

# The Impact of Feminism on Healthcare Treatment in the 20th Century

Taehee Ryu

Taejon Christian International School

## Abstract

This paper explores the influence of feminist movements on healthcare during the 20th Century and delves into the transformative influence of these interventions, highlighting landmark moments such as the Roe v. Wade ruling. Significant figures, including Margaret Sanger and Doris Haire, were pivotal in advancing women's health rights and challenging longstanding biases. From the establishment of Women's Health Centers to policy changes like the inclusion of women in clinical trials, the echoes of feminist advocacy are evident in today's healthcare practices and policies. Their legacy emphasizes the continuous need for equity and inclusivity in healthcare.

## Introduction

The feminist movement transformed remarkably after its rise in the 20th Century through several waves aimed at change, each exhibiting peculiar objectives and requiring peculiar approaches. Feminism's influence can be traced from the suffrage fights in the first wave to the digital solidarity of the fourth wave. As such, it has had a complicated history and impact on healthcare, culture, and the quest for gender equality. The societal transformation exhibited on account of feminism has not only

been through gender dynamics but also through healthcare. This literature review aims to show the struggles the feminist movement has undertaken against gendered prejudices in the quest for reproductive rights, which were important in the changes in law and practice. Investigating the roots and scope of the movements will help reveal the impacts of the quest for equality and universal access to healthcare and the objective for gender equality in the 21st Century.

## **The broader feminist movements of the 20th century**

Feminist movements made substantial progress during the Twentieth Century, divided into many periods, each with its own goals and strategies. In the late nineteenth and early twentieth centuries, the first wave was primarily concerned with gaining women's suffrage. Throughout this historical period, women fought valiantly for their political rights and equal participation in the democratic process (Mohajan 1). The second wave of feminism expanded the feminist agenda to combat cultural gaps and challenge established gender standards from the 1960s through the 1980s. This era was concerned with safeguarding women's equality in society, advocating for reproductive rights, and raising awareness about domestic violence and employment discrimination (Jain 2). The third wave occurred in the 1990s and early 2000s as feminist groups continued to expand. Its purpose was to broaden feminist activities and move focus away from communal goals and toward individual rights (Mohajan 2). This wave highlighted the interconnectedness of gender with other aspects such as age, ethnicity, and class. Women born in the 1960s and 1970s shaped this wave, emphasizing independence, variety, and inclusion (Baumgardner and Richards 51). The fourth wave of feminism, initiated around 2012, harnessed the power of the internet and social media platforms to empower women and advocate for gender equality. It facilitated

women from diverse backgrounds sharing their experiences, narratives, and concerns about sexual abuse, violence, and harassment (Munro 23). Hashtag campaigns emerged as potent tools for raising awareness and fostering solidarity among women globally.

Various groups, including women, workers, African Americans, seniors, and welfare recipients, organized themselves to challenge societal structures that relegated them to second-class citizenship (B. Hoffman 76). These movements, although diverse, shared a common thread: they were driven by ordinary individuals advocating for reform, often for their benefit. Notably, despite the participation of various groups in healthcare reform efforts, there was a notable absence of a large-scale, activist, popular movement demanding universal healthcare during this period (B. Hoffman 76). This absence raised questions about the reasons behind the non-emergence of such a movement and the potential for its emergence in the future.

## **The role of civil rights activism**

Civil rights activists recognized the intersection between racial and healthcare inequalities. For instance, during the civil rights movement, activists fervently called for greater racial equality in healthcare, shedding light on disparities in access and treatment (B. Hoffman 76). Their activism transcended desegregation efforts and extended to address the economic and racial barriers that hindered African

Americans' access to healthcare.

The commitment of the civil rights movement to healthcare equality contributed to the broader understanding that healthcare should be a universal right, irrespective of race or economic status (Engel 15). Activists like Dr. Montague Cobb championed racial equality in medical care and the implementation of national health insurance.

*Reproductive Rights and Universal Healthcare.* The reproductive rights movement, predominantly associated with advocating for safe and legal abortion, also played a pivotal role in the broader healthcare reform agenda. Reproductive rights activists discerned that access to safe and legal abortion alone was insufficient to ensure equality within a stratified healthcare system (B. Hoffman 76). They vociferously protested against healthcare systems that failed to provide adequate reproductive healthcare and called for community control over healthcare institutions.

The reproductive rights movement's critique extended to the profit-driven nature of the healthcare system, emphasizing that healthcare should be regarded as a fundamental human right rather than being structured around insurance-based models (B. Hoffman 76). This perspective significantly contributed to the broader recognition of healthcare as a fundamental right.

*The Influence of Feminist Movements on Healthcare.* The feminist movements of the 20th Century

have yielded profound implications for the healthcare sector. These movements, marked by their advocacy for gender-specific healthcare, reproductive rights, and the eradication of gender-based discrimination in medical research and treatment, have challenged the conventional norms and practices within healthcare (Shai et al. 178).

### **Understanding the healthcare landscape before feminist interventions**

Before delving into the influence of feminism on healthcare, it is imperative to comprehend the healthcare landscape that existed before feminist interventions. Early in the 20th Century, industrial America grappled with a substantial predicament known as the "problem of sickness." A notable consequence of illness among workers was the financial burden of medical care and the forfeiture of wages during periods of incapacitation (B. R. Hoffman 5). This loss of income frequently plunged afflicted individuals into poverty.

Prior to the ascendancy of feminist movements, healthcare was often characterized by gender bias and an insensitivity to the specific health needs of women. Medical knowledge predominantly relied on observations and trials conducted mainly on male subjects, leading to the neglect or misunderstanding of women's health concerns, thereby resulting in subpar healthcare provision for half of the population. A striking illustration of this gender bias pertains to reproductive health. During the

early 20th Century, abortion was illegal in most states, with exceptions granted only when a woman's life was jeopardized. This legal landscape led to a proliferation of clandestine and perilous abortions, exacting severe health complications and, tragically, fatalities among women. As Geary points out, feminist groups, notably the second wave of the twentieth Century, played a vital role in advocating women's reproductive rights and the legalization of abortion (27).

In 1915, progressive reformers proposed a remedy to this problem by adopting the concept of mandatory health insurance. This program is intended to safeguard workers from income loss and financial issues associated with medical bills during illness (B. R. Hoffman 5). The American Association for Labor Legislation (AALL) proposed the plan inspired by comparable schemes created in Germany and England. However, this early drive for obligatory health insurance highlighted a considerable divide between reform leadership and grassroots organizations. The AALL, primarily comprised of academic reformers, formulated their proposal without actively soliciting input from the working class they intended to assist (B. Hoffman 76). Renowned labor leader Samuel Gompers argued that workers should secure their benefits through union organizing rather than relying on government intervention. Gompers criticized the AALL for neglecting the perspective of the labor movement (B. Hoffman 76). The health

reformers pursued a strategy centered on research and lobbying, believing that expertise, rather than popular pressure, would sway key stakeholders.

This initial campaign exemplified the dearth of grassroots involvement and the lack of collaboration between elite reformers and popular movements, impeding the realization of compulsory health insurance (B. Hoffman 76). The AALL's emphasis on persuading the medical profession further weakened their efforts, as physicians apprehended that compulsory insurance might curtail their incomes and professional autonomy.

### **The transformative impact of feminist interventions in healthcare**

Feminist interventions in healthcare have brought about substantial changes in policies, practices, and attitudes, all aimed at addressing the historical gender bias entrenched in the medical field and ensuring that healthcare becomes more attuned to the unique needs of women. One of the most significant transformations influenced by feminism was the legalization of abortion in the United States in 1973, achieved through the Supreme Court decision in *Roe v. Wade* (Marieskind 218). This momentous ruling represented a profound victory for women's reproductive rights, granting them access to safe and legal abortions, thereby safeguarding women's health and autonomy.

Feminism has set up a paradigm that seeks to

upset healthcare organizations' dominant one-size-fits-all approach. Doing so has created room for further recognition and research into women's healthcare needs and concerns. The issues in question are reproductive health, gynecology, and menopause(Mohajan 2). As such, gender medicine has come up as an issue that those developing medical approaches have to consider. Doing so acknowledges that there has been historical bias towards men and male experiences in medical practice.

When considering the inclusion of women during clinical trials, feminism has made researchers in the field of medicine consider the inclusion of women in such trials. Initially, the exclusion of women led to the absence of gender-specific data concerning drug safety and efficacy. The National Institutes of Health addressed the concerns of feminist advocates in 1986 by putting up a policy that mandates having women in clinical research(Nichols 58). The initiative's purpose was to rectify the underrepresentation of women by medical researchers during their clinical trials.

It was through the feminist movements that occurred during the 20th Century that Women's Health Centers came up; Women's Health Centers were designed to give comprehensive healthcare to women (Day and Wray 2). The care given was reproductive and breast care. Such centers were set up to ensure that healthcare included the woman-centered approach to be diverse and inclusive.

During the 1960s and 1970s, a movement came up and was known as the Women's Health Movement. This movement acted by challenging gender biasedness and the disparities that were deeply ingrained in healthcare. Through the dedication of this movement, women were able to take control of healthcare decisions in a manner that upset the patriarchal structures exhibited within healthcare systems. The movement acted against the systemic marginalization of the healthcare concerns of women.

The movement sought to offset the excessive medical procedures set aside for women, such as hysterectomies, which had disproportionate effects on women. According to the movement, healthcare systems acted based on their desire for profits, which in turn made them perform unwanted surgeries. The movement advocated for patient-centered care. The movement operated on tenets aligned with the understanding that healthcare should be fundamental and enshrined among the human rights to be accorded (B. Hoffman 76). The movement did this through its campaign for a universal healthcare plan that was not driven by profit generation.

*Feminist Initiatives Targeting Gender Bias in Medicine.* In addition to the Women's Health Movement, the feminist movement also catalyzed efforts to challenge gender bias within the medical profession. Feminist activists discerned that gender bias not only obstructed women's access to healthcare but also exerted

influence over medical research and treatment, prompting a broader critique of the American healthcare system (B. Hoffman 76). Feminists contended that gender bias in medicine had resulted in the neglect of women's health concerns and a dearth of attention to conditions primarily affecting women. By demanding recognition of these gender-specific health issues, feminists contributed significantly to a more extensive critique of the healthcare system's deficiencies.

### **Prominent figures shaping feminist healthcare agenda**

Several key figures played pivotal roles in advancing the feminist agenda in healthcare during the 20th Century, both within and beyond the medical field, fostering the acknowledgment of women's health as a crucial area of focus. One such prominent figure is Margaret Sanger. Margaret Sanger's early 20th-century advocacy for women's reproductive rights laid the groundwork for discussions on reproductive autonomy (Nichols 56). Her endeavors challenged societal norms and empowered women to control their reproductive health.

The second prominent figure that came up was Doris Haire. Doris Haire's work in the 1970s, including her influential book "The Cultural Warping of Childbirth," brought attention to the adverse effects of medical interventions during childbirth, contributing to the childbirth movement (Nichols 57). This

movement was undertaken to afford women increased autonomy throughout the birthing process.

Thirdly, there are several organizations that came up to defend issues regarding women. Entities such as the Women's Health Movement (WHM) and the Older Women's League (OWL) assumed significant roles in championing women's health issues. These organizations engaged in advocacy efforts for legislative reforms and worked towards enhancing healthcare provisions for women (Nichols 57). Federal agencies, notably the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC), played indispensable roles in addressing the healthcare needs of women (Nichols 59). They initiated research and policy endeavors to ensure due consideration of women's health concerns.

Further, Pauline Newman, a former garment worker, emerged as a prominent figure in the labor movement and a staunch advocate for healthcare reform. She played a pivotal role in establishing the Union Health Center in New York City, primarily providing healthcare services to urban clothing workers (B. Hoffman 76). Newman's experiences at the Union Health Center spurred her commitment to advocating for universal health insurance, recognizing the need for broader healthcare reform (B. Hoffman 76). She unwaveringly believed in the fundamental nature of healthcare as a human right and dedicated her life to advocating for it.

Dr. Montague Cobb, a prominent African-American physician and civil rights activist, vigorously promoted racial equality in healthcare. As president of the National Medical Association (NMA), an organization of African-American physicians focused on addressing racial disparities in medicine, Dr. Cobb's work heightened awareness of healthcare inequalities rooted in race (B. Hoffman 76). Dr. Cobb advocates for setting up national insurance with the intention of addressing systemic disparities in healthcare.

Another figure that influenced activism for women's health was Barbara Seaman. Barbara had a profound career in journalism and advocacy for women's health through the women's health movement. The text *The Doctors' Case Against the Pill* generated a lot of attention from the public with its themes on oral contraceptives and their dangers (B. Hoffman 76). Seaman's text encourages women to pique their interest in their healthcare and make transparent, healthy choices as they pursue healthy lifestyles in the pharmaceutical industry.

In the 20th century, feminist efforts within the healthcare sphere paved the path for essential policies designed to rectify longstanding injustices and enhance women's healthcare access and outcomes. These initiatives encompassed a spectrum of transformative actions. One of the most noteworthy milestones emerged in 1973 when the United States Supreme Court issued a groundbreaking

decision in *Roe v. Wade*, effectively legalizing abortion (Marieskind 218). This ruling signified a critical juncture in safeguarding women's reproductive rights and ensuring secure access to abortion services. It constituted a substantial triumph for feminism within the healthcare domain. In 1986, the National Institutes of Health (NIH) took a momentous stride by enacting a policy that mandated the inclusion of women in clinical research endeavors. This policy sought to counteract gender bias in medical research, guaranteeing that studies accounted for the distinct requirements and reactions of women.

Another pivotal achievement materialized in 2010 with the adoption of the Affordable Care Act (ACA). This comprehensive legislation encompassed provisions that broadened women's accessibility to preventive healthcare services, such as mammograms and contraception, without imposing cost-sharing obligations. Moreover, the ACA prohibited insurance companies from imposing higher premiums on women compared to men and from denying coverage based on pre-existing conditions, including pregnancy.

Additionally, Title IX, a vital component of the Education Amendments of 1972, categorically prohibited gender-based discrimination in educational programs and activities, extending its influence on healthcare education as well (B. Hoffman 77). This policy played an instrumental role in creating more opportunities for women to pursue careers in

medicine and healthcare, thereby alleviating historical gender disparities within the medical profession.

### **Conclusion**

In conclusion, it is unequivocal that the feminist movements of the 20th Century wielded a profound and enduring influence within the realm of healthcare. These movements actively challenged entrenched gender biases, fervently advocated for reproductive rights, and significantly contributed to a more comprehensive appreciation of healthcare as an inalienable universal right. The Women's Health Movement and feminist challenges to gender bias in medicine precipitated transformative moments and policy changes that continue to influence healthcare today. Key figures such as Pauline Newman, Dr. Montague Cobb, and Barbara Seaman played vital roles in advancing feminist perspectives within the healthcare system. While the 20th Century witnessed significant progress in addressing gender inequalities in healthcare, challenges persist, and the pursuit of equitable, universal healthcare remains a central concern in the 21st Century. Feminist activism and advocacy continue to shape contemporary discussions about healthcare access, reproductive rights, and gender equity in medical treatment, underscoring the enduring legacy of feminism in healthcare policies and practices.

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