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Medicine, Patriarchy and the Ongoing Impact on Sexual and Reproductive Health and Rights

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Commentary

Abstract

Modern medicine is considered to be scientific and evidence based. However, it was born within deeply patriarchal, colonial, and exclusionary systems and founded on the violent suppression of women healers during the European witch hunts. This origin laid the groundwork for a male-dominated medical establishment that deliberately erased generations of feminine knowledge and healing traditions. Women were ousted from caregiving roles through a calculated mix of violence, professionalization, and ridicule. Institutions like Harvard medical school refused entry to women up until 1945 citing laughable reasons– from fears of distraction to the supposed drying of ovaries from too much thinking.

With colonization, these ideologies and systems were imposed on the countries in Asia, Africa and Latin America, suppressing and dismissing centuries of indigenous medical knowledge and also criminalizing sexual and reproductive norms. Homosexuality, gender fluidity, sexual expressions and abortion were all systematically pathologized, policed, and punished through newly imposed medical and legal systems. The repercussions of this are still being felt today through the Penal Codes set up in the 1800s.

Women's pain is disbelieved, their sexual health curated for ensuring male pleasure and their reproductive choices controlled. While women patients face medical gaslighting, women doctors themselves face gender bias and systemic barriers to leadership.

Key Words: Sexual and Reproductive Health and Rights, Sexual and Reproductive Health, Patriarchy, Misogyny, Autonomy, Human Rights

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Where it all began

'Modern' medicine, as we know it today, began its formal ascent in Europe during an era when the social and political landscape was shifting. The rise of formal medical institutions was forced with a violent conquest unlike anything the world had seen till then.

In the wake of the brutal witch hunts of the 15th to 18th centuries, countless women who were healers, midwives, herbalists, seers were either burned at the stake or drowned in rivers. In parts of Germany, some villages were left with no surviving women of any age [1].

The legacy of this gruesome destruction still haunts the very foundation of the modern medical systems and education.

Barbara Ehrenreich and Deirdre English's groundbreaking book *Witches, Midwives, and Nurses* (1973) [2] traces how these so-called witches were often the only accessible caregivers for women and the poor, with their knowledge rooted in experience and generational wisdom. But as male-dominated 'modern' medicine began to rise, these women were branded as dangerous, irrational, and untrustworthy and effectively pushed out of health care under the guise of professionalization.

Women were not only erased from the healing spaces but also villainized, not just in courts with the *Malleus Maleficarum* [3] on the tables in courtrooms but also through tales of witches in folklore and fairy tales.

Women were then also denied admission into the newly created medical colleges by offering absurd justifications [4].

Among the reasons given were:

1. Women lacked the physical and emotional stamina for the rigors of medical training.
2. Their presence would 'distract' male students.
3. Investing in women's education was wasteful since they would eventually marry and leave the profession.
4. Using their brains for academia would make their ovaries dry up and they would not be able to have babies.

For these various reasons Harvard Medical School did not admit women until 1945, over 300 years after the university was founded.

This bizarre gatekeeping of medical knowledge (through decidedly un-scientific explanations!) not only deprived generations of talented women from becoming doctors but also shaped the culture of medicine into a male-dominated, hierarchical field that continues to struggle with gender bias to this day. Despite women medical students now outnumbering male students in almost every country, men still make up the top 90% of the high ranks due to the marriage and motherhood penalty faced by women doctors [5].

Why does it matter to us?

Unfortunately, these ruptures in the social structure were not confined to Europe alone.

With colonization these ideologies also reached the shores of countries in Asia, Africa and Latin America where they led to the widespread erasure of indigenous medical knowledge and practices or had them dismissed as ignorant, backward, or dangerous. Colonizers then criminalized many local cultures practices including sexual and reproductive norms such as pre-marital sex, homosexuality, gender fluidity and abortions [6].

The colonized nations and peoples were punished if they did not reject their own ancestral ways of living and healing and adopt the colonizers cultural norms.

The long-term impact of this is still felt today, where most of the colonized countries are still burdened by criminal and penal codes from the 1800s which are completely out of sync with the existing social and cultural lived realities, while the colonizing nations have amended their own penal codes many decades ago.

What it has led to

Throughout all our indigenous cultures, for thousands of years, it was most often the women who were the 'doctors' with deep knowledge of herbal medicine and holistic healing, using extracts which are now a regular part of modern medicine (such as aspirin, quinine, digitalis and ergotamine to name just a few) [7].

The dismissal of menstruation, menopause, and childbirth as either 'natural' or then 'cursed' and thus undeserving of care and then adding on control of women's reproductive autonomy through laws, criminalization and stigma all stem from these deep historical roots of the witch hunts and the embedded misogyny.

The clitoris, which is the only human organ solely designed for pleasure, never found a place in the anatomical drawings in medical textbooks for hundreds of years, until very recently, effectively erasing female sexual agency from medical discourse [8]. In India, the FMT (Forensic Medicine and Toxicology) textbook still mentions "virginity" as a medical condition which is again un-scientific and absurd since it is simply a social construct used to control women's sexuality [9].

These erasures and inclusions are not accidental.

Misogyny in the classroom

I entered medical college at 18, one of the many young people who had survived two years of gruelling competitive studies to secure a seat. What followed was five and a half years of training in a deeply hierarchical and bio-medically reductionist fixed field of knowledge. Our textbooks were filled with facts and pathologies. Patients were seen as collections of complaints, signs and symptoms. Their stories, struggles, identities, lived realities, especially as women, were not part of what we needed to understand, study or address. Caring, community, and social determinants of health were not a part of the curriculum.

The 'Father of Gynaecology', J. Marion Sims had statues erected in his honour until it became obvious a few decades ago that the Sims Speculum invented by him had been developed through experiments on enslaved Black women without anaesthesia because of the racist belief that they could endure more pain [10].

There were countless such 'fathers' in our textbooks, but no 'mothers' since they had been barred from medicine and allowed back in only strictly as nurses and midwives in 'caring' roles where they were underpaid and overworked.

Textbooks claimed that lesbians could be identified by a 'wild labia.' Homosexuality was in the chapter on 'deviant sex' alongside bestiality and necrophilia.

We learned sexist mnemonics to remember clinical facts, with phrases like "She Looks Too Pretty Try to Catch Her" for the carpal bones, pretended not to hear the 'dirty jokes' about naked women on the operation table, watched in silent complicit horror as professors shamed unmarried girls seeking abortions and denied them pain relief to 'teach them a lesson'.

None of us were taught how to speak of rape, consent, or the trauma of unwanted pregnancies. We weren't expected to care or comfort. There was never any conversation on why no mention was ever made of the man or boy responsible for the pregnancy. Obviously, the unwanted pregnancy was only the woman's fault and only her singular burden.

Even if she was only 12.

Punished by medicine for being women

Medical narratives have continued to shape and reshape women's bodies to serve the interests of the patriarchy and the State: from contraceptives being predominantly for women's bodies [11] to needless cosmetic surgeries from artificially created insecurities.

Modern medicine has not really been scientific in the sense of being objective or neutral. It has always mirrored and enforced patriarchal values, often controlling women more than caring for them.

One of the most enduring and destructive myths in the history of medicine is the invention of 'hysteria.' This was historically used to pathologize women who dared to be emotional, outspoken, sexually autonomous, or simply difficult to control. Derived from the Greek word hysteros, meaning uterus, the diagnosis of hysteria was based on the bizarre and baseless belief that a woman's uterus could literally wander around her body, causing madness, irrational behaviour, and emotional disturbances. This absurd and completely un-scientific idea persisted for centuries and provided a convenient medical excuse for silencing, invalidating, and institutionalizing women whose behaviour disrupted patriarchal norms.

Any woman who showed anger, grief, sexual desire, or resistance to authority could be labelled hysterical and subjected to humiliating and cruel "treatments". These ranged from ice cold baths, forced institutionalization, compulsory hysterectomy and even the dangerous and terrible practice of lobotomies [12].

These brutal interventions were framed as therapeutic but were, in reality, tools of control and suppression.

Medical gaslighting (the dismissal or minimization of patients' concerns) is experienced far more often by women and queer persons, particularly in the realm of sexual and reproductive health. Take the case of endometriosis, a condition that affects one in ten women globally, yet takes an average of 7 to 10 years to be diagnosed. Women reporting debilitating menstrual pain are routinely told they're exaggerating or that it's all in their heads. Similarly, premenstrual syndrome (PMS) is frequently mocked or trivialized, with physical and psychological symptoms dismissed as moodiness or irrationality rather than valid health concerns, with jokes about 'that time of the month'.

Even world-class athletes like Venus Williams have not been immune to the consequences of being disbelieved when she nearly died from a pulmonary embolism post-delivery because her pain and symptoms were initially not taken seriously [13].

Access to abortion also remains deeply politicized, medicalized, and restricted, none of which has to do with medical safety or abilities. From mandatory waiting periods and unnecessary ultrasounds to outright bans and criminalization, the message is clear that women cannot be trusted to make decisions about their own bodies.

Even when abortion is legal, women face stigma and judgment in clinical settings, with

providers sometimes refusing care or shaming them in the process. Women are then forced to seek abortions in the informal sector, risking their lives to do so [14].

From puberty to menopause, the healthcare system routinely neglects or sidelines issues that aren't directly tied to motherhood. Chronic conditions like autoimmune diseases, chronic fatigue syndrome, and fibromyalgia, which disproportionately affect women, are frequently misdiagnosed, under-researched, or dismissed entirely. Mental health concerns, sexual wellness, and pain management for non-reproductive issues rarely receive the same attention or urgency. Paradoxically, the moment a woman becomes pregnant, the full machinery of the medical system activates almost to the level of creating pathology out of a normal pregnancy, and the moment she is no longer pregnant, that attention vanishes.

Highly invasive and potentially dangerous procedures like ovarian stimulation, surrogacy, fetal reduction are normalized in the desperate quest for motherhood since society judges those women who 'fail' at this essential role.

Meanwhile in conditions like polycystic ovarian syndrome (PCOS), premature menopause or sexual dysfunction, women are often told to just keep calm and carry on, unless of course they want to get pregnant in which case they will be taken care of.

This ongoing regulation of women's reproduction is not about health.

It has always been about power.

Being gay is not ok

For much of modern medical history being gay, lesbian, or trans was not just misunderstood but it was actively pathologized. In the textbooks we studied, homosexuality was listed under 'deviant sex' alongside bestiality and necrophilia.

Psychiatry classified homosexuality as a mental disorder well into the late 20th century, giving rise to cruel and coercive interventions such as electroconvulsive therapy, chemical castration and so-called 'conversion therapies' aimed at forcibly changing a person's sexual orientation or gender identity.

Even today medical education and systems often remain hostile, uninformed, or dismissive. The legacy of pathologization lingers not only in policy and practice but also in the lingering shame, stigma, and barriers to care that many LGBTQIA+ individuals still experience when sitting across the table from a doctor [15].

As within so without

Even within the field of medicine women doctors, nurses and healthcare workers are far from immune to gender-based discrimination. Women in medicine face persistent wage gaps, are underrepresented in leadership and research positions, and regularly experience workplace harassment and bullying.

Female surgeons have widely reported being mistaken for nurses or interns, their decisions second-guessed, and their achievements overlooked in favour of male colleagues.

What lies ahead on this journey

To bend the arc of justice in favour of equitable sexual and reproductive health and rights for all, the medical profession must commit to deep, structural change.

Medical education must integrate gender, sexuality, consent, and social justice as foundational pillars [16].

Health workers must be trained to see their patients not as clinical puzzles, but as whole

human beings with histories, identities, and rights.

Healing and caring needs to be at the core of the practise, not just curing.

Equally crucial is building accountability systems within hospitals, academic institutions, and health ministries, ensuring that disrespect, abuse, and negligence are no longer normalized or ignored.

Civil society must also play a transformative role by pushing for progressive laws, demanding inclusive health policies, creating awareness, and standing alongside those most impacted.

This is how we create a new world where young women and humans of all gender identities and sexual orientation could grow up in a world where their pain is believed, their choices respected, and their bodies no longer politicized. A world where sexual and reproductive health is not a site of shame or struggle, but one of power, pleasure, and agency.

The Personal is Political. So is Medicine

As Rudolf Virchow, the founder of public health said: "*Medicine is a social science, and politics is nothing more than medicine on a large scale.*"

Indeed, it is true since medicine has, for centuries, reflected the values of a society that was patriarchal, colonial, racist, and capitalist.

It is time to reframe, realign and recreate medicine into a healing and caring profession that it is meant to be. We must center gender justice, sexual rights, and lived realities in medical education, practice, and policy.

Sexual and reproductive health must become a space of dignity, autonomy, and empowerment — not control. Let us not just challenge the system — let us rebuild it.

Let us begin, again.

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This commentary does not report new research data. All information discussed is derived from publicly available sources, previously published literature, or the author's own perspectives and analysis. Relevant references have been cited within the manuscript.

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