

Gender and Medicalization
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Prepared by Miranda R. Waggoner, MA and Cheryl D. Stults, PhD

Medicalization: A Definition

Medicalization is the process by which non-medical (or social) problems become defined and treated as medical problems, usually as illnesses or disorders. Most sociologists have been critical of the process of medicalization in society, emphasizing its potential for adverse social and medical consequences. One consequence of medicalization is that it can be conceived as a creeping form of social control into more aspects of daily life under the auspices of medicine or biomedicine (e.g., pharmaceuticals, surgery, or medical surveillance).

Some groups with specific problems, disorders, or contested illnesses advocate *for* medicalization, in part to validate their experience of illness or to acknowledge their pain and suffering. One benefit of medicalization is that it may reduce the stigma associated with certain problems through redefinition as physiological or biological rather than behavioral in origin [1]. However, medicalization precipitates disempowerment as well. The Boston Women's Health Book Collective's *Our Bodies, Ourselves*, first published in 1970 and recently again in 2005, epitomizes the women's health movement's collective resistance to unwarranted medical surveillance of women's bodies.

Historically, women's life experiences have been more medicalized than men's, but men are beginning to fall under the gaze of medicalization in the 21st century. Although some medicalized conditions, such as depression, appear to be gender neutral, a gendered undercurrent still usually exists [2]. There are also cases of ambiguously sexed bodies that undergo gender assignment surgery via medical intervention. Here, we use a variety of select gendered cases of medicalization to highlight the phenomenon, and we divide these gendered aspects of medicalization into three main categories: normal life events, enhancements, and surveillance/interventions. There are too many examples of medicalization and gender to mention, so we focus on specific illustrative cases. For normal life events, we will focus on cases related to women's reproductive health in addition to erectile dysfunction and andropause in men. Both men and women have turned to aesthetic cosmetic surgery to enhance their appearance: breast implants and eyelid surgery for women and pectoral/calf implants, steroids, and treatments for baldness in men. Finally, men's bodies fall under the gaze of medical surveillance with cases like circumcision, but women receive a disproportionate amount of attention with mammography, pap smears, infertility treatments, and prenatal care.

Medicalization of Normal Life Events

One of the ways that medicalization takes shape is by "pathologizing" and gendering normal life events into disorders or risks that seemingly necessitate medical intervention.

Women

- **Infertility:** Reproductive technologies have expanded medicalization. For instance, infertility, once considered an individual or social problem, now seems "fixable," and over time has moved within the medical gaze. Infertile couples seek medical interventions to enhance putatively normative reproductive capabilities. In 2006, 138,198 assisted reproductive technology (ART) cycles were performed, resulting in 41,343 live births [3].
- **Menopause, Aging, and Hormone Replacement Therapy:** Menopause has been medicalized since the 1930s and 1940s as a "deficiency disease," often with the recommendation of treatment with hormone replacement therapy (HRT). Claims of keeping women "feminine forever" and purported preventive benefits against heart disease, breast cancer, and osteoporosis helped to make estrogen and its different formulations the most frequently prescribed drug in the U.S. in 2001 with more than 15 million women consumers. However, these views dramatically shifted in July 2002 with the termination of the Women's Health Initiative (WHI) trial due to a disproportional increase in risk of breast cancer, heart disease, blood clots in the HRT group. Women responded to these findings with a 43% reduction in prescriptions for all forms of oral estrogen [4].
- **Menstrual Suppression:** Women have the option to medicalize their "normal" monthly cycle (and subsequently, perhaps, normative femininity) through extended-cycle birth control pills. The FDA approved the extended regimen pill Seasonale in 2003 and subsequently approved the drugs Seasonique and Lybrel. Other methods, including NuvaRing, Ortho Evra, Depo-Provera, Mirena, and Implanon, may also be used to suppress menstrual bleeding [5].
- **Childbirth:** Childbirth is a clear example of medicalization in that it has moved over time from the social realm of the home and the midwife to the medical realm of the hospital and the obstetrician. Today, pregnancy and birth are considered medical events. In 2006, 99% of all births occurred in hospitals [6].

C-sections and Scheduling Births: Cesarean sections have risen exponentially in the U.S in the last decade. A necessary medical procedure in some cases, the C-section is often performed without an indication of necessity, further medicalizing the birthing process. The Cesarean delivery rate in 2006 hit an all-time high at 31.1%, and this rate has risen 50% since 1996 [6]. Scheduling a C-section birth for convenience is common today, and research has found that this practice is associated with adverse birth outcomes [7].

- **PMS:** Premenstrual syndrome is an example of defining women's physiology as "disordered". Premenstrual Dysphoric Disorder (PMDD) is included in the Diagnostic and Statistical Manual-IV. The medicalization of PMS and its related diagnoses is controversial because it fosters essentialist biological assumptions about the natural female body as in need of control, normalization, and treatment; although, some women have advocated for the medicalization of PMS so as to legitimate distress related to PMS [8].

Men

- **Erectile Dysfunction:** Erectile dysfunction (ED) became a mainstream and medicalized issue with the introduction of the pharmaceutical drug Viagra in 1998, which helps men achieve and sustain an erection. Although this discovery seemed to even the playing field by bringing men under the gaze of medicine, the driving force is the medical marketplace and desire for profits. Through the power of direct-to-consumer advertising with the slogan "ask your doctor if Viagra is right for you," 6 million men were using Viagra in 2003. This proved to be very lucrative for the pharmaceutical company with \$1.7 billion in sales. Advertising has also expanded the market beyond erectile dysfunction by portraying Viagra as an enhancement targeted to younger men [1, 9, 10].
- **Andropause:** Andropause refers to the declining production of testosterone in males resulting in decreased energy and loss of sexual desire. This common bodily change used to be viewed as a natural consequence of aging but has now become medicalized as a disorder requiring testosterone replacement therapy. Testosterone therapy comprises one of the main treatments for andropause, but its use is "controversial" due to a potential risk of prostate cancer and lack of clear benefits of the treatment in some men [1].

Biomedical and Cosmetic Enhancements

A form of self-improvement in contemporary society is biomedical enhancement, which includes drugs, surgeries, and other medical interventions aimed at achieving goals of the self, of bodily performance, or of appearance [11]. Aesthetic surgery serves as a potent example of this aspect of medicalization with consumers actively seeking out these procedures from medical doctors. Since 1992, cosmetic surgery procedures have increased 234%. Moreover, the percentage of cosmetic surgery procedures performed on racial and ethnic minorities increased between 2007 and 2008 [12]. Women are still the primary recipients of cosmetic surgery to alter their bodies to conform to dominant conceptions of beauty. Men are increasingly seeking for medical solutions to combat aging and diminished performance typically associated with declining masculinity [1]. For both sexes, the media and contemporary society exert pressure to maintain youth and produce an improved self.

Women

- **Aesthetic Surgery:** The top five cosmetic surgeries for women in 2008 were breast augmentation, liposuction, rhinoplasty (nose reshaping), blepharoplasty (eyelid surgery), and abdominoplasty (tummy tuck) [12].
Breast Implants: The majority of cosmetic breast surgeries in the U.S. result from purely cosmetic, not medical, concerns. Approximately 307,000 breast augmentation procedures were performed in the U.S. in 2008 [12].
Eyelid surgery: Surgery to "Westernize" eyes serves as an example of the way in which medicalization is racialized [13]. Women of Asian descent predominately seek out double eyelid surgery (blepharoplasty). 190,000 eyelid surgeries were performed on women in 2008 [12]. Although this surgery is more common for women, men also undergo cosmetic eyelid surgery.

Men

- **Aesthetic Surgery:** The top five cosmetic surgeries for men in 2008 were: rhinoplasty, blepharoplasty, liposuction, gynecomastia (reduction of male breasts), and hair transplantation. Men comprise only 9% of cosmetic surgery patients [12]. Other cosmetic procedures and enhancements that seemingly propagate dominant masculinity include:
Pectoral/Calf Implants: Some men receive pectoral implants from plastic surgeons to improve the delineation of their chest through a structured silicone shape inserted into the muscle. The procedure is primarily cosmetic with 1,335 operations performed in 2008. Calf augmentation to enhance the appearance of the lower leg(s) occurred less frequently with 247 procedures in 2008 [12].
Steroids: Steroids can be legally prescribed by physicians to treat delayed puberty and wasting diseases like AIDS. However, anabolic steroids (tissue building) are being used to enhance muscle mass for body builders or performance for athletes. Steroids can cause a number of problems including violent mood swings and shrinking of testicles in men, and utilization occurs even among males in high school [14].

Treatments for baldness: In general, baldness is considered to be a cosmetic problem and not a disease unless hair loss becomes physician-defined “excessive”. Treatments for baldness now reside in the medical realm (i.e., with Rogaine, Propecia, and hair transplants), shifting beyond toupees. However, none of these treatments reach the level of “miracle cures,” with their limited effectiveness and painful potential side effects [1].

Medical Surveillance/Interventions

The medical gaze may translate into a state of constant bodily surveillance and monitoring.

Women

- **Mammography:** The National Cancer Institute (2009) recommends that women over the age of 40 receive a mammogram every 1 to 2 years and that women who have increased risk factors (e.g., family history, long term use of HRT, or the genetic mutations BRAC1 or BRAC2) may need more frequent screening. However, the U.S. Preventive Services Task Force, in November 2009, recommends mammograms starting at age 50 and every 2 years thereafter, with the aim to combat the harmful effects of overdiagnosis and overtreatment. The American Cancer Society, while still acknowledging the questionable efficacy of mammography, quickly responded in November 2009 that its guidelines will not change and continues to recommend that women get screened at age 40 [15].
- **Pap Smears:** The Pap smear, since the late 1940s, represents *the* medical screening tool for cervical cancer [16]. Like mammography, this tool leads to overscreening and overtreatment due to false results. A new vaccine (Gardasil, Merck) that treats certain strains of HPV (a virus that potentially increases the risk of cervical cancer) has inflamed political controversy concerning the gendered (and youthful) sexual body. Medical organizations, including the CDC, recommend the vaccine for young women. The HPV vaccine does not protect against all risk to cervical cancer.
- **Reproduction: Prenatal Care and Testing:** Given technological advances and the medicalized nature of today’s pregnancies and births, women’s pregnancies occur within a culture of heightened medical surveillance and monitoring. In 2003-2005, 84% of U.S. live births had early prenatal care [17]. Chorionic villus sampling (CVS) and amniocentesis test for genetic abnormalities in the fetus. These types of procedures remain ethically controversial. Some physicians call the necessity of prenatal preventive services a myth, while U.S. women generally have higher average prenatal visits than women in many European countries [18]. Experts now recommend preconception care as an intervention tool to prevent adverse pregnancy and birth outcomes [19].

Men

- **Male circumcision:** Male circumcision (MC) has long been practiced as a religious ritual but is now advocated as a widespread preventive medical measure against the spread of HIV/AIDS. The World Health Organization currently recommends MC as an “efficacious intervention for HIV prevention” [20], thus medicalizing the male sexual body. The main risks associated with circumcision include bleeding, local infection, and possible decreased sexual sensitivity. National estimates of U.S. men who are circumcised range from 65-80% [21].

Resources

Activist/Community Organizations

- *Our Bodies, Ourselves:* (www.ourbodiesourselves.org) The 1970 book *Our Bodies, Ourselves (OBOS)* advocated for women to take control of their health and become aware of alternatives to the medical model. The group has produced more recent English editions as well as versions in 25 languages.
- *Natural Birthing Movement:* The Internet has helped to springboard this movement through sites that give a complete and detailed overview of a non-medicalized version of birth: home birth (www.homebirth-usa.org; www.waterbirth.org; www.childbirth.amuchbetterway.com; www.bradleybirth.com; www.naturalchildbirth.org).
- *New View Campaign:* (<http://www.newviewcampaign.org/fgcs.asp>). A grassroots organization of feminists and other professionals with the primary mission of “challenging the medicalization of sex” and dispelling the beliefs constructed by pharmaceutical companies that sex is a simple problem that can and should be medically fixed.
- *Plastic Surgery for Men:* (<http://plasticsurgeryformen.blogspot.com/>) Web log that advocates for the medicalization of cosmetic surgery. The site provides information about “men’s issues” and “men’s health and fitness” including articles on hair transplants, pectoral implants, andropause, and testosterone replacement therapy.
- *Mothers Against Circumcision:* (<http://www.mothersagainstcirc.org/>) A group started by mothers that advocate against the medicalization of male circumcision, a procedure that is “painful.”
- *Resolve-The National Infertility Association:* (www.resolve.org) Established in 1974, this non-profit organization provides both women and men suffering from infertility with information and support needed “during their family building journey.”

Teaching Applications: Films

Absolutely Safe (Amaranth Productions, 2007)

Beauty in China (Filmmakers Library, 2008)

The Business of Being Born (International Film Circuit, Inc, 2007)
Mother's Day: New Reproductive Technology (Filmmakers Library, 1991)
The Remarkable Story of John/Joan (Filmmakers Library, 1999)
Sex, Lies and Secrecy: Dissecting Hysterectomy (Filmmakers Library, 2006)
Sex: Unknown (PBS, WGBH Boston, 2001)
Western Eyes (First Run/Icarus Films, 2001)
Youth Knows No Pain (HBO Documentary Films, 2009)

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