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Abstract

The 19th Amendment had and continues to have a major impact on women's healthcare in the United States. Prior to suffrage, women had little to no ability to voice their thoughts on and change policies that regarded their own health. This essay addresses the way in which the vote both directly and indirectly impacted healthcare; including workplace conditions, maternal and reproductive rights, racial disparities, political advocacy and healthcare, the different waves of feminism, and how this has all affected modern healthcare for women. From progressive articles being published in women's magazines, to the establishment of marital rape, to the availability of birth control, it is easy to see the development of the political voice and influence of the American woman. Even today, in the second wave of feminism, women live in the age of Roe V. Wade and awareness of the serious risks of pregnancy and labor. Through this paper, readers will have the opportunity to learn about and understand the importance of suffrage and how it relates to their own health and wellness.

Keywords

Women's Health, Suffrage, 19th Amendment, Reproductive Rights, Feminism, Maternal Rights, Family Planning

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Abstract: *The 19th Amendment had and continues to have a major impact on women's healthcare in the United States. Prior to suffrage, women had little to no ability to voice their thoughts on and change policies that regarded their own health. This essay addresses the way in which the vote both directly and indirectly impacted healthcare; including workplace conditions, maternal and reproductive rights, racial disparities, political advocacy and healthcare, the different waves of feminism, and how this has all affected modern healthcare for women. From progressive articles being published in women's magazines, to the establishment of laws against marital rape, to the availability of birth control, it is easy to see the development of the political voice and influence of the American woman. Through this paper, readers will understand the importance of suffrage and how it relates to their own health and wellness.*

Women obtaining the right to vote changed healthcare in America in a variety of ways. This essay is going to explore how it affected healthcare for women and society. Including workplace conditions, maternal and reproductive rights, racial disparities, political advocacy and healthcare, the different waves of feminism. Because women had a place in government and were able to voice their needs, they were able to create the changes and policies that forced healthcare to focus on women and their needs.

In America, the female population has only had the ability to vote since 1920. Less than half the time the nation itself has held elections. In 1920, after almost a century of protest, women were finally granted the right to vote. Important female figures involved in these revolutions include Susan B. Anthony, Cady Stanton, and Lucretia Mott. After spending decades raising and demanding public awareness until they were finally victorious with the 19th Amendment (History, 2010).

Healthcare as a whole was not focused on female needs prior to suffrage. This included both healthcare providers and policies. Regardless of the fact that they were a

significant chunk of the national population and were vital in many ways. At the time, a life of child rearing was still the norm. Because they lacked the ability to vote, they had no means to voice their opinion and encourage change. As a result it was difficult for women of the time to have their voices heard. Through voting, women were able to elect individuals who represented them, and had a reason to become politically aware. After the 19th Amendment, laws and policies came into play that positively affected women. For example, Tom Spiggle touches on several laws that affected women. The Fair Labor Standards Act of 1938 which set a minimum wage. This law affected more women than men, and had a huge impact on single mothers or women at the head of the household. The Equal Pay Act of 1963, and Title VII of the Civil Rights Act of 1964 both set the standard for financial and workplace equality. Both the Pregnancy Discrimination Act of 1978 and the Family and Medical Leave Act of 1993 forced society to respect women as both mothers, and employees. By making it possible to raise a family and prioritize their health while being employed, it became easier for more women to enter the workforce (Spiggle, 2019).

Another way that the voice of women in politics was felt, was in control of their reproductive health. After suffrage was achieved, changes in women's healthcare came in two waves, both waves had in common was their reliance on the 19th amendment to make the difference that they desired.

The 19th amendment and the desire for it birthed the first wave of feminism due to the opportunity it gave women across the country. They could finally voice their own opinion in major decisions regarding a variety of topics; including their health. It fostered a sense of activism as more and more women grew politically aware. This awareness would later evolve into the second wave of feminism. Although the first steps after the 19th Amendment make modern day law seem radical, those steps at the time were also radical.

The first wave of feminism began in the late 1800's and continued through the 1920's. One of the key terms associated with the first wave was "voluntary motherhood" (Khazan, 2019). This included the radical idea that women should be able to refuse sex with their husbands, as marital rape was not illegal in all US states until 1993 (Khazan, 2019). Moreover, women could not advocate for birth control because it was relatively limited for two reasons: the latex condom did not become popular until the 20's and it was illegal to advertise birth control to the public. However this law was often not taken seriously and broken. The lack of exposure and information on contraception created an educational gap for the majority of the public (Khazan, 2019). Especially for those living in poverty, who had limited time and resources to explore and educate themselves about birth control. As a result, females instead focused on the idea that women could choose who and when they wanted to have sexual relations with someone, both in

and out of wedlock (Khazan, 2019).

The idea behind voluntary motherhood was to decrease sexual assault and improve the qualities of both a woman's life and her pregnancies. By having sex only when they wanted to, they could have fewer and healthier pregnancies (Khazan, 2019). These pregnancies would be intentional and therefore be more rewarding for the whole family. As a result, family dynamics as well as financial planning over time would improve for the entire family unit..

Voluntary motherhood was, at the time, the closest thing to modern day birth control. Activist Cady Stanton would call this the "gospel of fewer children" (Khazan, 2019), because of the beauty and value she saw in giving your all to fewer children, rather than struggling to support many. Additionally, activists at the time feared that providing birth control to all women would cause an increase in sexual assault because men could have sex with women with no consequences (Gordon, 2002). Rather than give men an out with pregnancy, they preferred to hold them accountable with the threat of raising an unplanned child (Derr, 2009).

Political awareness evolved into the second wave of feminism which began in the 1960's with a major focus on reproductive health and family planning (Pelella, 2019). It was a radical time period in American history regarding the lives and health of women. There were all sorts of cultural advancements—from the Food and Drug Administration approving the now-popular birth control pill in the 1960's, to the US Supreme Court ruling that married couples could use contraception in 1965 in *Griswold v. Connecticut* (Pelella, 2019). This eventually led the way for unmarried women to gain more rights regarding their own body and health, including privacy regarding their sexual status and birth control. In 1970, Congress passed the monumental Title X of

the Public Health Service Act granting federal funding to family planning programs. Many of these programs did include access to methods of contraception, thus allowing women to have affordable access to the pill (Pelella, 2019). By 1974, the majority of states in the US had passed laws allowing women of 17 or 18 to access the pill without parental consent (Pelella, 2019). It would have been impossible for these laws and policies to have been created and evolved into what they did during this second wave had there been no 19th Amendment due to the fact that the first women to advocate and get their foot in the door were in actuality advocating for the future of all women. Although the advocacy grew and strengthened over time, the first seed of suffrage must have been planted for any women to be seen as an equal or anything close to it.

We can see through reading the popular women's magazines of the progressive era (1900-1920) where and when women began to become frustrated with their lack of representation and political gag. Women's magazines at the time included tips on housekeeping and child-rearing, but little more. However, as suffrage approached and society became more aware, the political tension in these magazines became more and more clear (Pierce, 2008). Previously, magazines had reflected public opinion, but during the progressive era, these publications stirred change and painted an image of the nation that could be not the one that was (Pierce, 2008). They began to focus more on controversial topics and less on the typical homemaking spiel.

These magazines became the first for the average civilian that broached topics such as maternal health legislation and the realities of birth and motherhood, and even called women to action to advocate for their own rights (Pierce, 2008). Previously, the US

culture pushed the positives and necessity of being a mother for all women—doing little to nothing to address women as individuals (Pierce, 2008). For women, “childbearing was considered a duty of the marriage contract” (Williamson, 2014). The loss of individuality that women felt was not due to the children, but rather to the loss of the choice of when and how often they would carry. Or even when and how often they wanted to have sex with their significant other.

With autonomy over their bodies, they gained more of a sense of themselves as an individual. Childbearing was and still is a dangerous and life-changing task, that many women then had no option but to take part in. While there were steps women could take to avoid being sexually active and therefore risking pregnancy, married women had little legal ground to stand on. Marital rape was not recognized in the US until 1973, and all 50 states did not recognize it until 1993 during the third wave of feminism (England, 2015). The pages of these mass-circulated magazines included stories about fatal hemorrhages and infections that cost the lives and health of mothers and their children (Pierce, 2008). *Good Housekeeping* would even launch a three part series on the need for maternal healthcare (Pierce, 2008) during the progressive era. This was only the start of the changes that would continue through and after suffrage.

Many female oriented magazines (*Good Housekeeping*, *The Women's Journal*, etc.) covered the Maternity and Infancy Act of 1921 which was intended to expose the number of infant and maternal deaths. While society aimed to create an idealized image of pregnancy and motherhood, many magazines took the information as an opportunity to attack the policy and bring light to the “little acknowledged risks in childbearing” (Pierce, 69, 2008). Those who opposed this

radicalism saw women revolting against their God-given duty. Opposition to the act eventually brought together women who previously had been on different ends of the political spectrum and by voting they voiced their needs to the government. This is just one example of how suffrage gave women of many different backgrounds the opportunity to enact change in areas that were important to them—such as in healthcare.

There is a distinct difference between abortion rates prior to and post suffrage. According to William Johnston, in 1926, only six years after suffrage, there was a reported two abortions in the United States (Johnston, 2020). Six years after that, in 1932, there was a reported 71 abortions in the US. Since Johnston's data only includes reported abortions, it is fair to assume that there was a large number of illegal and unreported abortions happening behind the scenes. While 71 may not seem like an overly large number, it is a 3,550% jump from 6 years prior. Since 1932, abortion rates have mainly continued to increase with only a slight dip in recent years (Johnston, 2020). As of now, it is calculated that almost half of American women have terminated a pregnancy (Pollitt, 2019)

If women were having abortions before 1926, they would have been done so illegally or not reported it to the federal government. Yet countless more secret abortions still happened behind closed doors long after 1926 because abortion did not become legal in the federal government until 1973 in the Supreme Court decision in *Roe v. Wade* (Pelella, 2019). These behind the scenes abortions were often done illegally, often not in a medical office, and often without medical professionals, thus injuring and often killing women who felt that they had no other options. The year after abortion was legalized in New York, the maternal mortality rate dropped by 45% (Pollitt,

2019).

The extent of contraception and autonomy can be seen when looking at birth rates and the US population since the second wave. In 1965, the US had a population of 194 million ("Population") and a total of 3,760,358 live births with an estimated 794 abortions (Johnston, 2020). In 2018, the population of the US was nearly 328 million ("Population") while there was only 3,791,712 live births and an estimated 327,691 abortions (Johnston, 2020). These numbers are significant because it is evident that, although there were other influencing factors, the number of births increased by 0.83% while the population of the nation increased by over 69%.

This drop in births can partially be attributed to the advocacy for reproductive rights for women all over the country. With more women of childbearing age in control of their reproductive health, pregnancies have become more intentional. The numbers themselves are not the important part, but rather the distinct change in the way women approached pregnancy. A choice, rather than a consequence or duty. It is easy to see why such a movement would be necessary. Looking again at the third wave, maternal deaths have been on a steady rise since 1990 and little explanation has been provided from the healthcare system as to why (Roeder, 2018). It was clear that women needed an advocate in this area, and the second wave of feminism served that purpose.

Even though the origins of the second wave focused on sexual health and abortion accessibility, it would go on to develop into the Women's Health Movement, with "the underlying goal of challenging the sexism inherent in the contemporary health system" (McGrath, 2019). For example, the National Welfare Rights Organization consisted of mainly African-American women in the

1960's and 1970's. It pushed for a Patient's Bill of Rights and demanded equal treatment of the poor and Medicaid patients by hospitals ("U.S", 2015). Throughout the 1980's and 1990's, there were key political and non-profit organizations that advocated tirelessly for women's health in federal health policy, such as the Congressional Caucus for Women's Issues and The Jacobs Institute of Health (McGrath, 2019). The increased involvement of women included the incorporation of women in drug trials and the development of new contraceptive technologies (such as the implant and IUD). They also addressed the common phenomenon of doctors not taking a female patient's pain as seriously as a male's (McGrath, 2019).

While the second wave was started with certain ideals in mind, it developed over time into something much more than "just" reproductive rights; the third wave. This movement pointed out the smaller yet equally important differences. The push for the inclusion of women's health in policy led to the modern day Affordable Care Act (ACA) defining contraception as an "essential health benefit" (McGrath, 2019). Affordable contraception is vital to so many individuals across America and prior to this act, it was incredibly difficult to find, which widened the financial gap between those who could and could not afford it. Over generations, the expense of birth control only perpetuated the class gap. Women with the choice on when to have children had the opportunity to save money and obtain an education. Those who did not have access often became stuck in a cycle of having their children consume their time and resources.

The Coalition of Labor Union Women published reports that showed insurance companies were charging women higher premiums for individual insurance, and that 80% of individual policies did not include

maternity coverage ("U.S", 2015). Pauline Newman, a Lithuanian immigrant factory worker, would go on to become a key player in the International Ladies "Garment Workers" Union (ILGWU) and advocate for health insurance legislation that included maternity coverage ("U.S" 2015). The ILGWU became an activist group for female employees and their rights in their factories. Newman would request not only a right to maternity leave, but also to a required wage replacement for new mothers ("U.S", 2015). In relation to how our world compares to this today, it is 2020, and the United States is still one of the only countries that doesn't require employers to give paid maternity or paternity leave ("U.S", 2015). Although we have made progress, there are undoubtedly still steps that America must take for genuine equality.

Reproductive rights are very important when looking at modern day healthcare, and it is easy to see the importance of it. By looking solely at the variety of birth control and sexual transmitted disease prevention tools now available, it is easy to see the difference from only the male condom in the 20's (Khazan, 2019) to the modern day implant, pill, female/male condom, dental dams, IUD's (and the different types), rings, patches, spermicide, and more ("Contraceptive, 2018). According to the Guttmacher institute in 2018, more than 99% of women ages 15-44 will use at least one method of contraception. This makes sense considering that with the average American family size of two children, the average woman must be on birth control for at least 3 decades ("Contraceptive," 2018). 72% of modern U.S. women who practice contraceptive methods rely on non-permanent hormonal methods of birth control (pill, implant, IUD) while the rest use permanent sterilization, both male and female ("Contraceptive," 2018").

This illustrates the flexibility and availability of birth control in our society today. To fully understand the importance of controlled reproduction and methods of preventing unwanted pregnancies, know that 85% of couples without birth control will become pregnant in a 12 month period (“Contraceptive,” 2018). The fact that women are choosing non-permanent methods demonstrates that women are able to rely on their healthcare providers and systems to continue to prescribe and give them various forms of birth control—rather than feeling forced to pick a permanent method due to uncertainty in the future availability of their chosen contraception. This is a stark difference from the 1920’s when it was illegal for birth control to be mentioned in the public (Pierce, 2008).

However, it is still fairly easy to see flaws in even the modern system. The third wave focuses on the fact that minority women, and especially uneducated women, are oftentimes, coerced into more permanent methods of birth control. Female sterilization, a permanent and invasive method, is most common among African and Latin Americans, non-college graduates, those with public or no health insurance, and those below the poverty level (“Contraceptive,” 2018). But the pill, a non-permanent method, is most popular among white, college graduates (“Contraceptive, 2018). Unfortunately, this disparity may be due to a conscious or subconscious bias in healthcare. As previously mentioned, women pick non-permanent birth control when they feel certain that they will have future access to it. Due to the cost and accessibility of birth control in our country, poor minority women may not have this assurance and therefore select permanent options.

Women of ethnic minorities have always been the last to reap any benefits, even today. Black women as of 2000 were

expected to live to 75– five years less than their white female counterparts (Hoyt, 2019). In 1920, black women were only estimated to live to age 45; a whole 21 years younger than the estimated death of white women (Hoyt, 2019). In 2005, the National Academy of Medicine (NAM) released reports concluding that the poverty Blacks families live in is not to blame for their shorter life spans (Bridges). While the gap has shrunk significantly, it is definitely still there.

Additionally, black women are 3-4 times more likely to die as a result of labor and pregnancy than white women (Roeder, 2018). Risks for black mothers rise at each stage of labor, delivery, and then postpartum care (Roeder, 2018). There is a common thread of black women complaining of symptoms and being ignored; OB-GYN Dr. Neel Shah references the “fine line between clinical intuition and an unconscious bias” (Roeder, 2018). Of blacks and whites of similar financial and health backgrounds, blacks are still more likely to die due to health complications (Bridges). They also have a higher chance of receiving undesirable treatment for the same ailments as whites, and being released earlier from the hospital (Bridges). This bias is taking the lives of innocent people. This is an instance of a widespread problem that is not the result of a single racist doctor but rather of an entire flawed system.

It is easy to forget the strong link the 19th Amendment has to modern day healthcare for women across the country. But, in reality this movement affects everyone more than they may realize; if you’re not a woman, you likely know and love one. Through looking at the Women's Health Movement, the evolution of reproductive rights, and the overall health of women in America, the impact is clear. That is not to say that where society is today is perfect by any means. In

reality, we are far from it and have a lot to work on; but the present is much better than 100 and even 10 years ago. This is because people are willing to advocate and fight for the rights of women and their health. Giving

women the opportunity to vote and influence the political climate created an opportunity for growth. As long as this trailblazing continues, we will continue to build better futures for women in our society.

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