

## **An Appraisal of the Nature and Extent in Medicalization of Women's Health and Wellbeing in 21<sup>st</sup> Century Nigeria**

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### **ABSTRACT**

*Medicalization, at its core, refers to the process by which human conditions and problems came to be defined and treated as medical issues. In the context of women's health and wellbeing, this process has been particularly pervasive, often pathologically constructed as natural biological processes such as menstruation, childbirth, and menopause. These processes have contributed to the growing assumption that the woman anatomy is biologically fragile or unstable and frequently need the attention of medical care. The theoretical frameworks adopted for this paper are Ann Oakley's Radical Feminism approach and Michel Foucault's Postmodernism. The literature review provides a comprehensive synthesis of scholarly contributions to the field of medical sociology, highlighting both historical and contemporary perspectives on the medicalization of women. The paper also highlight diverse domains of women lives that have been linked with medicalization, and this has far reached implications for their wellbeing in contemporary society. For example, menstruation has been framed as a disorder rather than a natural process, with treatments ranging from hormonal therapy to antidepressants. Also, pregnancy and childbirth, once managed primarily by women and midwives, have become highly medicalized events, dominated by obstetricians and clinical technologies; even more significantly is the problem of infertility and conception that have been influenced through scientific medical inventions. Furthermore, mental health conditions, such as depression and anxiety disorders have been disproportionately applied to women. Cosmetic surgeries are increasingly becoming popular among women in Nigeria, driven by changing beauty standards and the desire to enhance appearances. The paper concludes with reflections on the implications of medicalization and suggestions for a more inclusive and empowering approach to women's health.*

**Key Words:** Scientific medicine, medicalization, women, Nigeria

## 1. INTRODUCTION

The relevance of examining the medicalization of women grows as societal expectations evolve in relation to healthcare, feminism, and individual autonomy. For example, matters that used to be the responsibilities of priests, social workers, teachers, and others are now seen as medical matters, (Illich, 1977; Fulcher & Scott, 2008: 295). This process reflects a broader socio-cultural and institutional trend in which aspects of everyday life, particularly those related to women's health, are brought under the control and authority of the medical establishment (Martin 2001). Historically, women's health has been pathologized through a male-dominated medical lens, converting normal bodily functions like menstruation, pregnancy, and menopause into conditions requiring treatments. This pathologizing often strips women of their agency and bodily autonomy, replacing personal, social, and cultural understandings of health with clinical and pharmaceutical interpretations (Conrad, 1972). Through the framing of female-specific biological events as inherently problematic, the medicalization process constructs a narrative that women's bodies are perpetually in need of monitoring, correction, and intervention. The narrative is that, women's bodies have been objectified within medical discourse, resulting in a continuum that impacts how health practitioners treat women's health issues (Conrad, 1972). In today's world where virtually every aspect of women's life are increasingly scrutinized through the medical lens. The understanding is that, these are factors contributing to medicalization of women and its consequences can provide insight into broader societal attitudes toward women and their health. In a modern context, this transformation has profound implications for women's autonomy, identity, and overall social status.

The medicalization of women is a phenomenon that underscores the intersection of health, gender, and societal norms in contemporary society. As women navigate various life stages—from menstruation to reproduction and menopause, they often encounter a framework that medicalizes their experiences, framing them predominantly through a clinical lens (Houck, 2006). In the contemporary context, this phenomenon has expanded beyond traditional areas of reproductive health, to include cosmetic surgery and lifestyle-related medical interventions. Also, emerging health challenges like breast cancer, fibroids, infertility, and high blood pressure are increasingly framed in ways that emphasize biomedical intervention over holistic, socio-cultural approaches. Similarly, procedures such as buttock and hip augmentation, eyelash enhancements, vaginal tightening, and genital modification have normalized the idea that the natural female body is inadequate or defective. The commodification of women's bodies under the guise of health and wellness further complicates the ethical and political landscape of medicalization.

In the contemporary era, the medicalization of women continues to evolve. While advancements in medical science have undoubtedly improved many aspects of women's health, they have also introduced new forms of surveillance and control. Medical technologies and treatments, while offering certain health benefits, also serve as tools of social control that reflect and perpetuate patriarchal norms. The rise of cosmetic surgery, pharmaceutical marketing, and wellness industries has extended medicalization into the domains of beauty, behavior, and lifestyle. These developments raise important ethical, political, and philosophical questions about women's bodily autonomy, informed consent, and the commercialization of healthcare. The paper delves into various dimensions on the medicalization of women, focusing on conceptual clarifications, a theoretical framework rooted in the dichotomy of radical feminism approaches and postmodernism critiques of Michel Foucault's discourse on knowledge and power, and an extensive literature review that explores scholars perspectives about this phenomenon. The main objective of this

paper is to examine the causes and implications of medicalization on women's health and wellbeing in modern society.

## **2. CONCEPTUAL CLARIFICATION**

### **Medicalization**

The medicalization of women refers to the process whereby natural biological functions and female-specific experiences are redefined and treated as medical problems. Medicalization refers to the process by which non-medical issues become defined and treated as medical problems, often involving the use of medical intervention as a primary response (Kendall, 2008). The term "medicalization" was first used in the 1970s, when the American sociologist Irving K. Zola (1972) pointed out the influence of medicine as an institution of social control and thus its increased influence on the everyday life of individuals. Zola went so far as to suggest that medicalization is capable of affecting, even excluding, more traditional institutions such as religion and law, claiming that it was becoming the new repository of truth, the place where absolute and often final judgments are made by supposedly morally neutral and objective experts. And these judgments are made not in the name of virtue or legitimacy but in the name of health. Medicalization is the process by which non-medical issues are defined and treated as medical problems, typically in the form of illnesses or disorders. This concept was popularized by sociologists Zola (1974) & Conrad (2007). Medicalization often entails transforming normal life events into conditions requiring diagnosis, treatment, or medical intervention.

Medicalization of women, specifically refers to the treatment of women's natural bodily functions as medical problems. This includes menstruation, pregnancy, childbirth, menopause, and even emotional and psychological states. Medicalization of women often results in diminished agency and bodily autonomy, as male-dominated medical institutions gain control over women's health and bodies. According to White (2002), medicalization has increasing consequences because more and more areas are exposed to expanded medical control; the border between the desired and undesired or, rather, normal and pathological, is supposed to be drawn by experts based on socially and culturally neutral biological/physiological criteria. That seemingly objectifies measurements and criteria for classification and, at the same time, minimizes the connection between definition and social factors. Peter Conrad (1992), one of the most important authors describing medicalization, asserts that it is a process by which non-medical problems become defined and treated as medical problems, usually in terms of illnesses or disorders. Medicalization consists of defining a problem in medical terms, using medical language to describe a problem, adopting a medical framework to understand a problem, or using a medical intervention to treat it. After four decades, the concept of medicalization still remains highly disputable.

### **Scientific Medicine**

Scientific medicine encompasses the period from 1400-1600 AD, and this was an age of individual scientific endeavour, when Europe stretched her limbs after a sleep of a thousand years in a bed of darkness (Umaru, 2006). Scientific medicine witnessed so many discoveries, such as circulation of blood, microbial organisms, theory of contagion, among others. It is noteworthy that, scientific medicine today has experienced rapid transformation. It has acquired a vast body of knowledge and has become highly sophisticated and technical, (Umaru, 2006). The emergence of scientific medicine was central to the medicalization of women to a very great extent.

From the eighteenth century, new techniques of social control were developed that affected women's anatomy. This kind of control involved harnessing and intensifying the energies of the body of a woman through the processes of treatment and conditioning. The obstetrician, for example, expects to have the same degree of control over a woman's

reproduction as a neurosurgeon has over patients during brain surgery (Fulcher & Scott, 2008). Historically, the emergence of scientific medicine coincided with the institutionalization of male authority over the female body. From the replacement of midwives with obstetricians to the classification of women's emotional states as mental disorders, medicine has often served as a mechanism of social control (Freidson, 1988).

### 3. THEORETICAL FRAMEWORK

The theoretical framework adopted for this paper are the Radical Feminist Perspective and Postmodern Perspective of Anne Oakley and Michel Foucault.

#### Radical Feminist perspective

Medicalization and the resulting control of women's health by male physicians has been one of the central debates within the radical feminist approach to medicine (Haralambos, Holborn, & Heald, 2004). From a radical feminist viewpoint, medicalization reflects patriarchal control over women's bodies. Radical feminists argue that the medical establishment has historically sought to define and regulate female bodies under patriarchal norms. The reproduction and sexual health of women have become areas of medical control, suggesting that women's bodies are inherently problematic and must be monitored and managed. Feminists argue that medical research and diagnosis historically centered on male subjects. When women are studied, it is often with a view that deviates from the male "norm." This male-centered bias results in inaccurate diagnoses, misrepresentation of symptoms, and unsuitable treatment protocols for women (Ehrenreich, 1978; Oakley, 1979). Ehrenreich, (1978) provides an insight into the way patriarchal medicine acts as an agent of social control. Ehrenreich, argued that medicine depoliticizes the social causes of ill-health for women, as it provides individualistic explanations of ill-health rather than pointing to the common problem faced by all women.

This perspective posits that medicalization serves to reinforce male dominance by portraying women's natural biological functions—such as menstruation, pregnancy, and menopause—as medical issues that require intervention and oversight, often sidelining women's voices and lived experiences in the process. From a radical feminist perspective, medicalization is seen as a manifestation of patriarchal control over women's bodies. Radical feminists contend that the medical establishment has historically played a role in defining, regulating, and sometimes pathologizing female reproductive and sexual health under male-dominated norms (Haralambos, Holborn, & Heald, 2004). This perspective suggests that issues related to women's bodies—such as menstruation, childbirth, sexual health, and reproductive choices—are often framed as medical problems that need management, thus reinforcing gendered power imbalances (Oakley, 1979). Ultimately, radical feminists argue that this medicalization perpetuates the idea that women's bodies are inherently problematic and require external control, limiting women's autonomy and reinforcing patriarchal authority.

On the other hand, Michel Foucault's theory centres on power and knowledge are also relevant in understanding medicalization. Foucault asserts that knowledge is inherently tied to power, and the medicalization of women's experiences exemplifies this relationship. Women's bodies are subjected to societal discourses that prioritize medical knowledge as the definitive lens through which health is understood (Foucault, 1973). Foucault's concept of biopower highlights how institutions regulate and control populations, and in the context of women, medicalization serves as a method of governance—one that not only treats but also disciplines women by dictating norms around health, sexuality, and reproduction. Michel Foucault's theories offer a broader philosophical and sociological context for understanding medicalization. In works like *The Birth of the Clinic* and *Discipline and Punish*, Foucault (1973) argues that medicine is not just a set of healing practices but also a system

of knowledge and power. Through the concept of the “medical gaze,” he explains how physicians objectify patients by focusing solely on biological symptoms, ignoring the person’s subjective experience.

Foucault introduces the concept of biopower, through which institutions regulate populations by medicalizing the body. In the context of women’s health, Foucault’s framework illustrates how medical discourse produces norms about femininity, fertility, and sexuality, legitimizing state and institutional control over women. His ideas contribute to understanding how medicine can become a tool of social regulation, not just healing. Both radical feminist and Foucault’s postmodern critiques illuminate how medicalization can disenfranchise women, carving out a space where women’s experiences are filtered through a medical lens, rendering the complex realities of women’s lives as pathologized phenomena requiring expert intervention. Postmodernism is a theoretical perspective that critically examines established truths, dominant discourses, and power structures in society, including medicine. In the context of the medicalization of women, postmodernist theory challenges the traditional biomedical model, which often views the female body as inherently pathological or in need of constant surveillance and control (Foucault, 1973; Haralambos, Holborn, & Heald, 2004). The postmodern perspective provides a critical lens to examine how the medicalization of women's bodies is shaped by power, discourse, and cultural norms rather than just biological necessity.

Contemporary health issues such as cancer, infertility, and reproductive disorders illustrate how women’s experiences are often controlled by institutional practices, societal expectations, and gendered assumptions. Understanding these challenges through postmodern theory encourages more inclusive, patient-centered, and culturally sensitive healthcare systems. Feminist scholars have long critiqued this dynamic, arguing that the medical establishment perpetuates gender biases through diagnostic criteria, treatment practices, and the production of medical knowledge. Moreover, postmodern theorists like Michel Foucault have highlighted the role of power and discourse in the construction of medical norms, suggesting that what is considered “normal” or “pathological” is shaped by historical and cultural contexts rather than objective scientific truth.

#### **4. REVIEW OF LITERATURE**

The medicalization of women has attracted widespread academic attention from sociologists, feminists, and critical theorists, each exploring the intersection of gender, medicine, and power (Barker, 1998; Haralambos, Holborn, & Heald, 2004; Davis, 2006; Conrad, 2007; Fulcher & Scott, 2008). These scholars argue that the framing of women’s health within biomedical discourse has profound implications for gender relations, autonomy, and identity. The following are significant scholar Haralambos, Holborn, & Heald, 2004ly contributions to this discourse:

The interplay between the emergence of modern medicine and medicalization of women has been explored extensively in academic literature. Several scholars have provided insights into this concerning trend (Graham, Hundley, McCheyne, Hall, Gurney, & Milne, 1999; Giddens, Duneier, Appelbaum, & Carr, (2013). According to Rosenberg (2008), the historical context of medicalization has its roots in nineteenth century medicine, where women’s health became linked to their reproductive capacities and moral status. He noted that the medicalization process often discounts women’s voices and experiences. During this period, women's health issues became increasingly associated with their reproductive functions and moral character. Rosenberg (2008) opined that this process of medicalization often marginalized women's voices and personal experiences, positioning medical authority as the primary lens through which women’s health and bodies were defined and managed (Rosenberg, 2008). This historical context underscores how medicalization has historically served to reinforce social and gendered norms, often at the expense of women’s agency.

Similarly, Ehrenreich & English (1973) pointed out that the medical profession has historically sought control over women's bodies and reproductive rights. They discuss how the medical establishment has pathologized natural processes, with the negative impact of undermining women's autonomy (Ehrenreich & English, 1973). They argued that the medical establishment has often pathologized natural bodily processes—such as childbirth and menstruation—thereby undermining women's autonomy and reinforcing societal power structures. Their work highlights how this medicalization has served to diminish women's control over their own bodies, perpetuating a narrative that women's health issues require professional medical intervention, often at the expense of women's own experiences and choices (Ehrenreich & English, 1973).

Furthermore, Conrad (2007) argued that various aspects of everyday life, including normal biological processes such as childbirth, menopause, and even menstruation, have been redefined as medical conditions requiring treatment and interventions. Conrad pointed out that medicalization is not purely a scientific process but is often driven by institutional interests, such as the expansion of the pharmaceutical industry, professional power of doctors, and insurance practices. He notes that, this shift transforms people—especially women—into patients in need of regulation, even when they are not ill. Conrad's work helps us understand the socio-political dimensions of medicalization beyond the clinical environment.

Anthropologist Emily Martin's seminal book "The Woman in the Body" (2001) critically analyzes how medical language and cultural metaphors shape perceptions of the female reproductive system. She points out that medical textbooks often describe the male reproductive system using active, dynamic metaphors (for example, "sperm swimming") while depicting the female system with passive, dysfunctional imagery (for example, "degeneration" of the uterus or "failed" egg release). Martin (2001) argues that this linguistic framing reflects and reinforces gendered stereotypes, presenting women's bodies as inherently flawed and in need of correction. Her critique illuminates how ideological bias seeps into supposedly objective medical science, leading to differential treatment of male and female health concerns.

Also, Ehrenreich & English (1973), explore the historical displacement of female healers by the male-dominated medical profession. They revealed how women—who traditionally served as midwives, herbalists, and caregivers—were systematically marginalized through legal, cultural, and professional mechanisms. The rise of formal medicine in the 19th century was marked by the criminalization of women healers and the professionalization of male doctors (Ehrenreich, 1978). This transformation allowed the medical establishment to assert authority over women's bodies, especially in reproductive and sexual health, thereby relegating women to the role of passive recipients of care rather than active agents. In the nineteenth century, menopausal women in England used to be hospitalized and ridiculed from the "mad woman's disease" which seemed to wear off after sometime even without medical treatment (Coney, 1994; Gyuse, Ker & Odoh 2008). Their work highlights how medicalization is deeply intertwined with historical processes of patriarchy and professional monopolization.

Collectively, these scholars demonstrate that the medicalization of women is not simply about diagnosing and treating illness. Rather, it involves a broader sociocultural and historical process where normal female experiences are framed as medical issues, subjecting women to surveillance, control, and intervention. Their contributions underscore the need to critically evaluate medical authority, question gender biases in clinical practice, and advocate for more inclusive and empowering approaches to women's health

In the last few decades, a dominant conviction has evolved that pregnancy and childbirth should be supervised both medically and legally, that it has become unacceptable for people to decide about these – now medical matters – themselves, that de-

medicalization of pregnancy and childbirth would in some way be a threat to the social order (Pahor, 1999; Brubaker, & Dillaway, 2009). The pregnant woman's body has become construed as uncontrollable, uncontained, unbounded, unruly, leaky and wayward (Carter, 2010). Such a construct can be found in popular culture, social theory and even among women. Many debates and critiques involving this issue, particularly the aspect of control over the body, have of course been engendered and the assumptions that allowed the medicalization of pregnancy and childbirth are now being challenged (Oakley, 1979).

## 5. METHODS

The research method adopted for this paper was the content analysis. In this regard relevant review of secondary data related to medicalization of women's health and their wellbeing. were elicited, from text books, academic journals, internet sources and other published works. The research design highlighted the scope and depth of scholarship in the area and both theoretical and empirical literature were reviewed.

## 6. FINDINGS

In contemporary society, a lot of women experience multiplicities of health challenges that are increasingly medicalized. These health challenges ranges from complications associated with reproductive health issues, chronic diseases to cosmetic bodily concerns. As societal expectations about womanhood and motherhood evolves, more and more aspects of women's health hitherto within the scrutiny of the family and elderly women, have come under medical scrutiny and analysis. While medical advancements in this twenty-first century have improved health outcomes especially as it affect women's health and wellbeing, the growing trend of over-medicalization raises concerns about autonomy, agency, and gendered power dynamics. This section examines key areas where medicalization has implications on women's health and wellbeing, these includes, pregnancy and childbirth; reproductive health issues, chronic health conditions in women, such as high blood pressure (BP), stroke, and life-threatening illnesses like cancer, and the popularity of cosmetic surgeries among young women.

### **Medicalization of pregnancy and childbirth**

Historically, childbirth was a communal, women-centered process, attended by midwives (traditional birth attendants) and embedded in cultural rituals. However, in recent decades, it has become a predominantly managed in the hospitals, under the authority of obstetricians. Pregnancy is a physiological state and is not an illness, even though the advent of scientific medicine generally conceptualized it as a risky health condition (Riessman, 1983; Barker, 1998; Behruzi, Marie, William, Lise, & Misago, 2010). The latter is important for understanding medicalization, because in this context the perception of illness is seen as a problem or deviation that is appropriately rendered to the field of medicine, as is the case with childbirth and pregnancy. Control over the process of childbirth has become an important task of medicine. Interventions have been developed with the objective of making childbirth safer and less painful. Also, the introduction of new technologies have focused on monitoring mother and foetus during pregnancy (Smeenk & ten Have, 2003: 153; Ogharaerumi, 2009).

Before the 20<sup>th</sup> century, pregnancy and childbirth were accepted as natural processes and treated as such. Then, childbirth was a social and emotional event that usually took place in the pregnant woman's home and the whole family was a part of the process in one way or another. The mortality of mothers and infants during childbirth, though, was high (Riessman, 1983; Zwelling, 2008; Ogharaerumi, 2009). Scientific medicine gave birth to a specialty known as obstetric, that is saddled with the responsibility to ensure women

deliver their babies successfully. In Nigeria, the process began intensively after 1970s (Borisov, 1995), childbirth slowly became a medical event, midwives were pushed out of the birthing process by medicine, women during childbirth were included in a medical model of care, and breastfeeding was replaced by the development of milk formulas (Prosen & Prosen, 2011). It is worthy to note that, due to the risks and complications associated with pregnancy and childbirth, the process became the focus and attention for the medical community and gradually fell under medical surveillance (Riessman, 1983). The social conceptualization of pregnancy and childbirth as an illness led to the development of technology and to an increase in the number of medical interventions in the field of obstetrics practice (Maturro (2012).

Furthermore, several studies have revealed that ante-natal and post-natal care for pregnant women and nursing mothers in Nigeria have become routine medical engagements (Ofovwe & Madu, 2006; Nyityo, 2009; Ogidi, 2015; Seun-Addie & Nwokocha, 2017). They identified from their studies women who were in regular attendance at ante natal clinic at tertiary and secondary health institution in Benin City, Nigeria. These stages are essential for maternal and child health but are increasingly clinical in nature. Women must adhere to rigid schedules, diagnostic tests, and protocols that often remove their personal agency and cultural context.

In recent decades, more and more women have subjected themselves to cesarean sections due to childbirth in both secondary and tertiary health institutions. These prevailing practices no doubt reflects the medicalization of women, where health professionals like Obstetricians and Nurses have taken efficient deliveries of babies in these hospitals. Also, medical surveillance on women takes the form of pregnancy tests and ultrasounds of unborn fetus, have all become routine practice for pregnant women in Nigeria. While such scientific technologies can be life-saving, they also have no doubt redefined motherhood as a risky condition, demanding constant monitoring among medical professionals.

### **Medicalization of Reproductive Health Issues among Women**

In recent decades reproductive health issues have become deeply medicalized areas in women's health and wellbeing. The emergence of scientific medicine have led to natural biological variations and challenges now frequently treated with invasive procedures, hormonal therapies, and long-term medical interventions .For example, uterine fibroid is a non-cancerous growth that affect a significant number of women, especially those of African descent (Ogharaerumi, 2009; Ogharaerumi & Igbafe, 2009). While many fibroids are asymptomatic, the tendency to aggressively treat them—even in mild cases—points to the hyper-pathologizing of the female uterus. Fibroids are non-cancerous growths in the uterus that frequently affect women, especially in their reproductive years. Though common and often benign, fibroids are highly medicalized, leading to various surgical interventions such as hysterectomies.

Infertility is also considered as a health problem as well as a socio-cultural problem within the context of many African societies, and from the perspective of the individual concerned (Ofovwe & Agbontaen-Eghafona,2009). In the last few decades, more and more women often experience infertility problem, and have been subjected to medical treatment by medical professionals in Nigeria. Several studies have indicated that more and more women, especially in their 40s and 50s undertake infertility treatments in different health institutions both in Nigeria and outside the country (Fatoye; Owolabi; Fatoye; & Eegunranti, 2007; Ofovwe & Agbontaen-Eghafona, 2009; Ogidi, 20015). Fatoye, *et al* admitted that some spouses even accompanied their wives to the out-patient clinics of hospital on account of infertility issue.

From these studies medical treatments and therapies fo infertility in most of the hospitals includes, hormone injections to Invitro Fertilization (IVF) have become heavily

medicalized among Nigerian women. The invitro fertilization (IVF), in recent years has become very popular in many urban cities in Nigeria. This trend has been influenced due to fallopian tube blockages or disorders among many middle age women of reproductive age. Fallopian tubes blockages are considered by medical experts as one of the common causes of infertility among women. The emergence of scientific medicine has provided a solution through surgical remedies or involves in-vitro fertilization (IVF), both of which reinforce a technological approach to conception, treating the womb as a mechanical object.

### **Chronic Health Conditions and Medicalization of Women**

Traditionally, cardiovascular issues were seen as male diseases, but scientific medical research now diagnosis it as increasingly women related. Also, more women are now diagnosed with hypertension, particularly during pregnancy (preeclampsia) or menopause. However, rather than addressing lifestyle or social stressors, the focus is now often pharmacological—relying on lifelong medications. In recent decades, hypertension is increasingly prevalent among women due to stress, lifestyle changes, and hormonal fluctuations. While it is a genuine health concern, its treatment is often standardized without acknowledging the gender-specific dimensions of its causes and manifestations. The medical field rarely addresses the social determinants of high blood pressure, such as domestic responsibilities, emotional imbalance, poverty, and gender-based violence. Instead, hypertension is viewed as an isolated bodily dysfunction.

### **Life-threatening ailments and Medicalization of Women**

In recent decades, scientific medicine has made significant strides in the detection and treatment of women related cancers (World Health Organization, 2021; American Cancer Society, 2024). According to Falade, (2009), forty years ago, cancer was considered to be a disease of high resource, that is known only in Western societies. However, several studies have revealed that cancer has become one of the most chronic diseases women have experienced and resulted in many deaths both in developed and developing societies, (Kotarba, 1977; Tierney & McKinley 2002; Falade, 2009; Adonu, 2011; National Cancer Institute. 2024). In Nigeria, more and more women experience breast cancer related health problems. According to Ogharaerumi (2009) women often undergo routine mammography, genetic screening and preventive mastectomies are common standard practices. No doubt women's breasts, often central to their identity, beauty and femininity have become a regular gaze for medicalization. As a result of the emergence of scientific medicine it has become objects of risk to be medically managed by physicians.

Also, cervical cancer has increasingly become infectious for many young women in Nigeria (Falade, 2009). According to Ogharaerumi (2009) cervical cancer is at least identified as an aspect of sexually transmitted diseases among women of sexually active age. Ogharaerumi (2009) further opined that probably more than 80% of cervical cancer emanates from infection by the human papilloma virus (HPV), common warts and genital warts. The Pap smear and HPV vaccine are key tools in the prevention of cervical cancer in women. In recent years the female cervix has become a target of public health enlightenment and campaigns, therefore the need to emphasize risk over resilience.

### **Body Image and Cosmetic Medicine:**

Several studies have identified the growing popularity of cosmetic surgeries in Nigeria, (Michael, Oladeji, Abe, Ethe, 2023; Aranmolate, 2025). Cosmetic surgery is increasingly becoming popular among women in Nigeria, driven by changing beauty standards and the desire to enhance appearance, though cultural and religious factors still influence its acceptance. In recent years, cosmetic surgery has witnessed a significant surge in Nigeria, fueled by increased awareness, social media influence, and a growing middle class willing to

invest in self-enhancement (Aranmolate, 2025). In Nigeria today, more and more women are subjecting their bodies to cosmetic surgery.

It is instructive to state here that, scientific medicine has undergone great strides, and it has assisted many women to alter their physical appearance. For many young women, this trend is often influenced by societal standards of beauty and femininity. Common cosmetic surgeries includes breast enlargement, buttocks augmentation, hip enhancement, vaginal tightening, and labiaplasty. According to Aranmolate, (2025) by many Nigerians previously sought advanced healthcare by traveling to destinations like, Turkey, the United Arab Emirate, and the United States of America, but today, many women prefer local options due to improvements in the country's healthcare. The medicalization of bodily appearances have led to increased cosmetic surgeries and the use of pharmaceuticals to align with societal beauty standards. For example, issues like aging, weight, and skin conditions have become medical concerns, especially for young women, there are many pharmaceutical industries that are promoting anti-aging and weight-loss treatments for women.

The rise in cosmetic surgery among women highlights how aesthetic ideals have become medical goals in the medical profession. Procedures once considered elective or personal choices are now normalized within medical practice, often in response to unrealistic beauty standards perpetuated by media and society. According to Aranmolate (2025:) the most sought-after cosmetic medical procedures in Nigeria includes: Liposuction and Body Contouring: used to remove stubborn fat and sculpt the body, often combined with Brazilian Butt Lift (BBL) for a curvier figure. Also, Rhinoplasty (NOSE job) that is, enhancement of nasal structure for aesthetic or functional reasons. Breast Augmentation/Reduction: this help women achieve desired breast size, with some opting for reduction in breast size due to back pain or discomfort with women that are heavily endowed with big breast. Furthermore, Tummy Tuck (Abdominoplasty): is very popular among women after childbirth, this help to tighten their abdominal muscles and remove excess skin. There is also, Facial Rejuvenation (Botox & Fillers): this requires Minimally invasive treatments that reduce wrinkles and enhance facial features (Aranmolate 2025).

There are five common cosmetic surgeries women in Nigeria have involved themselves with; Buttocks Augmentation: popularized by celebrity culture, this procedure is often marketed as a way to enhance femininity and sexual appeal. It reflects how women's bodies are commodified and modified to meet societal standards. Hip Augmentation: similar to buttock enhancement, this procedure is linked to the "hourglass" figure ideal. It illustrates the pressure to conform to certain body shapes as medically achievable and desirable. Also, Eyelashes Extensions and Eyelid Surgery: though often seen as minor, these procedures are part of the growing medicalization of women face and beauty. In addition, Blepharoplasty (eyelid surgery) is especially common among aging women, marketed as a way to maintain youthfulness.

Also, vaginal tightening (Vaginoplasty) is another area women have engaged medical experts. This surgery exemplifies the medicalization of sexuality and internalized pressures to maintain a youthful or 'desirable' sexual body, often under the guise of sexual health or marital satisfaction. Genital Modification/Changing: From labiaplasty to full gender-confirmation surgeries, the female genitalia are increasingly seen as areas requiring enhancement or correction, sometimes driven by pornographic ideals or popular cultural norms. These surgeries, while legally permissible and medically performed, often reflect a deeper issue: the normalization of surgical intervention as self-care. In this context, women's bodies are restructured to fit emerging aesthetic ideals, thus, positioning scientific medicine as a tool of conformity rather than saving the lives of women.

## 7. DISCUSSION

The paper has shown that women in contemporary Nigeria society face multiplicities of health challenges that are increasingly medicalized. These challenges range from women reproductive health issues, and complications, chronic diseases to and cosmetic bodily concerns. The study also revealed that, due to the increasing risks and complications associated with pregnancy and childbirth, the process has now become the medical surveillance and attention of the medical community. The implication of the foregoing is that social conceptualization of pregnancy and childbirth as an illness have led to the development of technology and to an increase in the number of medical interventions in the field of obstetrics practice (Maturo (2012). The study furthermore revealed that ante-natal and post-natal care for pregnant women and nursing mothers in Nigeria have become routine medical engagements

Also, the paper indicated that more and more women have subjected themselves with cesarean sections due to childbirth in both secondary and tertiary health institutions. These prevailing practices no doubt reflects the medicalization of women, where health professionals like Obstetricians and Nurses have taken efficient deliveries of babies in several hospitals. The paper revealed that medical surveillance on women takes the form of pregnancy tests and ultrasounds of unborn fetus, all these have become routine practices for pregnant women in Nigeria. While such scientific technologies are considered to be life-saving, they also have no doubt redefined motherhood as a risky condition, demanding constant monitoring among medical professionals.

Furthermore, our findings revealed that reproductive health issues are some of the most deeply medicalized areas in women's lives. For examples, natural biological variations and challenges are frequently treated with invasive procedures, hormone therapies, and long-term medical interventions. Reproductive health issues in women such as fibroids has become more frequent among middle age women in their reproductive years. The study also revealed that High Blood Pressure (BP) and Hypertension are increasingly prevalent among women due to stress, lifestyle changes, and hormonal fluctuations.

From these studies medical treatments and therapies for infertility in most hospitals consist of hormone injections, Invitro Fertilization (IVF) which have all become heavily medicalized among Nigerian women. The invitro fertilization (IVF), from the study in recent years has become much more popular in many urban cities in Nigeria. This trend has been widely acceptable due to fallopian tube blockages or disorders among middle age women of reproductive age. The paper showed that more women are diagnosed with hypertension, particularly during pregnancy (preeclampsia) or menopause. Furthermore, the study identified mental health as a major health problem that often-accompanied some women with infertility related problem in some hospitals in Nigeria. Also, the paper showed that cervical cancer has increasingly become infectious for many young women in Nigeria. Several studies (Falade, 2009; Ogharaerumi 2009) agreed with the findings that cervical cancer has increasingly become infectious for many young women in Nigeria. According to medical professionals and public health educators in recent years the female cervix has become a target of public health enlightenment and campaigns.

The paper further revealed that there has been a rise in cosmetic surgery among women, and this highlights how aesthetic ideals have become medical specialization in the medical profession. The paper revealed that procedures hitherto considered elective or personal choice are now normalized within medical practice, this development is in response to unrealistic beauty standards perpetuated by the modern media and society. The paper identified the most sought-after cosmetic medical procedures among women in Nigeria to includes: Liposuction and Body Contouring: used to remove stubborn fat and sculpt the body, often combined with Brazilian Butt Lift (BBL) for a curvier figure. Also, Rhinoplasty (NOSE job)

that is, enhancement of nasal structure for aesthetic or functional reasons. Breast Augmentation/Reduction: this help women achieve desired breast size, with some opting for reduction in breast size due to back pain or discomfort with women that are heavily endowed with big breast. Furthermore, Tummy Tuck (Abdominoplasty): is very popular among women after childbirth, this help to tighten their abdominal muscles and remove excess skin. There is also, Facial Rejuvenation (Botox & Fillers): this requires Minimally invasive treatments that reduce wrinkles and enhance facial features.

There are five common cosmetic surgeries women in Nigeria have involved themselves with; Buttocks Augmentation: popularized by celebrity culture, this procedure is often marketed as a way to enhance femininity and sexual appeal. It reflects how women's bodies are commodified and modified to meet societal standards. Hip Augmentation: similar to buttock enhancement, this procedure is linked to the "hourglass" figure ideal. It illustrates the pressure to conform to certain body shapes as medically achievable and desirable. Also, Eyelashes Extensions and Eyelid Surgery: though often seen as minor, these procedures are part of the growing medicalization of women face and beauty. In addition, Blepharoplasty (eyelid surgery) is especially common among aging women, marketed as a way to maintain youthfulness.

Also, the paper revealed that vaginal tightening (Vaginoplasty) is one popular area women have engaged medical experts. This surgery exemplifies the medicalization of sexuality and internalized pressures to maintain a youthful or 'desirable' sexual body, often under the guise of sexual health or marital satisfaction. A major concern is that these surgeries, even when they are legally permissible and medically performed, adversely affect a deeper issue of the body: even though the normalization of surgical intervention in modern society is interpreted as self-care. In the context of this paper, women's bodies have been increasingly restructured to fit their emerging aesthetic ideals, thus, positioning scientific medicine as a tool of conformity to shape the lives of women in this twenty-first century.

## 8. CONCLUSION/RECOMMENDATIONS

The paper has attempted to stress that varied aspects of women's health and wellbeing have evolved in recent decades, hitherto within the domain of the family and elderly women, but have come under medical examination and analysis. The paper also posited that, medical advancements in this twenty-first century have improved health outcomes especially as it affect women's health and wellbeing. It is instructive to mention here that, medical advancements in this twenty-first century have improved health outcomes, such as pregnancy, childbirth; reproductive health issues, chronic health conditions in women, such as high blood pressure (BP), stroke, and life-threatening illnesses like cancer, and cosmetic surgeries among young women. However, the growing trend of over-medicalization of women's health and wellbeing raises concerns in contemporary society no doubt because it has gone beyond conventional healthcare treatments, whereby it has reshaped their identities, reinforces gender roles, and perpetuates institutional authority over women's bodies. Thus, medicalization of women in modern society reflects complex interactions between scientific medicine, feminism, and beauty enhancement.

The medicalization of women in modern society is a complex and multifaceted issue that requires careful consideration and critique. While medicalization has improved the health and wellbeing of women, such as access to medical treatments and interventions, it is also associated with risks and complications, stigma, and loss of autonomy. To address these issues, it is essential to promote a more inclusive understanding of women's bodies and experiences, one that recognizes the complexity and diversity of women's lives. Also, the commodification of women's health and bodies should be discouraged among medical professionals. In addition, there is need for institutional regulation of the growing popularity

of cosmetic surgeries among women. This will help to check the indiscriminate practice among women who embrace cosmetic surgeries as means of enhancing their beauty.

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