

Not at the expense of women

Something's happened to language. The Swedish healthcare guide is urging us to avoid the word "woman" and even the much-loved author of the Harry Potter series has been accused of being transphobic." So what's going on?

Transpeople are claiming their place in the world – good! The equal rights of all human beings is a given, and transpeople have the right to live their lives without fear, threats or discrimination. They should feel included. The question is how this inclusion should be achieved. At the moment, linguistic changes are being introduced that affect many groups other than transpeople. The reason why organizations, companies and birthworkers want to remove words such as "woman", "girl" and "mother" from various texts is that these words are considered to exclude transpeople.

The complex reproductive systems that are comprised of biological organs and tissues such as the cervix, ovaries, breasts, vagina and vulva, are commonly known under the name of "woman". That doesn't mean that a woman can be reduced to just a reproductive system – but that's how language works. In a medical context, biological sex is significant for the prevalence of certain diseases, risk factors and dose calculation. This has consequences for reproductive health, but also for many other areas such as rape crisis centres, prisons, women's sports and homosexuals.

In consultation with RFSL (Sweden's equivalent to Stonewall, <https://www.stonewall.org.uk/>), 1177 Vårdguiden (Sweden's national online healthcare guide, <https://www.1177.se/>) has published a text about sex, gender identity and gender expression. In their linguistic guidelines, they have chosen to exclude the word "woman" in some contexts so that more people will feel included.

Many women in vulnerable socioeconomic groups, or with a different cultural or educational background from those introducing these changes, risk being excluded when we use complex newspeak relating to sex. At the same time, women in labour are being shuttled between overfull hospitals unable to find a bed, there's a constant shortage of midwives, and excessive birthing interventions are on the rise. These structural problems originate in a misogynistic view of the female body as defective and unpredictable, meaning that it needs to be controlled with medical interventions.

When you give birth, being in touch with your body is one of the most important tools you can have for achieving a healthy and positive birth experience. In our society, women are encouraged NOT to listen to the body's signals. As soon as you get your period, you're told to take a paracetamol, put a tampon in and carry on as normal. We're supposed to go on the pill or have the coil inserted, and ideally not bleed at all. Hormonal fluctuations shouldn't be noticeable. When we give birth, we're told that our contractions are "ineffective", that our wombs are "exhausted" or that we're "too weak" to push effectively. Healthcare provision in childbirth can be too little too late or too much too soon. WHO has made it clear that over-interventions in birthing are a global problem that threatens women's health during childbirth, and that this is due to patriarchal structures and obstetric violence.

Dissecting the body into individual treatable organs and services by replacing the word “woman” with “menstruator”, “uterus haver” or “birthing person” is dehumanising and reduces women (particularly in the third world) to reproductive vessels. Ultimately, this will lead to more iatrogenic injuries and traumatic births, and obscures the fact that obstetric violence specifically targets women because they are women.

The surrogacy industry means that you can now buy your child in parts – eggs from ovary carriers, gestation from uterus havers and optimum nutrition from milk producers. But these functions are already connected in the whole that is “woman”, which is the biological sex that ovulates, menstruates, gets pregnant, gives birth, breastfeeds and goes through menopause. The female body doesn’t disappear because the term is now supposed to encompass multiple genders.

In the English-speaking world, the word “breast” is being separated off from breastmilk, which the formula industry benefits from. Bottle feeding is being legitimized as being more inclusive, and those wanting to promote breastfeeding risk being portrayed as exclusionary. When words that women all over the world use about themselves disappear, it’s not just about changing the language – it’s also about money and power.

If inclusion really was the only objective, we’d be seeing the same changes to the language relating to men’s bodies. But that’s not happening. We don’t see the word “man” being replaced with “penis haver”, “testicle owner”, “prostate haver”, and sex education in schools is not aimed at “sperm producers”.

Transpeople are here, they’re loved and they should take their place in society. All healthcare should be centred around the needs of the individual and everyone should be addressed and described in the way they themselves want. But this should not be at the expense of women. Any feminism worthy of the name must be able to support motherhood. What is happening is the colonization of the female body.

And it’s happening through linguistic imperialism.

Kristina Turner, writer and birth activist

<https://www.ownyourbirth.se/>