Translation and women’s health
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1 Introduction
This chapter focuses on the translation of women’s health texts. It starts by defining the notion of women’s health and distinguishing it from the way international organisations and national public health institutions comprehend the health and wellbeing of women. It will therefore present two interpretations of the notion of ‘women’s health’: the one that is used by international organisations (UN, WHO, UNIFEM, etc.) and the one that has emerged from within the women’s health movement; in this chapter I will adhere to the latter interpretation. The chapter will present a brief historical overview of the women’s health movement and elaborate on its main tenets with regard to health and illness. Particular attention will be given to the notions of ‘agency’ and ‘empowerment’, which lie at the root of the criticism women’s health movement directs at Western biomedicine and its understanding of health and body.

The second part of this chapter will address in more detail the discourse surrounding health and body. Given the scarcity of studies devoted to women’s health texts within translation studies, critical issues will be drawn from research undertaken in related fields. I will present three studies tackling semiotics, grammar and terminology used in medical texts that address women. The perspectives offered in these studies can be usefully applied in translation processes, since they deal with the importance of word choices and connotations, as well as grammatical choices and their implications.

The third part of the chapter will present a multiple-case study (see Susam-Sarajeva 2009) on translation of texts focusing on women’s health. It will discuss two of the most translated women’s health texts: Our Bodies, Ourselves (BWHBC [1971] 2011), and The Vagina Monologues (Ensler 1998). A brief introduction to each text will be provided and the work of researchers (mainly translation studies scholars and anthropologists) who studied their dissemination will be outlined. Both of these texts are internationally well-known, as they have been translated into more than 20 languages and widely circulated. The studies will give the occasion to discuss the importance and relevance of adaptation in the area of women’s health. Adaptation here will refer to the fact of supplementing or manipulating the text in order to enhance its cultural relevance in its new linguistic and
cultural environment. I will particularly focus on the link between the adaptation process and translator’s agency, as well as the ability of the target text to support women’s agency and their empowerment around health issues.

2 Definitions

While much literature on health addresses health professionals, this chapter focuses on women’s health texts that directly target lay audiences. These texts are often produced with the objective of encouraging reflection or behaviours that favour the improvement of women’s health and wellbeing. The World Health Organization (WHO) defines health promotion as follows:

Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. [...] Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being.

*WHO* 1986: 426

Texts stemming from the women’s health movement deal with the perception of health, body and intimate relationships, relationships between patients and providers, and physical and mental health. They aim to improve the overall well-being of the people who read them by encouraging them to become active agents in achieving their own health. From this angle, they are texts on health promotion, according to the criteria described by the WHO. However, they are also critical of the way biomedicine, international organisations and national public health organisations tackle the issue of health and wellbeing.

Indeed, when it comes to the concept of ‘women’s health’, there seem to be at least two ways of approaching and defining it: the one used by international health organisations and public health agencies, and the one developed by women’s health movement. I will now briefly explain the reasons why this chapter will adhere to the latter perspective.

Texts produced by international organisations (UN, WHO, UNIFEM, etc.) and national public health agencies on the health of women and their wellbeing are mainly concerned with issues like childbirth, nutrition, HIV/AIDS, violence against women and genital mutilation. International organisations usually gather these health topics under the umbrella term ‘maternal and infant health’ (EWEC 2015). By doing so, they continue to address women’s health primarily through the lens of their role as mothers. Moreover, they adopt a perspective where people are objects of knowledge. They consider that there exists one precise way to be healthy and that the health experts are the ones able to define it. The health texts produced by international organisations and national public health institutions aim at circulating this knowledge created by experts and transmitting it to lay people.

In contrast, the women’s health movement was built upon issues that affect sexual and reproductive health such as menstruation, abortion, pregnancy and birth, menopause, intimate relationships, violence against women, and sexuality, but from the perspective of the women who experience these processes and situations. The historical development of the movement is rooted in the pursuit of social justice; consequently, it highlights social, legal and institutional parameters that condition women's health and wellbeing.
Moreover, this movement is critical of the way international organisations frame women’s health and confine women to an identity of motherhood (Ehrenreich and English 1978; Kuhlmann and Babitsch 2002; Löwy 2005; Vuille et al. 2006; Salle and Vidal 2017, Bessaïh and Bogic 2020). More recently, the women’s health movement has expanded its focus to include health and safety at work, so as to examine working conditions that are specific to occupations mainly held by women (i.e. domestic workers, cashiers, administrative assistants, teachers, nurses, waitresses, etc.).

In order to better understand the fundamental differences between the two approaches to women’s health, it is important to provide a brief overview of the historical development of the links between women and health. Before the 17th century, in Western Europe and North America, healthcare and healing practices were largely undertaken by women. Women were taking care of their families and communities as midwives, herbalists and healers. However, between the 17th and the 19th centuries, the emerging medical profession built its legitimacy upon creating an image of women’s bodies as fundamentally dysfunctional and unstable (Ehrenreich and English 1973, 1978; Dorlin 2006). During the same period, the medical profession systematically disqualified women healers and their practices based on the use of herbal remedies and observation of lived experiences (Ehrenreich and English 1973). Already, since the 16th century, a ruthless witch hunt had been raging against independent women, especially those who took care of pregnancies and births, as well as abortions. They were literally burned at the stake (Ehrenreich and English 1973; Barstow 1994; Karlsen 1998; Federici 2004; Chollet 2018). Numbers vary enormously; some texts mention 100,000 victims, while others go up to a million (Chollet 2018: 22).

During the 19th century, medical institutions disqualified most healers apart from medically trained doctors, who continued to gain a clientele both through political pressure and by manipulating the perception of illness (Kohler 1998). During the start of the industrialisation, in upper classes of the society, women were paraded as objects of luxury and having an idle wife was considered a sign of wealth.2 A condition labelled as ‘female invalidism’ spread like a fashion; in 1873, Edward H. Clarke, an American physician, claimed that all women would undergo an atrophy of the uterus, especially during puberty. According to his theory, called ‘the limited energy theory’, the uterus and the brain could not develop simultaneously (Weitz 1998; Oreskes 2019). Female invalidism gave rise to a variety of ‘diagnoses’, such as neurasthenia (great general weakness), hysteria (nervous breakdown or apathy), and nymphomania (uncontrollable or excessive sexual desire in a woman; consequently, propensity for masturbation or auto-eroticism) – ‘conditions’ which could easily have been linked to the extended home confinement mentioned above. Women with ‘mild disorders’ were prescribed bed or mental rest, isolation or diets. For others, doctors prescribed purges, bleeds and mercury-based drugs. If the symptoms were severe, doctors would resort to hysterectomy (removing the uterus) or clitoridectomy (removing the clitoris).3 Doctors’ professional interest in considering rich women as ‘sick’ was in line with their financial interests and with an ideology that wanted to keep upper-class women out of the labour market. The ‘limited energy theory’ supports the general political ideology at the time regarding the role assigned to women: reproduction. During the 19th and early 20th centuries, some researchers and physicians did criticise this approach, but it was only during the second half of the 20th century that a fully critical perspective emerged, enabling women to deconstruct this medico-patriarchal vision of their bodies and giving rise to a movement.

During the 1960s, through consciousness-raising groups in the United States, lay women began sharing their experiences around health and their interactions with the medical
system and health professionals. The process of putting together these experiences, their critical thinking and the results of the research they undertook, led to the development of self-help groups in health and formed the basis of a highly critical analysis of Western biomedicine. In the following decades, research undertaken from this critical perspective has upheld the centrality accorded to lived experiences and the importance given to social and cultural factors. As Kuhlman and Babitsch observe:

Women’s health research confronts the interpretive power of biomedical discourse and biomedical structures with a complex understanding of health and experience-based competence in dealing with health and illness. Researchers in this field [...] emphasize the significance of the conditions of social life and clearly reject biomedicine’s fixation on individual risk and behavior as the main factors influencing health and illness. This perspective is based on an empirical, praxis-oriented concept which questions the naturalization of health and illness and instead highlights social and cultural factors.

2002: 92

Throughout the 1970s and 1980s, the women’s health movement developed and spread this vision, mainly in North America and Western Europe. It has approached biomedicine with a pragmatic stand: reclaiming some of the progress and solutions (i.e. analgesics used during labour and birth, birth control) while maintaining their critical perspective. While it could be argued that the movement gradually has lost its strength – as more and more books, magazines and public policies took an interest in the subject of women’s health, but not always from a critical perspective (Davis 2007) – today it continues to critique Western biomedicine and the way international organisations and national public health institutions approach health and wellbeing.

This critique and challenge can be grouped into three main areas. First, the women’s health movement is critical of the paternalistic approach that relies solely on the experts’ production of a supposedly objective knowledge. In accordance with the consciousness-raising groups at the source of its creation, the movement values ‘subjective knowledge produced by individuals and shared as situated knowledges about their health and well-being’, stemming from collectivised individual experiences (Bessaïh and Bogic 2020: 519). For example, biomedicine had promoted the practice of episiotomy – surgical cut of the perineum and the vaginal wall at the end of labour in order to ‘facilitate’ the passage of the baby (objective knowledge). It is thanks to the reports made by a multitude of women about the unjustified and across-the-board use of this intervention, and the fact that reconstitution was difficult and sometimes so poor that women had to live with incontinence for the rest of their lives (subjective/experiential knowledge), that this intervention has been gradually losing popularity.

The women’s health movement is also critical of the biomedical perspective that health problems arise as a result of individuals’ behaviours. Instead it proposes a global approach to health and an analysis based on social determinants of health and wellbeing. Moreover, the movement holds a role of surveillance and vigilance with regard to medical and pharmaceutical devices that may have fatal consequences for women users. For example, hormone replacement therapy (HRT) has been systematically prescribed during the 1980–1990s to perimenopausal women. However, during the 2000s, research has demonstrated that certain types of HRT increase the risk of breast cancer and stroke (Health Canada 2006).
Furthermore, the very concept of ‘women’s health’ did not exist before the development of a movement around these issues. Indeed, it is only during the 1960s, when women started gathering around the project which led to the publication of *Our Bodies, Ourselves* (hereafter, *OBOS*) in the United States, that they proposed this term. According to Davis, the book is at the origin of the notion of women’s health as a field of action and study. ‘The concept of women’s health – unknown prior to the publication of the first edition of *OBOS* – has since become a reputable field’ (Davis 2007: 47). Following the first publication of *OBOS* (1971) and the rise of this movement, scientific research and public policies in this field began to appear in the United States. As Davis observes, ‘*[OBOS]* has not only enjoyed a widespread popularity, unique for a feminist book, but has also transformed the provision of healthcare, helped shape healthcare policies and stimulated research on women’s health in the United States’ (2007: 2). For all the reasons discussed above, this chapter addresses women’s health according to the perspective of the movement that has developed the very concept.

### 3 Historical and critical perspectives

Translations of texts on women’s health is a relatively new area within translation studies and so far, very few works have tackled the issue. An overview of research published between 2007–2019 in the main translation studies journals\(^1\) reveals that only three articles have been published on this theme during this period:\(^2\) one by Şebnem Susam-Sarajeva (2010), one by Anna Bogic and myself (2016) and one by Mwamba Chibamba (2019). I will present the content of my article with Anna Bogic in the next section on *OBOS*. The article by Chibamba displays a perspective frequently taken in relation to the translation of health texts in general: the importance of adaptation. The article by Susam-Sarajeva touches on an important and recent current in translation studies: the contribution of translation to the circulation of ideas and social changes. In this section, I will first briefly present the arguments of Chibamba and Susam-Sarajeva, then I will turn to disciplines such as linguistic anthropology and terminology to highlight a number of issues related to women’s health texts.

#### 3.1 Adaptation

Mwamba Chibamba’s article is rooted in the theoretical approach of Hans Vermeer’s skopos theory (2000) and analyses how cultural context shapes translational choices. The author focuses on a mother and child nutrition campaign in Zambia. The material she examines is more affiliated with the approaches of international organisations to health than to the women’s health movement discussed earlier. Based on this case study, Chibamba illustrates the need for adaptation or, in other words, taking the culture into account and transforming the source text and its message, process or communication medium when necessary. Translation here is supplemented by adaptation and translators adopt the role of mediators who transfer the message interlinguistically as well as intersemiotically. According to Chibamba, ‘the most important consideration in the communicative process is not how much the target text adheres to the source text but rather how the message is designed and packaged for a specific audience and how it is received’ (2019: 13). This article is therefore in line with other research on translation of health texts intended for a lay audience, insofar as it stresses the importance of adaptation (see Colantonio *et al.* 2016, Taibi and Ozolins 2016, Rey 2007, Yoda 2007, Gilley 2006, Bernhardt 2004).
3.2 Circulation of ideas

In her article, Şebnem Susam-Sarajeva (2010) focuses on the contribution of translation to the circulation of ideas and schools of thought within the field of maternal and infant health. She analyses texts uploaded on the net by a non-professional translator, an obstetrician involved in the natural birth movement in Turkey. Her work reveals the various forms translation can take within cyberactivism. Direct translation, reported speech, interpretation of source text as well as ‘autochthonous writings’ (2010: 232) coexist within the obstetrician’s web-publications, without being clearly distinguished from one another. She highlights ‘[…] that the electronic medium strongly influences the way translations are carried out, integrated into other textual productions and disseminated to audiences […]’ (2010: 242). Susam-Sarajeva also shows that the ideology of the natural birth movement and the personal beliefs of the obstetrician influence his translational choices, including omissions and additions. Translating thus constitutes one of the tools that the Turkish natural birth movement uses to influence and transform local maternity services and to challenge the way modernity is defined by dominant meta-narratives in Turkish society in regard to childbirth and parenthood.

3.3 Linguistic and terminological issues in women’s health texts

Critical analyses of texts concerning women’s health have identified three issues that contribute to the image of the female body as ‘flawed’ and ‘passive’: the use of the passive voice, metaphors and terminology. Here I will focus on two such analyses: first by Emily Martin (1991, [1987] 1992), a feminist anthropologist who described these linguistic and paradigmatic issues, and Lynn Bowker (2001), a terminologist and translation scholar, who studied the terminology of infertility.

Martin is interested in the way biomedicine presents women’s physiological processes. She shows that in biomedicine, women are considered to be passive and lacking any control over their bodies while these processes take place:

For example, if a woman’s labor slows down because her contractions are not sufficiently strong […] most obstetrics texts suggest these causes: the pelvis is too small; the foetus is not positioned properly; or the uterus is too distended [objective knowledge]. Nowhere it is suggested that the woman’s general state of mind (fear, anxiety) [subjective knowledge] might have led her to stop her labor.

Martin 1992: 62

Women themselves have internalised this way of seeing and understanding their own processes and this has an impact on the way they talk about the experiences they go through. For instance, they will describe their pregnancy or the birth of their babies referring to measurable and external parameters, instead of referring to their emotions, sensations or lived experiences. Martin suggests that the use of the passive voice is symptomatic of this particular conception of women’s body and health.

Lisa Campo-Engelstein, a feminist bioethicist, and Nadia Johnson, a semantic scholar, have applied Martin’s analysis to textbooks published in the United States between 2005 and 2010 for middle-school science classes and for medical schools. They found out that
women’s physiological processes were still associated with passivity. For example, while the sperm is presented as active, the ovum is seen as passive:

In almost all textbooks, we encountered the passive language ‘the egg is fertilized’ […] whereas the egg is merely the object in which this action takes place. While it is true that fertilization takes place within the egg, the egg also plays an active role in the process of fertilization […]. This passive language could easily be substituted by more active language that includes both the egg and the sperm, such as […] ‘the sperm and egg fuse together’ [or] ‘combine’.

 Campo-Engelstein and Johnson 2014: 206

According to Martin, active voice contributes to restoring women’s agency toward their health and promotes a perspective that favours the production of subjective knowledge on health.

On a paradigmatic level, Martin shows that metaphors used to describe reproduction are indicative of the unequal and patriarchal ways medicine approaches men and women. For instance, the ovum and the sperm are represented according to sexist stereotypes pertaining to men and women:

[Scientists] liken the egg’s role to that of sleeping beauty: ‘a dormant bride awaiting her mate’s magic kiss, which instils the spirits that brings her to life’. Sperm by contrast have a ‘mission’ which is to ‘move through the female genital tract in quest of the ovum’. One popular account has it that the sperm carry out a ‘perilous journey’ into the ‘warm darkness’ where some fall ‘exhausted’. ‘Survivors’ ‘assault’ the egg, the successful candidates ‘surrounding the prize’.

 Martin 1991: 104

In light of these observations, while translating women’s health texts, arguably more so than any other text type, one must pay a great deal of attention to metaphors and their implications. As Martin puts it, ‘one clear feminist challenge is to wake up sleeping metaphors in science, particularly those involved in the description of the egg and the sperm’ (1991: 112).

Lynne Bowker studied the terminology of infertility used in scientific and lay health texts (2001). She discusses the terms and their collocations in order to characterise the ways gender, body and sexuality are conceptualised in medical texts. Bowker underscores that biomedicine tends to define the woman’s body as ‘faulty’ and this perception is reflected in the terminology. She gives the example of the ‘incompetent cervix’, which is the term given to ‘a situation in which a woman’s cervix does not remain closed during pregnancy and which can therefore result in an extremely premature birth’ (Bowker 2001: 598). Through an analysis of a general corpus (language for general purposes in texts that target lay audiences), she identifies that ‘incompetent’ is associated with words like ‘idiots’, ‘fool’ or ‘morons’. These collocations indicate that ‘incompetent’ has a negative connotation and is generally used to devalue something or someone. In contrast, medical texts on infertility choose to qualify a male ‘ejaculation’ as being ‘retrograde’, rather than ‘incompetent’ – a term generally associated with other terms like ‘flow’, ‘motion’ and ‘rotation’, which are more neutral (2001: 598).
Similarly, when infertility is due to a malfunction in the immune system, it is referred to as ‘hostility’ for the female body—a particularly negative term—while much more neutral terms are used when this malfunction is found in male bodies, such as ‘antibodies’ or ‘auto-immunity’ (2001: 595). Bowker gives numerous examples such as ‘insufficiency’, ‘faulty’, ‘inadequate’ on the feminine side and ‘low’, ‘too few’, ‘reduced’ on the masculine side. The terms used to talk about women’s bodies are systematically more negative than the ones used for men’s bodies. In Bowker’s words,

In the semi-specialized literature, men are clearly perceived to be suffering from a serious medical condition with a seriously technical name; women in contrast, are not perceived to be suffering from a medical condition but are simply at fault—they HAVE problems, ARE abnormal or FAIL in their task […]

2001: 597

To sum up this section, research undertaken in translation studies on the translation of health texts addressing lay people stresses the importance of adaptation and the contribution of translation to the circulation of ideas and schools of thought. Research in related fields highlights the impact of grammatical choices (active versus passive voice), terminological choices (collocations and connotations), and metaphors in health texts on women’s positive perception of themselves and on their empowerment as agents for their own health and wellbeing.

4 Current contributions and research

In this section, I will turn to research that has analysed translation of texts stemming from the women’s health movement and focus on literature which studies two of the most translated texts in this area: The Vagina Monologues (Ensler 1998; hereafter TVM), and OBOS (BWHBC 2011), both originating from the United States. They are thus characteristic of the prevalent international translation flows: the majority of source texts in general are in English or French and are translated into other languages, while information flow in the opposite direction is significantly less frequent (Benmessaoud and Buzelin 2018; UNESCO 2019). This flow is indicative of the cultural and geopolitical domination of the United States and former colonial states (United-Kingdom and France) over other cultures in the world (Robinson 1997).

The circulation of TVM and of OBOS have been framed differently from each other and allowed varying degrees of freedom to the translators in the adaptation of these texts. While translators of OBOS are actively encouraged to reappropriate the text and adapt it to their own cultures, TVM circulates mostly under a fixed format determined by its author and the institution she built around the book. These translational conditions determine whether or not the target texts will be culturally relevant and therefore will support readers’ agency, a notion of great importance to the women’s health movement.

4.1 The Vagina Monologues

TVM was created between 1996 and 1998 by the American feminist playwright Eve Ensler. Ensler interviewed about 200 women, mostly living in the United States, from different ethnic and racial groups and sexual orientations, and with a range of life experiences.
Their narratives were based on their experience of sexuality, sexual health and violence against women (sexual abuse, rape, genital mutilation, domestic violence) and were then turned into monologues gathered together in a theatrical play. It is difficult to establish exactly how many monologues formed the ‘original’ play as it was staged at different events and did not always comprise the same number of monologues. Moreover, in 2001, Ensler launched an annual campaign called the V-Day, for which she continues to write new monologues every year, based on new interviews she conducts with women in and outside the United States. The V-day campaign aims at raising funds for grassroots organisations which fight to end violence against women, girls and gender non-conforming people. No fees are charged to use the rights of the play staged around the V-Day (14 February) each year; in return, all proceeds must go to organisations working to stop gender-based violence. In 2019, for the 20th anniversary of the play, the V-day campaign offered the monologues in 45 different languages and noted that the play would be performed in 140 countries. The map of the campaign website reveals that these locations are mostly in North America and Western Europe but also, to a lesser extent, in Eastern Europe, Asia, South America and Africa. There are however, two more stipulations: If the local groups are to link their performances to the V-day campaign and benefit from the rights exemption, the performance has to take place between 1 February and 8 March each year, and, most importantly for the purpose of this chapter, the scripts should be those translated by V-day campaign coordinators based in the United States and thus cannot be adapted locally. Hereafter, I present three studies documenting the translation projects of TVM, some of which have a dimension of adaptation.

Jelena Djordjevic is a Serbian activist working against the trafficking of women and girls; she is one of the founders of the Anti-Trafficking Center, a local NGO dedicated to the issue. In 2006, she coordinated the organisation of a local performance of TVM that involved several of the region’s languages. Djordjevic observes that ‘the performance of Vagina Monologues in different Slavic languages enabled women across regional borders to understand each other through the universal language of their bodies’ (2006: 1). She describes her work in the context of a recently established Serbian state and underscores that the collaboration of activists from various Serbian, Bosnian and Croatian organisations, together with actresses from different ethnic backgrounds, allowed the (re)construction of solidarities beyond the ethnic divide:

Having all those activists present, including KOLO [Women’s Cross-Cultural Collaboration] from Bosnia and Herzegovina, and an actress from Croatia, showed that the lines of ethnic divide that fuelled [sic] the war in former Yugoslavia can be crossed with such a small step.

Djordjevic 2006: 5

Thus, she asserts that the circulation of the play served local interests in terms of cohesion building.

Sea Ling Cheng, an anthropology professor at the Chinese University of Hong Kong, has been part of the project of translating and adapting TVM, and organising venues for its stage production in Hong Kong. As her work was not staged during the prescribed period around the V-day, and, most importantly, as she undertook a process of adaptation of the monologues, she did not benefit from the rights’ exemption. In her article (2009), Cheng addresses the fact that the conditions of circulation established by the V-day campaign (using only the original text or the translation produced by the campaign itself, and
not being allowed to add, modify or omit any parts or passages) form an obstacle to the localisation of TVM. Cheng notes:

I attempted to negotiate for an adaptation of the play. But I never received a response to my inquiries from the V-day agent and these attempts consequently failed. Therefore, I finally decided to devise a production that could speak more directly to a local audience rather than through ‘borrowed voices’.

Cheng raises important questions about the ways an American text, which necessarily entails a culturally specific understanding of body, sexuality and violence, can be transferred to another geopolitical and cultural environment that has its own social, historical and political contexts, and still manages to respect local women’s struggles. She points out that ‘concerned feminists may develop more effective coalitions with local women by recognizing and identifying locally derived creative efforts to respond to issues that are pertinent to their lives’ (Cheng 2009: 32).

Through the adaptation process, Cheng managed to address local terminological issues linked to passivity and agency, as raised by the women’s health movement discussed above. The term ‘vagina’ itself entails notions of passivity in Chinese (Cantonese) as it is composed from the root ‘yin’ (陰) that designates a feminine principle associated with passivity:

The literal translation of ‘vagina’ in Chinese is ‘the yin channel/road (陰道)’—as opposed to ‘the yang instrument (陽具)’, the penis. The terms directly reflect the gender distinction in the yin/ yang concept within Chinese cosmology. The passive/active dichotomy is also obvious in the distinction between ‘channel/road’ and ‘instrument’.

The title of the play was translated as Stories of Our Little Sisters; Cheng explains that ‘little sisters’ is a label that young Chinese women use to designate their vaginas, in a gesture of re-appropriating male language (labelling penises as ‘little brothers’) and gaining power over their own bodies: ‘Through this discursive appropriation of a predominantly male linguistic practice, these women are able to invest the muted part of the female body as a site of desire with a certain subjectivity’ (Cheng 2009: 24).

Beyond Cheng’s adaptation/translation into Cantonese, there are two translations of TVM in Mainland China into Mandarin that were not undertaken by the V-day campaign. Zhongli Yu (2017) compares the trajectories of these two different translations: one conducted by Rongjun Yu, the manager of the Shanghai Dramatic Arts Center, and the other one carried out by Xiaoming Ai, a professor of Chinese at the University of Sun Yat-sen in Guangzhou, who is also known for her feminist engagement. Whereas Rongjun Yu maintained most of the content of the play and even kept American slang words in English to designate the vagina, Xiaoming Ai omitted parts of the text and used several translation and adaptation strategies. For example, Ai presented the American monologues in her classes and used them to trigger new local narratives that she then added to the play.

Zhongli Yu draws a correlation between the degree of adaptation and the positive reception of the text within the target culture. The version by Rongjun Yu was quickly
censored while Xiaoming Ai’s version continues to circulate online and at universities. Yu demonstrates that adaptation, or what she frames as ‘the three-dimensional transformations (i.e. linguistic, cultural and communicative dimensions)’ (2017: 50), are essential to the survival of the text in its host culture. Ai had much more agency when translating the text. She took the freedom to transform it by bringing in local and significant experiences. Her agency enhanced the target text and made it more relevant to the target culture. It has thus more chances to support women’s agency and empowerment within local contexts. By creating their own versions of a source text, translators develop new local knowledges that can be viewed as more relevant and that can also contribute to the strengthening of women’s activism locally.

4.2 Our Bodies, Ourselves

As mentioned earlier, OBOS is a major book in women’s health; its first publication in 1971 has been associated with the rise of the women’s health movement in the United States (Morgen 2002; Davis 2007). OBOS is characterised by three key features that set it apart from other women’s health texts: it comprises women’s personal narratives that echo the sharing of experiences in consciousness-raising groups; medical information researched by the women themselves that has allowed them to better understand their health, body and sexuality; and, critical social and political analyses that reflect the awareness raised by the women’s liberation movement. The combination of these features has contributed to the success and transformative power of OBOS. It has been able to reach women readers, challenge them and afford them a position of agency with regard to their own health (Morgen 2002; Löwy 2005; Davis 2007). As Davis observes, ‘from the beginning, the authors of OBOS […] believed that by providing experientially based, critical knowledge they were opening up individual and collective avenues of empowerment to all women’ (2007: 48).

OBOS touches on numerous subjects: anatomy, sexual orientation, masturbation, contraception, abortion, pregnancy, birth, menopause and aging, as well as violence against women. The book has been a tremendous success and the American version has sold over four million copies since 1971 in the United States and abroad. It has been revised and edited eight times (1973, 1976, 1979, 1984, 1992, 1998, 2005 and 2011). As Morgen argues, it ‘would be difficult to exaggerate the impact of Our Bodies, Ourselves […] Erupting into the void (there were few popular books about women’s health before it), Our Bodies, Ourselves created its own niche’ (2002: 19). Immediately after the first edition, translations followed in the 1970s and 1980s, and continue to be undertaken today by different women’s groups.10 To date, there are more than 30 translations around the world.

Kathy Davis offers the most extensive study of OBOS translations. She identifies three waves of translation activity: from 1970 to 1982 in Western Europe and Japan, from 1982 to 1996 in Asia, Africa and the Middle East, and from 1996 to 2006 in Eastern Europe (2007: 52–53). Davis raises the issue of the conditions of translation, adaptation and dissemination of a book stemming directly from American culture. She suggests that OBOS is a transnational phenomenon, one that does not impose itself through cultural imperialism. She argues that OBOS is locally adapted by women who are the most concerned in terms of its content. In fact, with the first translations in the 1970s, the authors (The Boston Women’s Health Book Collective) found out that the success of the book made it attractive for publishers who simply wanted to make a profit. In order to preserve the
potential of the book in supporting women’s empowerment, they decided to award publication and translation rights only to feminist publishers or to women’s groups dedicated to the defence of women’s rights. They thus established the conditions according to which the book could be adapted; this could only be done by those intimately familiar with the cultural and social realities affecting women readers locally.

Following Davis, several scholars have studied the translations of OBOS. Here I will discuss three of them: Boya Li’s study of the Chinese version (2018), Ester Shapiro’s of the Latin-American version (2013) and our study with Anna Bogic on the translations into French (2016).

Boya Li (2018) examines the Chinese translation published in 1998. Based on interviews with the translators and on comparisons between the source text and the target text, Li traces the social and historical conditions underlying the Chinese translation. In 1995, when China welcomes the 4th United Nations conference on women, the country was gradually opening up to the market economy. At the political level, this positioning was reflected in the introduction of new texts into China, including feminist ones such as OBOS, which was first presented at a course on the history of Western feminism at Tianjin University in 1993. Li’s work demonstrates the importance of adaptation as well as the way it is negotiated through various actors involved in the translation process. The translation team consisted of medical doctors, scholars in social sciences and literary translators. Some translation negotiations took place within this team. For example, physicians routinely used the term ‘patients’, while feminist team members insisted that the term ‘women’ should be used instead. Another example is when the translation team chose to use the term ‘self-consolation’ when talking about masturbation, and not the more commonly used term ‘hand lewdness’. Through their negotiations and by using their critical lens, the translation team sought to deconstruct the prevalent negative perspective on sexuality and replace it with a more positive one. Publishers also had an impact on translation and adaptation choices. For example, it was at the level of the publishing house that the decision was made to remove the chapter on homosexuality. Some members of the translation team circumvented this censorship by circulating a version of the target text that maintained the chapter through underground channels of gay rights NGOs and Chinese universities. Through their negotiations, their strategies and their agency throughout all stages of the project, the more feminist translators in the team sought to support women’s empowerment locally.

Shapiro, an American of Cuban origin, is a professor at the University of Massachusetts in Boston. From 1994 to 2000, she was the coordinator of the second translation and adaptation of OBOS into Spanish, Nuestros cuerpos, nuestras vidas (2000). In her study, she adopts an empirical approach and takes an activist stance to explore the context underlying the translation, as well as the cultural and political aspects that frame the process. She asks: ‘What makes it possible to translate a feminist women’s health text so both health education knowledge and messages activating women’s empowered connections to local/global social movements successfully cross cultural borders in new sociopolitical contexts and evolving historical times?’ (2013: 22). She describes the background to her decision to coordinate the translational and editorial choices made during the process. She presents the political orientations of the translators involved and their anchoring in the Latin-American tradition of social action. For her, the elaboration of a Spanish version of OBOS supports social change, as long as the process implies the participation of several people and organisations involved in critical thinking and knowledge construction. Shapiro notes that the ‘overview of NCNV [Nuestros cuerpos nuestras vidas] translation/
adaptation decisions illuminates guiding frameworks and pedagogical practices that can help community-engaged health educators convey specific knowledge while also inspiring shared processes leading to societal change (2013: 23). Thus, Shapiro demonstrates the importance of grounding the translation in local culture and of the fact that a translation and adaptation works best if undertaken by individuals who have at heart the rights and wellbeing of the people primarily addressed by the content. She illustrates how the specific parameters of the circulation of OBOS allow for the creation of knowledge and support local actions that aim to improve women's living conditions.

Anna Bogic and I studied the translations of OBOS into French published over a period of 40 years: the French version of 1977 in France, the Senegalese version of 2004 and the French-language version for Quebec published in 2019. Our study (Bessaïh and Bogic 2016) is based on interviews with the translators, textual analysis, ethnography (including participant observation) and genetic criticism. Through these three versions, we examined the use of the phrase ‘nous les femmes [us, the women]’. Historically, and in the source text, this sentence has played the role of a slogan that has the power to unite women and call them to action: ‘The pronoun “we” as a discursive element hails women reading the book and invites them to join the feminist movement. It constitutes a perlocutionary act [...]’, that is, a speech act that calls women readers to action (Bessaïh and Bogic 2016: 45). However, this particular role is less obvious in the French-language versions. These translations shed light on the shifting meaning of ‘we’ and the obstacles to a universalising conception of the term. In the French version of the 1970s, the ‘we’ sometimes stands for the French team undertaking the translation; sometimes it echoes the ‘we’ of the American team of authors; and, at other times, it represents the universalising ‘we, the women’. Just as in the source text, the call to action uses the perlocutionary power of the expression to trigger action; however, the shifting meanings of ‘we’ in this translation cause confusion. In the West African version of 2004, the ‘we’ designates West Africans. The collective identity the translators refer to has more to do with ethnicity and race rather than with sex and gender. In the Quebecois version, the ‘we’ designates the translation and adaptation team. This is mainly because, in the feminist movement in Quebec in the 2010s, the use of a universalising ‘we’ is perceived as a negation of the diversity of experiences and identities of women and gender non-conforming people.

In all the French-language versions discussed above, the differential usage of the ‘nous [we]’ opens a window on to the translators’ agency in the translation and adaptation process. Their ideology, as well as the social, cultural and political environments they work in, cause them to invest the definition of a collective identity with different meanings. In doing so, they construct a significant text for their local movements; and, they also develop knowledges that empower women collectively in accordance with their cultural and socio-historical realities.

To conclude this section, it is important to note that the most recent research on translation and women’s health texts focuses primarily on agents and processes. This research is in accordance with the reflections of the women’s health movement on women’s agency and it looks at terminology and grammar with a view to supporting this agency locally. In addition, similar to research on the translation of health texts in general, research on translation and women’s health underscores the importance of adaptation for the benefit of lay people, and illustrates that, when translators seek to promote women’s agency, their own agency allows them to support the local production of subjective knowledge on women’s health and wellbeing.
5 Conclusion

The notion of women’s agency is at the heart of the issues surrounding women’s health. It constitutes a key element in the rise of this movement as well as in the critique that this movement has articulated about Western biomedicine. In the same way, analysis of women’s health texts has insisted on the importance of agency whether it be through the deconstruction of established patriarchal metaphors or the attention accorded to terminology and use of passive/active voices. Thanks to translation, these women’s health texts travel across linguistic and cultural borders and seek to support local women’s agency and empowerment worldwide.

However, as we have seen in the discussion on TVM and OBOS translations, these travels may come with their own significant issues. The circulation of TVM is framed in a rigid way: the author and the American institution she has built around the book maintain control over the translation process and limit any possibility of adaptation. This is despite the fact that, according to the studies quoted above, the adapted versions of TVM – the ones that do not benefit from the rights’ exemption – seem to have a longer lifespan and are more meaningful locally. In the case of OBOS, the translators are encouraged to adapt the text and integrate elements that stem from local women’s life conditions, as well as socio-economic and historical contexts. As Kathy Davis argues,

The translators adopted this process of collective knowledge making, using their translations to generate similar discussions among women in their own context. It is this feature of OBOS – more than its informational content, its format, or its specific feminist politics of health – that ultimately proved to be universally translatable.

(Davis 2007: 195)

Most importantly, the examples analysed in this chapter illustrate the crucial link between translators’ agency and women’s agency, revealing the far-reaching impact of text circulation not only on individual readers but also on the entire women’s health movement.

Notes

1 It is important to note that the use of the term ‘woman’ in this chapter is non-essentialist. ‘Woman’ here refers to a social category that is still socially, economically, politically, symbolically and representationally minoritised at local and international levels. It can therefore include any person who identifies as a woman: trans and cis women, as well as non-binary people who identify themselves somewhere on the spectrum of femininity. It can even include, in certain aspects, individuals who have been assigned female at birth but who do not identify with this label, although they do share certain organs and physiological experiences with cis women.

2 In working classes, women had to work, and often had to work hard, to support their families. However, when a man was rich enough, it was a sign of wealth that his wife stayed at home, using a cook, gardener, nanny and servants to fulfill the domestic tasks. The ‘lady of the house’ was not supposed to do anything – neither work for money outside the house nor do much inside the house. This ‘idleness’, and the consequent dedication of all her time to being ‘a beautiful object’, could thus bear witness to her husband’s wealth.

3 In the United States, the last clitoridectomy prescribed to ‘cure’ disorders related to an alleged ‘womanly condition’ was performed in the mid-20th century (Rodríguez 2014).

4 Meta, Target, The Translator, Traduction Terminologie et Rédaction (TTR), Translation and Interpreting Studies, and Translation Studies.

5 There is also one article by Rebecca Tipton (2017) on interpretation in a context related to violence against women; however, this article is out of the scope of the present chapter.

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11 I had been involved in the collective project of translating Our Bodies, Ourselves into Quebec French and adapting it to the Quebec context. I had thus access to the process and could observe through participation even before the publication of the target text.
12 Genetic criticism is an emerging methodology in translation studies that consists of studying the various drafts that preceded the final text (Fenoglio and Chanquoy 2007; Lavieri 2015).
13 My translation from the French original: ‘Le “nous”, en tant qu’élément discursif, interpelle ainsi les lectrices et les invite à joindre les mouvements féministes. Il constitue un acte perlocutoire, c’est-à-dire un acte de parole qui provoque l’action en incitant les lectrices à agir’ (Bessaïh and Bogic 2016: 45).

Further reading


This study offers a global, critical and transnational vision of the dissemination and impact of translations of a women’s health text.


Ehrenreich and English’s work constitutes a milestone in the development of feminist knowledge and research about women’s historical relation to health in the Western world. These are key books in understanding the women’s health movement’s criticism of Western biomedicine.


This article illustrates the importance of translators’ agency in the process of translating and circulating a text on women’s health. It also gives an occasion to read about the circulation of women’s health texts in China.

Related topics

Translation in Maternal and Neonatal Health, Queer Feminisms and the Translation of Sexual Health, Quality, Accessibility and Readability in Medical Translation

References


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