The use of hormonal contraceptives for body modification and menstrual suppression, an anthropological analysis

Book Review

Plastic Bodies addresses the biomedical and socio-cultural practices associated with menstruation in Salvador, Brazil. Emelia Sanabria contextualizes her work by acknowledging the large interest in bodily processes found in Brazilian culture and the view of the body as an important part of identity. She describes how class relations are intertwined with hygiene practices and reconstructing the body is seen as a path to renegotiate one's place within social hierarchies (1). Sanabria defines this as body plasticity, or "the continuous process of self-transformation" (2). While she asserts that plasticity is made especially apparent in the Brazilian context, where the natural body is equivalent to the poor body and modification is seen as a form of class ascension, she contends plasticity exists among all bodies (3-5).

Sanabria illustrates an environment that associates medical intervention with modernism, drawing parallels between these cultural influences and Brazil's high statistics of female sterilization, caesarean deliveries and plastic surgeries (4). Specifically, she focuses on the rising trend of menstrual suppression, defined as the utilization of hormonal treatments to stop or reduce menstrual bleeding and its associated effects (6). Similar to gynaecological or plastic surgeries, menstrual suppression is revealed to be a growing phenomenon in Brazil. For example, Brazil's high rates of sterilization are now being replaced by menstrual suppression through the use of long-acting reversible contraceptives (LARCs). Within Brazil, "86% of gynaecologists prescribe LARCs to induce amenorrhea on patient demand" (7, 8). Sanabria found that menstrual suppression and hysterectomies were frequently discussed hand in hand, under the common theme of "removing [the uterus] which does not serve a purpose" (9). Sanabria traces this phenomenon back to disseminated pharmaceutical marketing campaigns that painted menstruation as excessive, unnecessary, and defective (10).

Menstrual suppression has been widely popularized across Brazil by Elsimar Coutinho, a male gynaecologist, with whom Sanabria extensively engages. Sanabria discovers the menstrual suppression movement was built upon a single piece of research by anthropologist Beverly Strassman with the Dogon in Mali (11, 12). Strassman argues that since women have fewer children and breastfeed less, increasing the number of menstrual cycles in one's life is portrayed as an inability for the female body to keep up with modern times. Menstruation is viewed as a "new" phenomenon in which "women's bodies are not designed by evolution to handle the erratic hormonal changes to which they are now subjected" (13). Sanabria recognizes menstrual suppression as a "paleofantasy" - a culturally interpreted evolutionary explanation - such as the idea of men as hunters and women as gathers, and she calls out menstrual suppression advocates for the paradox of "attempting to purify the natural out from the social through technological intervention" (14). However, her larger aim is not to discredit menstrual suppression, but to use menstruation as an example of body plasticity and to convey how views on menstruation are not only defined by biology, but also cultural assumptions.

Plastic Bodies unveils that the politics of menstruation can provide an example of how hormones can both control and transform the body. In this essay, I will utilize the WHO framework of

assessing gender and health, addressing the social factors that influence women's views on menstruation, the health behaviours women employ in this context, and the disparities within the health system response (15). I argue that women's views on menstruation are largely influenced by the cultural environment, both locally and due to the capitalist, patriarchal global context. I contend that these social influences motivate women and trans individuals to strategically reorganize gender and/or sex characteristics as a tool for navigating society, which is made possible due to the fluid properties of hormonal medication. Lastly, I assert that the power structures which influence how hormonal medications are distributed perpetuate disparities in healthcare across socioeconomic and racial lines. Finally, I contend that more research that approaches menstruation from this lens provides immense value worldwide.

Discussion

Social Factors That Influence Views on Menstruation

Assessing menstruation management in Brazil requires looking at the socio-cultural factors that involve this choice, as "self- transformation is seldom about the self in Bahia" (16). One example is the shame that is associated with menstruation, which many women internalized as a disadvantage that requires policing. Sanabria states that there are "certain aspects of (menstruating) that are largely excluded, repressed, or marked inappropriate by social rules" (17). She observes how many women recall learning in their pubertal years that menstruation should be concealed. This is not something that is inherent to biology, but the disgust exists in the context in which it is found, rather than in inherently in the blood (18). Therefore, it is important to recognize that associating menstruation as "taboo" is a learned, biosocial behaviour that is largely dependent on the cultural environment (19).

Many other biosocial factors affect views on menstruation, such as the archetype of the "hysterical" hormonal woman and "machista" culture blaming menstruation for various problems (20). Sanabria notes the common response of women distancing themselves from this bodily process, delineating between their "true" self and their "PMS" self (21). Yet, it is important to recognize that menstrual taboos are much more systemic than just a local, Salvadorian phenomenon. Historical, capitalist, and patriarchal factors also have influence, such as the rise of the feminine hygiene industry portraying menstruation as a "dirty" concern (22, 23). Women around the world learn varying forms of "menstrual etiquette" and utilize informational management strategies such as avoiding discussing the subject or concealing sanitary products as a way of policing their own menstruation (24).

Hormone-Related Health Behaviours

These negative, socially shaped associations many women hold of menstruation can then influence behaviour (25, 26). Sanabria illustrates how this presents in the Brazilian context through a sex-specific perspective of bodily control. She reflects that the Bahian women she spoke with "experienced their cyclical bodies as ill-adapted to social demands…[where] the body's plasticity is experienced as an obstacle to everyday goals, and intervention is sought to restore the body to a balanced and fixed state" (27). Martin finds a similar pattern in the American context, noting that women feel their hormones require reorganizing, rather than

demanding change of the societal context (28). This reveals a conflict between periods and the patriarchal environment in which they are experienced. Feminists and menstrual suppression advocates argue between whether it is periods or patriarchy that are the problem, but Sanabria observes that many women utilize menstrual suppression as a tool to navigate patriarchy and advance one's social standing, irrespective of their own personal views.

Gender bias

Menstruation can thus be seen as a tool for reconfiguring notions of gender and sex. For example, menstruation is viewed as a hindrance to work. Sanabria writes that many low-income women rely on contraceptives to "manage the demands of work and motherhood" (29). Wealthier women also report feeling that menstruation is a disadvantage in the workplace, with one woman noting that there is no space in the modern workplace for cramps or PMS (29). Sanabria includes an interesting historical perspective here, noting how during both World Wars, menstruation was not seen as an obstacle to work, but surges of medical studies emerged that "proved" menstrual symptoms to be a handicap when men returned home (28). When women utilize menstrual suppression for advancement, these strategies may reinforce patriarchal power structures rather than delegitimize them (19).

Sex fluidity

Hormonal contraceptives also make it possible to modify sex itself. In Salvador, hormones are perceived as a way to circumvent the obstacles of menstruation. Sanabria interviewed one woman whose gynaecologist explained her hormonal implant would give her the "audacity of a man" (31). Again, this is demonstrated in other contexts, such as the British documentary *"Testosterone: Are you Man Enough?"* which explains how women can use testosterone "to cope more effectively in a male dominated environment" (32). Yet, women are also attacked for having "too much" testosterone, as demonstrated with elite athletes such as Caster Semenya (33-35). Sanabria identifies that the gendering of oestrogen and testosterone is also perpetuated by culture, rather than found within the cellular biology itself (36). Outside of work, hormonal modification is exemplified by their labelling as "beauty chips" during Sao Paulo Fashion Week or the "purity pill" in Hindu, Muslim, or Jewish faiths (37-39). However, the greatest evidence of the power of hormones to change sex is demonstrated in Sanabria's work with Salvador's "transvestis" community, which exhibits how absorbing and circulating sex hormones allows individuals to partially or entirely alter sex (40). Overall, the fluidity of hormones becomes widely apparent when exposed in these contexts.

Health System Response

A final theme of this book is the disparity between how different populations engage with these hormonal substances, revealing a dichotomy between choice and control. The major discrepancies between the standard of care in private and public healthcare in Brazil are widely recognized, with unregulated medical modifications on one hand for some and a lack of basic services for others (41). Sanabria accounts how young, black women from the interior have particularly substandard care, paralleling medical racism in the US and UK, among others, and demonstrating the need for an intersectional approach (42-45).

The distribution of hormonal contraception exacerbates social inequalities, as it is packaged and marketed either as a way to better oneself or to discipline behaviour. Oudshoorn observes two

groups, “those who are worthy of individual decision making and those whose fertility should be strictly controlled, with different methods designed to compensate for the perceived efficacies of their users” (46). For example, injectable contraceptives are given to lower income women who are presented as “forgetful” and tend to be administered without a discussion of health risks (47). There is even historical precedent for providing knowingly harmful methods to women in the developing world, such as the Dalkon Shield distribution in apartheid South Africa (48). The disparities within hormonal contraceptive use require far more investigation, but it is certain that personal is not only political, but also pharmacological.

Critique

Sanabria’s ethnographic perspective on the use of hormones is one of few texts on the subject worldwide, and the only prominent ethnography of its kind in the Global South (28,49). There are only two minor areas of critique. First, while the entire book was about the intersection of gender and health, it rarely includes how men do or do not experience these social forces as they relate to their own biology. Furthermore, contrasting the male perspective would also provide powerful context. Sanabria does this once, arguing that sperm production, when not related to procreation, is not similarly qualified as “unnecessary” or wasteful”, let alone pathological, like menstruation. This ethnography would be stronger with the addition of more of these potent juxtapositions. Secondly, while Sanabria explicitly chooses not to discuss the safety of various contraception options, excluding the potential dangers of these choices impacts perspective. Nevertheless, this book covers a breadth of topics in substantial depth.

Conclusion

100 million women worldwide use hormonal contraceptives, making the pill one of the most widely prescribed drugs in the history of pharmaceuticals (50,51). *Plastic Bodies* demonstrates the extent to which the consumption of drugs is shaped by cultural scrips as well as pharmacological properties (52). In order to adequately study this, “it is essential to explicitly identify, theorize, and explore this process rather than simply noting a biological difference and asserting a biological cause” (19). Emilia Sanabria does this beautifully, demonstrating why it is so important to consider the “interplay between the biochemical properties of drugs and the social, cultural, and symbolic effects that they bare in excess to these” (53). In addition, bodies should too be considered in a larger context than the physical, often binary, rigidities in which they are often presented. This is particularly relevant when studying hormonal manipulation, as this ethnography captures how hormones uniquely straddle both sex and gender and can significantly modify either one. Sanabria’s work thus provides us with a valuable starting point for necessary, future research in this area.

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