflected the growing authority of science in the courtroom rather than a consensus about the status of the fetus as a person. She speculates that, in Roe v. Wade, the use of fetal viability as a benchmark for determining fetal personhood may have been the Court’s attempt to “depoliticize the issue of abortion by stripping it of its metaphysical meanings” (66). But such an effort proved unsuccessful as abortion opponents mobilized to recast the fetus as a defenseless being in need of protection by people other than its mother. In a significant cultural shift, scientific authority found itself in competition with anti-elitism and claims to a higher moral authority by those advocating on behalf of unwitting and vulnerable subjects. Policy debates and legal cases presented competing narratives consisting of, on one side, complex discussions of scientific definitions and procedures and, on the other side, compelling appeals to public empathy for fellow members of the human race.

Dubow explores successive constructions of fetuses as individual persons endowed with rights separate from, and often in conflict with,
the rights of women as patients, workers, and citizens. Fetal medicine emerged as a significant new field of medical practice and, not infrequently, obstetricians acted as advocates on behalf of the fetus, asserting their own authority over the wishes of pregnant women in medical decision making. Dubow examines a number of cases “pitting the fetus’s well-being, framed as a public issue of social concern, against the mother’s rights, framed as a private issue of personal preference” (118). In a political climate increasingly aggressive in constructing and defending the rights of fetuses, women underwent criminal prosecution for fetal neglect and abuse, a legal phenomenon unknown prior to the 1980s.

That decade also saw the emergence of two new anti-abortion arguments: first, that women experienced psychological and emotional trauma after having abortions, and second, that fetuses experienced pain during the procedure. Dubow argues that anti-abortion arguments founded on assertions of fetal pain appropriated the “ownership of compassion” that had been so successfully claimed by liberalism in the last half of the twentieth century. The public accessed medical discussions about whether fetuses are physiologically capable of experiencing pain through a polarized and contentious mass media, precluding most Americans’ exposure to the complex and nuanced understandings that characterize the science of endocrinology. As a result, Dubow argues, the antiabortion movement successfully shifted the terms of public debate from “competing political or legal perspectives to competing assumptions about knowledge and expertise” (166). In 2005, the Journal of the American Medical Association concluded there was insufficient scientific evidence to conclude that fetuses experience pain before the third trimester. The first decades of the twenty-first century, nevertheless, have seen a great deal of activity on the part of states restricting or outlawing abortion practices on the basis that fetal pain is a medical fact and, further, that it is a medical fact female patients have a “right to know.” In a 2007 opinion loaded with politically charged terminology, the Supreme Court upheld the constitutionality of the federal Partial Birth Abortion Act, a law that, by its very name, reflects the political framing of a particular procedure (intact dilation and extraction) employed in late-term abortions in order to safeguard the health of the mother. Justice Anthony Kennedy’s opinion in Gonzalez v. Planned Parenthood and Gonzalez v. Carhart echoed the anti-abortion movement’s reframing of abortion prohibitions on the grounds that such measures protect women from making decisions leading to regret and despair. Justice Ruth Bader Ginsburg’s stinging dissent (read from the bench) pointed out that banning the procedure of dilation and extraction did not actually spare fetal life but instead only precluded physicians from using the safest option for their female patients. Further, Ginsburg decried
Kennedy’s paternalistic concern that women needed to be shielded from their own decisions rather than upholding the rights of women to exercise bodily autonomy. The book’s epilogue explores fetal representations in today’s popular and cultural realms.

The breadth of Dubow’s analysis will make this book of interest to scholars and advanced students in a wide range of disciplines. She draws intricate but lucid connections between successive social constructions of the fetus and the larger contexts in which they took place. The fascinating picture that emerges reveals a great deal, not only about the history she addresses, but also about the contemporary United States, as debates about biology and women’s reproductive rights rage on in a society facing uncertainty and change.

Notes

1Heather Munro Prescott, Student Bodies: The Impact of Student Health on American Society and Medicine (Ann Arbor: University of Michigan Press, 2007)