

Medicalization of pregnancy and childbirth in the pages of *Claudia*, 1961-1990

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Abstract

The role of the women's magazine *Claudia* as a pedagogic device in the medicalization of pregnancy and childbirth in Brazil is discussed. The analysis of issues from the magazine's first three decades shows how information in this field was presented and taught, articulating elements of biomedicine, technology, and consumption. Under the aegis of the supremacy of scientific rationality and politics of risk, pregnancy and childbirth were resignified and incorporated into new medical and technological regimes, which included the need for women to internalize the desire and obligation to be healthy during pregnancy and produce healthy children. *Claudia* translated new scientific and medical knowledge for its readers, along with new norms of motherhood, reflecting the complexity and multiple agency of medicalization.

Keywords: medicalization; pregnancy; childbirth; media.



The early decades of the twentieth century witnessed the development and legitimization of medical knowledge geared towards the rational rearing of children, by spreading the rules of puericulture, or infant hygiene, and getting women to observe them, constituting what has been called “scientific motherhood” (Freire, 2009). At the time, however, getting pregnant, navigating pregnancy, and even delivering a child were largely experiences that took place away from medical regimes (Al-Gailani, Davis, 2014). By the end of the twentieth century, this had changed dramatically: contraceptive technologies call for rational birth control; with effective diagnostic methods, pregnancy should be detected at an early stage; news of pregnancy immediately prompts a quest for medical services, where it is the object of technological monitoring and oversight; hospital is the place for giving birth, and medical and technological interventions are part of the “natural” birthing environment; and public health services aspire to attain 100% coverage of prenatal services and professionally assisted delivery. As Al-Gailani and Davis (2014) have noted, in this short period of time, technical, technological, institutional, cultural, and political innovations have dramatically extended the reach of science and medicine into the sphere of human reproduction.

In the second half of the century, increasingly complex multi-directional and multifocal medicalization processes started to grow and be reconstituted through social practices and forms that emerged from biomedicine, which was increasingly dependent on technical and scientific innovations, immersed in the economic rationale of late, neoliberal, global capitalism, which it imposed as a regime of truth over “life itself” (Rose, 2001; Conrad, 2005; Clarke et al., 2010) – a subject that has been addressed from the perspective of biomedicalization (Clarke et al., 2010). For Rose (2007), contemporary biopolitics combine politics of risk, a molecular style of thought, and technologies of the self – a conjunction of forms of power and subjectivization whose substrate is the vitality of the body on its molecular level. The concept of risk denotes modes of thinking and acting about health/disease that involve calculating probabilities, envisaging interventions in the present in order to optimize vitality, maximize health, and especially control events in the future. The governing of risks at the molecular level has become central to biopolitical strategies and biomedical practices in more recent history and, along with population control techniques and disciplinary techniques, has called for the development and harnessing of several self-techniques and practices (Rose, O’Malley, Valverde, 2009).

In the wake of the debate about the contemporary development of life management policies, denominated the “politicization of motherhood,” Meyer (2005) discusses how the medicalization and pedagogization of the female body in Western society, first seen in earlier centuries, has grown and become increasingly complex at the turn of the third millennium. Under the influence of contemporary biopolitics, pregnancy, childbirth, and motherhood have come to be ordered by an intricate mesh of knowledge and practices and incorporated into webs of regulation and production of subjectivities, in which technical and scientific development, neoliberal thinking, and globalization are articulated. Women are urged to take charge of their own lives, invest in their own betterment, administrate the risks they face, and provide for their own wellbeing so as to “become subjects of bodily learnings that can be administrated and managed from the formation of the embryo in the womb to their deathbed” (Meyer, 2005, p.88).

Changing reproductive practices, bringing on board new medical and technological regimes, have induced women to internalize the desire and duty to be healthy during pregnancy and to produce healthy offspring (Wertz, Wertz, 1989). The media has played an important role in this process, spreading knowledge and reproducing and shaping modes of thought. Above all, since the 1960s, different media have been used to shine a light on the experience of pregnancy and childbirth and make it more intelligible. Television programs and magazine articles including the testimony of celebrity mothers, for instance, have mediated these subjects from a variety of angles (Lana, 2012; Schwengber, Meyer, 2011). As Rezende (2011) explains, the upsurge of information technologies and the advent of mass media have enabled the expansion of traditional mechanisms of surveillance and inculcation, allowing control to be exerted simultaneously on the pregnant body “from without” – by biomedical knowledge and its institutions – and “from within” – by women themselves, now major consumers of the scientific and medical information on offer in magazines and other publications geared towards a female readership.

With its great potential to present, amplify, circulate, and give meaning to social change, the media is important for translating new knowledge and propagating new norms (Medrado, 2000). Especially at times of “cultural revolution” – namely, in the post-War decades – it has been a mediator of negotiations of meaning (Hall, 1997). Women’s magazines have been particularly important for showcasing, translating, and providing information about medical and scientific news for women from different social classes and propagating ideas, values, practices, and products relating to their bodily, sexual, and reproductive experiences (Buitoni, 1990). The concept of the pedagogic device of the media, coined by Fischer (2001, 2002), in which the author connects Foucault’s (1993) concepts of “device of sexuality” and “mode of subjectivation,” may be applied to women’s magazines in their bid to fulfill their pedagogic role of teaching their readers how they should be and behave in the world.

Transformations in reproductive practices in Brazil since the mid-twentieth century – indicated, amongst other things, by the rapid, vertiginous drop in birth rates, the increasing spread and widespread adhesion to new forms of contraception, especially the pill, the hospitalization of childbirth, and the increasing recourse to the caesarian section – have been the target of analysis by different authors, some of whom have also scrutinized the role of the media in this process (Pedro, 2003; Dias, 2015; Nakano, Bonan, Teixeira, 2015; Pereira, 2016; Silva, 2017). In this article, issues of the women’s magazine *Claudia* published between 1961 and 1990 are analyzed with the goal of examining how new medical knowledge about the pregnant body and the physiological mechanisms of pregnancy and childbirth were presented and translated didactically to women, who were taught in detail what habits and routines they should adopt to experience each stage of this cycle in good health and give birth to a healthy child.

The three decades under analysis begin when the magazine was first launched. This was a time of great political, economic, and social upheaval in Brazil and elsewhere, especially in science and medicine, and had major repercussions on women’s lives. In Brazil, there was an urbanization and industrialization boom at this time, along with a burgeoning mass consumer market, improved education for all, including girls, more girls attending higher

education and joining the job market, rapid growth of the multinational pharmaceutical industry, the introduction of the pill, and a marked drop in birth rates. All this against the backdrop of an authoritarian political regime and the growing political, cultural, technical, and scientific influence of the United States on the country.

***Claudia*: the Brazilian woman's friend**

Claudia was launched in October 1961 by Editora Abril with an initial print run of 150,000. Headquartered in São Paulo, Abril became Latin America's biggest magazine publisher.¹ Initially designed to target a city-dwelling female readership – especially middle-class women who were married or intended to marry, *Claudia* set out to be Brazilian women's "close friend" and "faithful companion." The idea that women need confidantes and advisors because they lack the skills to manage their own lives is one that harks back to colonial times. As Costa (1983) points out, this role was initially played by priests, who were subsequently replaced by medical doctors.

Welcome, you are holding the first issue of a magazine that intends to play a very important role in your future life! *Claudia* has been created to serve you. It is been created to help you tackle everyday problems realistically. Every month, *Claudia* will introduce you to ideas for decorating your home, recipes to entice your family, suggestions to help you stay elegant and attractive. But what matters most is how this will be done. Above all, *Claudia* should be useful for you. It should become your close friend. And it will always be at hand to give you all the information and news you have wanted for so long, all in one enjoyable, wide-ranging, modern magazine. So, welcome to the pages of *Claudia*. We are sure it will become your faithful companion in the coming years (Carta..., out. 1961, p.1).

Targeting the market created by the growth of the textile industry in Brazil, the magazine initially put fashion front and center, offering suggestions and patterns for women to make their own clothes. However, even in the earliest issues it also provided advice on relationships, beauty, behavior, health, decoration, etiquette, and holding events and buffets.² The magazine was quick to grow and become a household name in the lives of many Brazilian women (Buitoni, 1990; Bassanezi, 1996).

The survival of this and other magazines depended on sales revenues and, increasingly as the years went by, the sale of advertising space. Since it first came out, the huge number of adverts – especially for domestic appliances, like floor buffers, sewing machines, blenders, and items of decoration – turned *Claudia* into a brochure for products geared towards an ever-growing consumer market (Vidutto, 2010), consolidating "magazine media" as a segment of the Brazilian advertising industry (Baptista, Abreu, 2014).³

The regular sections indicated the magazine's editorial stance, the most representative being "World of *Claudia*." In this section, different articles and reports – some signed, others not – provided a wealth of content and addressed topics that called for more reflection. Meanwhile, the sub-section "Claudia replies" offered a channel for dialogue between female readers, who would send in letters, and specialists, who would answer them.⁴ Each question and answer was preceded by a header, helping readers to identify the subject matter more

quickly. This sub-section was divided into different subjects, like health, animals, work, law, information, and so forth. This strategy is consistent with the peculiar nature of the magazine genre, which is often read in fragments, reread, shared, and even collected, thanks to its physical characteristics, like its size and use of more robust paper, and also because it comes out just once a month and easy to carry about.⁵

In 1963, Carmen da Silva joined the *Claudia* team with a column called “The art of being a woman,” which ran for 23 years. In it, she expressed opinions that were daring for their day, such as criticizing the idea of the “domestic goddess” or the “relics of the Brazilian patriarchal system,” and encouraged women to take charge of their own lives. The combination of *Claudia*’s aspiration to be a modern magazine and da Silva’s forward-thinking ideas was probably what assured this long-lived partnership. Starting off on a more moderate note, the column gradually started to tackle more controversial issues, such as abortion and violence, and, drawing on the rhetoric of “female emancipation,” lent the publication certain progressive and feminist overtones – albeit sometimes ranging quite far from the editorial line.⁶

In the mid-1960s, issues relating to women’s reproduction – pregnancy, childbirth, and contraception – started to show up frequently on the pages of the magazine. Publishing articles on these subjects was already a new step, if compared with women’s magazines from earlier in the century (Freire, 2009). Nonetheless, what was quite new was the trend to present pregnancy and childbirth as inherently risky events that called for specialized care and vigilance and experiences capable of being enhanced by adopting regimes to boost wellbeing and health.

This resulted in a whole host of articles that drew on the authoritativeness of medical knowledge to instruct women in how to take care of themselves in order to ensure their pregnancy and labor ran smoothly and they gave birth to a healthy child. *Claudia* also mirrored the debate underway in Brazil at the time about the birth rate, demographics, and development (Dias, 2015; Pereira, 2016). It provided information on the principles and methods of family planning (especially the pill), encouraged rational choices in the field of reproduction, and spread the received opinion that it was better to have fewer, but healthier, offspring.

***Claudia* wants to be a mom**

The pregnancy and childbirth agenda is a prime example of *Claudia*’s pedagogic nature. As it informed and advised its readers on every detail of the physical and emotional changes women faced during pregnancy, the growth of the baby in the womb, and ways to improve the experience of pregnancy, it fulfilled its promise of being a friend and counsellor to Brazilian women at every stage of their lives.

In the pages of the magazine, despite the emphasis on risks and the need for constant vigilance and care, pregnancy was portrayed as a time of ultimate realization for women, perpetuating conceptions of motherhood that had dominated the first half of the century, which linked the female identity to motherhood (Freire, 2009). However, the imperatives of family planning (Silva, 2017), “responsible fatherhood,” and smaller families (Dias, 2015)

were growing in strength. How to avoid pregnancy or limit the number of children and plan how many to have and when to have them were questions that were being shaped in the female mindset at the time (Silva, 2017). Contributing to the development of these new normative standards, the magazine wished to help its readers in their decision-making processes.

You are thinking of having a baby. Since you were little you have thought about this and think it is a very natural idea. But you also know it is a very serious decision that should be considered carefully. That's why Claudia is going to help you to find the right reason to have a child (10 razões..., mar. 1972, p.123).

This article listed ten questions that readers should answer "as sincerely as possible" to ensure any decision they took was well thought-out. It warned that "nowadays," the responsibility for conceiving a child could not be bound to personal aspirations, family pressures, or attempts to hold a marriage together, as had been the case "in the past" (10 razões..., mar. 1972, p.123). The right time for women to have children should also be considered, bearing in mind, in each case, the physical, financial, and professional factors involved (A hora certa..., dez. 1990).

Like other media at the time, *Claudia* echoed the question of the "population boom" that permeated national and international debates between the 1960s and 1980s (Dias, 2015). In the pieces addressing the supposed demographic crisis, the magazine urged women to make "mindful" reproductive choices, gave information about new methods of contraception like the pill, and encouraged readers to deal rationally with matters relating to family planning (A ciência..., dez. 1964). For women who had no access to a gynecologist because of financial restrictions or moral constraints, magazines like *Claudia* could serve as authoritative sources of theoretical and practical knowledge about such subjects as the pill (Silva, 2017). Carmen da Silva addressed birth control in her column in the June 1979 issue. Under the title "Motherhood is not an obligation: it is a choice," she spoke out about the appropriation of the female body by men and the state throughout history and invited readers to acknowledge these abuses, stand up against the "collectivization" of their womb, and defend their autonomy to decide whether or not to be mothers (Silva, jun. 1979).

The discourses about reproductive practices and decisions particularly explored the relationship between tradition and modernity, but not always in the strictest of terms. The "modern woman" had a number of features, which included economic and emotional independence from her husband, freedom from family pressures, and the need to be fulfilled outside the home. However, in line with its defense of women's free will, the magazine reminded its readers: "Know that you are not obliged to be either old-fashioned or advanced. *Claudia* proposes a middle way" (Souza, jan. 1971, p.98). A rational attitude to reproduction and the new roles for women were established as signs of modernity, as was recourse to medical, technological, and scientific knowledge to ensure self-care on a day-to-day basis.

Despite the ideals of the modern woman – with a variety of roles and reproductive autonomy – difficulty getting pregnant continued to be a source of anguish and feelings of incompetence. The question of infertility showed up often, especially in the letters section.

One reader, using the evocative penname of “Hope,” bemoaned her ill fortune: “I have been married for two years and I still have not had any children. This scares me, saddens me, hurts, makes me useless to my husband” (A vontade..., abr. 1971, p.11). Responding to such issues, *Claudia* taught its readers how to identify when they were fertile, gave guidance on the best sex positions for getting pregnant (Conselhos..., maio 1976), reproduced news on the latest biomedical discoveries in the field of fertility, and suggested different treatment options, like the use of hormones (Knoplich, jan. 1966).

Self-care during pregnancy

In 1960s Brazil, access to regular prenatal care was very limited. Although a pioneering prenatal service had been created at the Faculty of Medicine, São Paulo University, in 1925, it was only in the latter decades of the century that prenatal care became more widespread, driven in part by progress in clinical obstetrics (Cruz, Caminha, Batista Filho, 2014). The creation of the Infant and Maternal Health Program (1975), the Program for the Prevention of High-Risk Pregnancy (1978), and especially the Program for Comprehensive Women’s Healthcare (1983) marked the efforts to develop prenatal care policies in the country. It is no surprise, then, that women’s magazines took on the role of teacher and imparter of information at this time: there was a lot for women to learn.

Claudia set about expanding its readers’ knowledge base by supplying detailed information about the physiology of pregnancy, encouraging them to adopt behaviors that would improve their own health and that of their future baby, training them to recognize problems and control potential discomfort, giving them the skills to interact with and understand their physicians better, and thus to enhance their physical and emotional experience. The lifestyle the magazine proposed for the pregnant woman was closely identified with the urban middle and upper-middle classes – its main target readership – who had the wherewithal to invest in appointments with specialists, courses, keep-fit classes, cosmetics, nutritional supplements, and different foodstuffs. Self-care mediated by technologies, medical services, and the consumption of products designed to enhance wellbeing seemed to emerge at the conjunction of a niche market with a social and cultural niche.

Claudia was at the ready to support women from the very moment their pregnancy was confirmed. It called on them to make a doctor’s appointment immediately, suggested they have monthly prenatal appointments, gave them a care plan they should follow, prepared them for what to expect from their obstetricians, and equipped them to keep tabs on the adequacy of the medical care they received, while making them jointly responsible.

It’s positive. You’re pregnant! After the first appointment, your gynecologist will ask you to go to a laboratory, where they will take blood for exams: blood group and Rh factor, tests for syphilis, toxoplasmosis, and rubella, glucose (sugar) level, and a complete blood count. Your doctor will also ask you to do a urine test to check for abnormalities. Throughout pregnancy, you will have one or more ultrasound exams to follow up on the development and position of the child in the uterus. If you want to know, in most cases the ultrasound will be able to identify the baby’s sex (*Claudia* responde, abr. 1987, p.18).

While medical supervision was indispensable for health during pregnancy, women were also supposed to appropriate scientific and medical knowledge themselves and understand their own bodies so as to keep track of changes during the process and identify any unexpected alterations.

Observe your body. If you notice edemas or 'swelling' ... dizziness and a constant headache, seek out your physician. ... By making prenatal and follow-up examinations, he will have all the information about your pregnancy and will know the best course of action to take (Puericultura, jan. 1979, p.168; emphasis in original).

In 1968, in a feature that included diagrams of the fetus and information couched in didactic language, Dr. Sawaya, an obstetrician and sex therapist from São Paulo, described the development of pregnancy "month by month" (Sawaya, set. 1968). The drawings depicted the inside of the pregnant woman's body, as if a window had been opened up on the womb. They served to support the discourse, confirming the assumption that the image is the prime expression of the objectivity of science, and exciting interest in the technologies available, like amnioscopy and obstetric ultrasound (in use in Brazil since the 1970s), which were used to view the fetus and the inside of the uterus (Chazan, Faro, 2016).

It was suggested that pregnant women should note down any questions that occurred to them every month in a notebook so they could take them along to their doctor's appointment. The way women's daily lives were the subject of intense scrutiny and detailed medical regulation is illustrated in the following passage:

Doctors do not advise bathing in a tub: you may pick up some germs. As for exercising, doing sport, or using a swimming pool, it is advisable to stop during pregnancy. Your doctor will advise you on what type of exercise is appropriate for pregnant women, or you can attend a course to prepare you for your delivery: breathing, position, and relaxation (Claudia conta..., dez. 1968, p.106).

Generally speaking, pregnancy was presented as a "simple" event and readers were encouraged to lead a "normal life" during its course, keeping up their normal pace of work and leisure (Moda..., maio 1972, p.36). However, this "normal life" was the target of a host of prescriptions, covering every aspect of daily life (diet, sleep, physical exercise, sexual relations, etc.). In some articles, pregnancy was depicted as an uncomfortable condition, a quasi-disease, the inconvenience of which may be attenuated by taking certain measures, which every pregnant woman should know. "Summer is coming and you are pregnant ... you have virtually no energy to complain. You're hypersensitive. You feel the heat more than others do. You feel more tired too. 'Despite all this' you decide to take a trip" (O verão..., dez. 1968, p.108; emphasis added).

These apparently contradictory discourses, presenting pregnancy as a "simple," "normal" event, and yet a condition that requires vigilance and care (by a doctor and the woman herself), conveyed the message that wellbeing and risk could coexist and were not necessarily mutually exclusive. For Aronowitz (2015), in the era of risky medicine, the experience of risk and the experience of disease are not differentiated, because risks are controlled and treated as surgical and medicable interventions that prompt as much fear and uncertainty as confirmed diseases. When it comes to the medicalization of pregnancy

and childbirth, things seem to be different. The states of health and risk cease to have clear boundaries: all pregnant women are viewed through the prism of risk.

“A Complete Guide to the Nine Months of Pregnancy” was promised to the readers of the January 1978 edition, as emblazoned on its front cover. The educational/normative nature of the article was clear from its subtitle: “See what you can do during pregnancy, from cycling to swimming. And put an end to taboos” (Sumário, jan. 1978, p.1). The report analyzed a long list of daily activities and used a color-coded table (Figure 1) to indicate what was “recommended” (blue [light gray]), “permitted” (green [mid-gray]), “permitted with restrictions” (yellow [white]) and “not recommended” (red [dark gray]): drinking, smoking, going out, taking trips, having sex, doing sport, using sleeping pills and other medicine, being in contact with animals, and much more. “For you to control the good formation of your baby,” the magazine suggested mothers-to-be cut out the table and kept it safe so they could consult it as they needed.

Uma tabela para você controlar a boa formação do seu bebê		Medicamentos								
Esta tabela é para você recortar e guardar. Deve ser consultada toda vez que você tiver alguma dúvida sobre a sua gravidez.		1.º	2.º	3.º	4.º	5.º	6.º	7.º	8.º	9.º
Circunstâncias Normais de Vida e Esporte		mês	mês	mês	mês	mês	mês	mês	mês	mês
Viagens										
Andar de Automóvel										
Andar de Avião										
Andar de Bicicleta										
Andar a Cavalos, Jogar Tênis, Ginástica Leve, Alpinismo, Velejar										
Passeios a Pé										
Patinação no Gelo, Jogar Boliche										
Natação										
Sauna										
Ginástica de Gravidez										
Relações Sexuais										
Cachorros, Gatos, Porquinhos-da-india, Hamster										
Alimentação		1.º	2.º	3.º	4.º	5.º	6.º	7.º	8.º	9.º
Leite, Ricota		mês	mês	mês	mês	mês	mês	mês	mês	mês
Alimentação Exclusivamente Vegetariana										
Carne Magra, Peixe, Aves										
Carne Gordas										
Creme, Maionese, Chocolate										
Fluor										
Carne Crua										
Café										
Bebidas Alcoólicas										
Mais de Cinco Cigarros por Dia										

Medicamentos	1.º	2.º	3.º	4.º	5.º	6.º	7.º	8.º	9.º
	mês	mês	mês	mês	mês	mês	mês	mês	mês
Vacinação Oral Contra a Poliomielite									
Vacinação Contra Sarampo, Catapora, Febre Amarela									
Vacina Contra Tétano									
Penicilina, Eritromicina, Cefalosporina									
Tetraciclina									
Cloranfenicol									
Streptomycina, Kanamicina, Gentamicina									
Sulfonamidas									
Insulina									
Medicamentos para Diabéticos (Carbutamida, Tolbutamida)									
Preparados Ferrosos									
Preparados Anticoagulatórios, com Base em Cumarim									
Preparados Anticoagulatórios, com Base em Heparin									
Analgésicos e Pirógenos Salicilicos									
Analgésicos com Teor de Fenacetin									
Analgésicos com Teor de Brometos									
Soníferos com Teor de Barbitúricos									
Preparados de Cálcio									
Preparados Antimalária, como Quinina e Cloroquinina									
Preparados Anti-tuberculose, como INH e PAS									
Rifampicina									
Preparados Multivitamínicos									
Hormônios Tiroideais									
Radiografias									
Exames por Ultra-som									
Exames Pré-natais									

Explicação das cores:

- Não recomendamos
- Permitted em Termos
- Permitted
- Recomendável

Figure 1: A table for you to control the good formation of your baby (Source: Claudia, jan. 1978, p.129)

In order to clear up any potential queries and help readers to assess their gestational health, this same article also offered a multiple-choice quiz containing clinical, laboratory, family-related, and behavioral questions. A specific risk was indicated for each question. For instance, a positive answer to the question about “urine with bacteria” led to the following comment: “Bacteria may indicate inflammation of the kidneys, which could possibly lead to premature birth” (Um guia..., jan. 1978, p.126).

Throughout the editions of *Claudia*, a remarkable upsurge in the medical scrutiny of the female body can be seen.⁷ If, with the emergence of biomedicine, doctors set about probing the depths of the pregnant body with their stethoscopes, now their gaze was drawn even wider, to take in other factors, including its surface. The construction of new medical problems associated with pregnancy came hand-in-hand with medical and technological solutions, impelled by market interests and the growth of the consumer culture.

Chloasmas – dark spots on the face that sometimes occur during pregnancy – were one subject covered in *Claudia*. Readers were told that “sunshine does not do any harm, but your skin is far more vulnerable,” recommending the daily use of cosmetics, masks, and moisturizers to protect them from the solar rays, mentioning their trade names (Claudia conta..., dez. 1968, p.106).

Staying in shape, even during pregnancy, should be the goal and responsibility of all pregnant women. In order to assist its readers in this task of caring for their bodies, *Claudia* suggested menus and recommended dietary changes designed to prevent digestive distress caused by the enlargement of the uterus and also to assure the adequate growth of the baby, while also meeting aesthetic expectations. Unlike the traditional idea of “eating for two,” the magazine’s readers learned that nutritional requirements increased during pregnancy, calling for a protein-rich diet; it was not a matter of eating more, but of eating better. Maternal malnutrition and anemia could be prevented with a diet that assured sufficient nutrients for mother and child (Cuidados..., jan. 1979). With this in mind, the magazine published the “Perfect Diet for Pregnancy,” explaining exactly how many calories and what foodstuffs should be consumed each month (Dieta..., abr. 1987, p.13). However, it was not enough to follow a strict diet; vitamin supplements, to be prescribed by a physician, were also part of the preventive rollcall and were marketed by the magazine.⁸

Concern with staying slim during pregnancy was not something that *Claudia* was the first to introduce, nor was it the only publication to propagate the idea. The media has been seen as an important agent in the spread of a body-beautiful and consumer culture, especially since the 1980s, when the first publications specifically devoted to the subject came out, like *Boa Forma* and *Corpo a Corpo* (Castro, 2004b). While, in the first half of the twentieth century, women’s magazines spread the concept of natural beauty, the God-given gift, or an ideal that could be attained by observing good moral and hygienic habits (Freire, 2009), in the second half, as the body acquired greater presence in social life, beauty became the target and product of interventions, under the influence of the movie culture and the cosmetics, fashion, and advertising industries (Castro, 2004a).

For *Claudia*, pregnancy was no reason to stop taking care of one’s looks; indeed, in this phase assumed to be one of female plenitude, extra care, and particularly specialized care, should be taken. The magazine gave precisely this advice to its readers, letting them know

about new professional services and products to enhance their health and beauty in a bid to conciliate motherhood and vanity. To prevent varicose veins, for instance, women were encouraged to wear compression stockings and do physical activity under the guidance of specialists: “a physiotherapist knows how to give the right exercises for a pregnant woman” (*Puericultura*, jan. 1979, p.167).

Clothes for the pregnant woman were also the subject of special pieces in *Claudia*, with medical and aesthetic criteria guiding what should be worn. In the early 1960s, the guidance was to wear decorous dresses that were loose, airy, and made of light, floral fabrics – compatible with the more traditional, idyllic representation of pregnancy, which included covering up the distended belly, and also with pregnant women’s supposedly heightened sensitivity to the heat. In the following years, ready-to-wear fashion became the norm, offering clothes that were no longer designed to hide the belly and lingerie that was adapted to the changing contours of the pregnant woman. Comfort, sensuality, and freedom of movement for women who now worked, exercised, and had a sex life during pregnancy became important factors. Special support belts were advertised that claimed to distribute the weight of the belly better and relieve back pain, with the additional advantage of not affecting “the comfort of the temporary resident” (*Como viver...*, nov. 1977, p.144-150).

In an analysis of a special supplement of the magazine *Manequim* dedicated to the “Future Mom,” published in 1963, Simili (2017) encountered similar aesthetic concerns. Clothing suggestions were not designed to cover up, but to disguise the “temporary curves” and to give the pregnant woman a more slender appearance. The author interprets this as indicating the beginning of the “incorporation of the belly into media representations, a vector of visibility and publicization of the phenomenon of pregnancy” (p.136), contributing to the segmentation and strengthening of the womenswear market for this group.

In the second half of the 1960s, alongside shorter hemlines, pants were also incorporated into the pregnant woman’s wardrobe, in line with the “youthful” lifestyle emerging in the period (Simili, 2017; Castro, 2004a). One aspect of this lifestyle was a new appreciation of fitness, boosting the popularity of physical activity, which inspired the spread of sportswear for pregnant women (Castro, 2004a). Sexuality also became an important aspect of self-expression, which, in the field of clothing, was reflected in a shift of eroticism towards the butt region, with a growing number of women wearing pants, especially jeans, in the 1970s (Simili, 2017).

Sex life during pregnancy was also a subject of interest and anxiety on the part of *Claudia*’s readers. They were advised to consult their obstetrician to find out how often they could engage in sexual relations and what position was best suited to each couple, with the cautionary note that “out of prudence, the doctor will generally recommend relations that are not too deep, not too frequent, and not too prolonged” (*Como viver...*, nov. 1977, p.146).

The magazine’s prescriptive excesses did not always mean consistency in its recommendations. One of its strategies seems to have been to highlight particular situations and pigeonhole women into particular behavioral and consumption niches. As such, young mothers, working mothers, “modern” mothers, and the like were the target of specific discourses and advice in line with whatever their specific features were deemed

to be (Juventude..., out. 1974). By setting about “advising,” “informing,” and “assisting” women in their self-care during pregnancy and childbirth, *Claudia* played an important role in translating scientific and medical knowledge into terms that could be understood by the lay public. Furthermore, like the mass media in general, it became an important agent of the latest trends in the medicalization and pedagogization of reproduction and the development of new collective subjectivities, under the aegis of risk/vigilance, (self-) care, and consumption.

Taken together, the articles in *Claudia* express many aspects of social change in the second half of the twentieth century that affected conceptions of gender and its interfaces with science, medicine, and market forces. In the visions and prescriptions it propagated, new forms of representing and experiencing pregnancy, motherhood, and female roles were expressed. The ideal model of womanhood it projected was of a person who conciliated motherhood with work, married life, sexual relations, social life, consumption, and personal care. “She worked, drove, and went out at night with her husband until the eve of the birth,” reports one story on the pregnancy of one of the magazine’s journalists, giving following advice: “the mother-to-be should not lock herself indoors, knitting the baby clothes, but should lead a normal life, without neglecting her appearance” (Uma redatora..., mar. 1972, p.123).

Childbirth: from a “anything can happen” to a safe, controlled event

The increased medicalization of reproduction as of the mid-twentieth century resulted in a resignification of the unpredictability and pain of childbirth, which ceased to be unavoidable existential experiences to become problems that could be controlled through medical techniques, procedures, and technologies (Rezende, 2011). Although Brazil had already had some health care centers devoted to childbirth since the mid-1800s, it was only as of the 1930s that hospitals – specifically maternity units – started to be seen by the medical community as the best and safest place for women to give birth (Mott, 2002). After World War II, childbirth gradually came to be depicted as a risk-laden event that called for medical oversight and pharmacological and surgical interventions, resulting in its institutionalization. In Brazil, the spread of public healthcare in the 1960s and 1970s consolidated the conception of childbirth as a medical event to take place in the hospital environment.

Claudia was instrumental in informing its readers about hospital birth: childbirth that takes place in a “safe” environment under the supervision of a doctor and in the midst of technical and technological resources. Birth-related suffering, danger, fear, and pain were no longer inevitable: now, they were problems to which medicine could offer solutions. The medicinal, anesthetic, and surgical procedures for getting round these problems and controlling the experience of labor and delivery were described in minute detail for the magazine’s readers. Furthermore, childbirth was not something that simply happened and about which one should have an expectant attitude; its risks should be assessed and administered during pregnancy, under medical supervision, and the woman should take special care. *Claudia* was devoted to teaching them techniques to prepare them for the big day.

Even “normal” childbirth – delivery via the birth canal, which women had always experienced – became the target of new control techniques and also had to be taught to women. “Fear of childbirth is the only real fear,” professed the gynecologist Décio Teixeira Noronha in a piece entitled “The Myths and Fears of Motherhood,” published in July 1983. To allay their fears, *Claudia* recommended women take courses, go to talks, have psychotherapy, and read, in order to be prepared in advance. In particular, focus was put on natural childbirth, as advocated by the British obstetrician Grantly Dick-Read, which called for the use of behavioral techniques for pain relief, including physical and breathing exercises to increase the elasticity of the perineum, increase circulation, and promote relaxation. In the 1970s and 1980s, *Claudia* published the addresses of many preparatory courses in the main cities of Brazil. With the assistance of drawings and photographs, the feature on “Exercise for Easy Childbirth,” published in August 1987, taught physical exercises and breathing techniques that would help women stay calm during childbirth (Ginástica..., ago. 1987, p.17). Articles like this were designed to overcome the traditional negative image of “loss of control” associated with labor and delivery (Rezende, 2011) and put forward a more rational alternative.

Along similar lines, the magazine also gave voice to the counter-hegemonic idea of “painless childbirth” – schools of medical thought that proposed managing birthing with less medical intervention and more behavioral, emotional, and environmental techniques. The “Leboyer birth” was one subject covered in a lengthy report in October 1974, running counter to the interventionist model. Under the banner “This child was born without violence,” it described a “new way of being born”: a tranquil delivery in a quiet setting with dimmed lighting; after the birth, the mother would hold their own child and delicately massage them while the obstetrician waited for the umbilical cord to stop pulsating before cutting it (Esta criança..., out. 1974, p.67). This model of childbirth, proposed by the French physician Frederick Leboyer, was advocated in Brazil by the obstetrician Claudio Basbaum, who called it a “combination of science and love,” winning over women from the higher social strata in the broader context of libertarian movements of the 1960s. The opposition of love vs. violence was a precursor of the controversies that surround what is now referred to as obstetric violence.

The idea behind presenting medical and scientific knowledge about



Figure 2: “Sensational! The first baby born in Brazil without childbirth trauma!” (Source: *Claudia*, out. 1974, front cover)

pregnancy and childbirth was to enhance these experiences. The assumption was that there was a positive relationship between knowledge, rationality (less fear), and control (less suffering and pain). Detailed presentations of the medical procedures and techniques completed the task. In February 1970, in the column “Your child is on the way,” Dr. Álvaro da Cunha Bastos, a professor at the São Paulo Faculty of Medicine, wrote an article entitled “Caesarian: a good operation” (Bastos, fev. 1970, p.14). In it, he provided a visual description of every stage of the surgical technique and set out ten obstetric indications for it, stressing that the final decision was always in the hands of the physician. While warning of the possibility of postoperative complications, his general tone was upbeat and the text ended with the following reassuring words: “Now you have a ‘doctorate’ in caesarians, face yours with joy, if it is the case” (p.14). Imbued with the spirit of his day, Cunha Bastos championed the idea of the caesarian as a good delivery option, as proposed by the pro-caesarian movement headed by the Rio-based obstetrician Jorge de Rezende (Nakano, Bonan, Teixeira, 2016). This movement was instrumental in taking a procedure that was only indicated to save mother and child when at risk and turning it into one that enjoyed broad social acceptance (Nakano, Bonan, Teixeira, 2015).

Controversies surrounding the caesarian section started to spring up in the 1970s, as it started to be indicated in an ever wider range of situations and the view that it could be done merely for the woman’s convenience started to be aired.⁹ A long piece called “Don’t jump on the caesarian bandwagon,” published in 1977, discussed the abusive use of the procedure. In it, the journalist Leda Cavalcante criticized women who had caesarians without any clinical indication, out of pure “complacency” or “faddishness,” understanding it to be a procedure that could have a negative impact on mother and child. She spoke out about a “veritable caesarian industry” and held women accountable, “who, with no need, sought to swap (or already swapped) the rich and active experience of normal childbirth for the passive attitude of the caesarian.” She warned of the myth that the surgery was pain-free and said it was better to feel the “bearable pains of normal childbirth, doing adequate preparation,” than the pain resulting from the operation (Cavalcante, out. 1977, p.132-133).

On the part of women, there seemed to be not just enthusiasm for and acceptance of these medical and surgical innovations designed to assist childbirth, but also a deal of fear and anxiety.¹⁰ In the December 1970 edition of *Claudia*, under the title “Fear of Dying in Childbirth,” a reader expressed her apprehension about the anesthesia she would be given during her caesarian, because it could harm her child. *Claudia* answered in a reassuring tone that medicine was “highly developed,” equipped with a safe and effective arsenal of technologies, and that anything “untoward” caused by the general anesthesia could be overcome using measures to “reanimate the baby,” i.e., with the use of more technology (Medo..., dez. 1970, p.7). The idea that technology was at once protecting and life-saving, when in the hands of experts, was underlined once more. The fear of forceps was also discussed in an article, which explained both how and when they were used and also that the correct use of forceps did not pose mother or child with any additional risks (Não tenha..., ago. 1987).

Claudia sketched out the idea of “choice of childbirth” (another reason why women should be informed about their options), but whether it was “normal” or C-section,

childbirth was still discussed within the confines of biomedicalization. The opposition was not set between vaginal vs. surgical childbirth, but between the old way of giving birth – an unpredictable, uncontrolled, disorderly, painful, traumatic, and hazardous event, when “anything could happen” – and new ways of giving birth, based on medical and scientific knowledge, whose myriad of techniques and technologies had turned it into a safe, controlled, pleasurable event.

Final considerations

The impact of the growing medicalization of reproduction on pregnancy and childbirth came about within a broader framework of contemporary biopolitics, and in Brazil had certain implications: the development of regimes of medical control and oversight; the evaluation of the risks and technical/scientific interventions in the healthy pregnant body and its physiological processes in order to optimize health and reduce the likelihood of harm; expansion of the consumer market for medical and other services, drugs, and other non-medical products, to optimize health and wellbeing; the promotion of “modernized” lifestyles and identities (the youthful, pretty, elegant, pregnant woman who works, keeps fit, travels, has a social life, and enjoys leisure activities); the sharing of received wisdom about the need for medical health and medically informed routines in the course of pregnancy; and the introjection, on the part of women, of the “desire to know” about pregnancy and childbirth and their own responsibility for caring for themselves at this time.

Over the decades, *Claudia* fulfilled its promise of offering its readers information and knowledge that enabled them to deal more “rationally” – i.e., based on calculations and risk management strategies – with questions from their daily lives. The magazine was actively involved in imparting conceptions of superiority for scientific knowledge, the high value of medical technologies, and the importance of rational behavior for managing the phenomena of the female body with self-confidence and assurance, while reducing the uncertainties associated with its potentially rebellious nature, and as such was an active agent in the medicalization of pregnancy and childbirth.

In line with its mission to educate, *Claudia* presented, scrutinized, and tried to make understandable to women the physiological mechanisms of childbirth and the phases of pregnancy, depicting them as normal, but underlining their potential risks. The proliferation of discourses was indicative of the magazine’s effort to guarantee the information and the subsequent adhesion of women to an ideal of “normal” pregnancy that included medical oversight, risk management, and routines of self-care for an enhanced experience of pregnancy and childbirth. As Ayres, Henriques, and Amorim (2017) point out, the 1950s were marked by the dissemination of methods designed to prepare women for childbirth as proposed by physicians from the USA and Europe and published in books, manuals, and other printed matter. The pedagogization of childbirth, the authors argue, was ambiguous in nature: While it was designed to make women the protagonists of the birthing process, arming them with knowledge, it also cloaked this pedagogic project in a mechanistic view of childbirth, and reinforced medical interpretations of the process and the intervening role of obstetrics in the case of “insufficient labor.”

This analysis of *Claudia* leads us to reflect on the pedagogization of pregnancy and childbirth in the light of biopolitical strategies in the era of biomedicalization. It was all about translating medical and scientific knowledge, spreading ways of thinking, creating consumers for a burgeoning market for medical and non-medical services, technologies, and products to improve physical experiences, promoting the internalization of norms and techniques for self-care, and producing lifestyles and identities adapted to the ideas of modernization that abounded in the Brazilian middle and upper-middle classes in those decades.

The pieces analyzed also shed light on social transformations set into motion at the interplay between science, medicine, and Brazilian society in the second half of the twentieth century. The care called for by pregnancy and childbirth incarnated new normative and interactive standards of gender, class, and generation, projecting a professional, well-informed, youthful woman who was a consumer, socially active, and keen to invest in her love and sex life – which did not rule out motherhood as a gender marker. This idealized young woman from the urban middle classes was presented as a model, a trend, a symbol of an impending future under the banner of “modernity,” a modernity represented as a materialization of science and technology in our lives.

Finally, one of the aspects indicated as a characteristic of biomedicalization and contemporary biopolitics is its multifocality, meaning the plurality and heterogeneity of the social and institutional actors involved in it. The mass media and social networks were surely unavoidable participants in these medicalizing trends. The analysis of media pieces from the 1960s to 1990s, like the editions of *Claudia* from the first three decades of its existence, could help build up a genealogy of our present time and a critical perspective on contemporary challenges facing the progress in and full realization of sexual and reproductive rights for women.

NOTES

¹ For more information on *Claudia*, see Costa (2009), Vidutto (2010), Baptista and Abreu (2014).

² *Claudia* could be regarded as following the line of women's magazines from previous decades, which presumed women were interested in subjects like fashion, beauty, and caring for the family (Freire, 2009). However, like other women's magazines launched in the second half of the century (e.g., *Manequim* [1959] and *Nova* [1973]), *Claudia* introduced new subjects regarded as “modern,” like sexuality, love life, family planning, education, work, and leisure for women.

³ Especially after the Second World War, while they were not accessible to all, modern household appliances (gas ovens, washing machines, vacuum cleaners, etc.) simplified home maintenance and “released” women to work outside the home and join the consumer market. In Brazil, the consumption of these goods was particularly encouraged in the 1960s, the time of the “economic miracle,” when there was a large-scale influx of foreign capital to the country. These products appeared frequently in advertisements in *Claudia* and were associated with modernity. By participating in the consumer market, readers would obtain not just greater comfort, but also social recognition and prestige.

⁴ The letters section is an editorial strategy designed to highlight and attribute importance to certain topics of interest to specific social, political, and economic groups. Sometimes, the letters and their answers are written by the editorial team themselves. However, more than a mere documental trap, this section can be demonstrated as bearing witness to a time, provided the historical conditions of production and consumption are duly considered (Martins, 2001).

⁵ These characteristics spread the circulation of *Claudia* outside the domestic sphere, taking it to doctors' and dentists' waiting rooms, hairdressing salons, and elsewhere. This meant women who could not afford to buy it, like domestic workers and retail workers, could still read it (Silva, 2017).

⁶ Even after the death of Carmen da Silva, in 1985, *Claudia* continued to publish pieces on feminist issues, like contraception, abortion, the breakdown of the traditional marriage, and divorce.

⁷ The scrutiny of the female body by medicine, since the nineteenth century, and the emergence of the medical specialties of gynecology and obstetrics have been studied by Rohden (2001) and Martins (2004).

⁸ Folic acid, prescribed to pregnant women since the 1950s in a bid to reduce maternal anemia, was added to the prenatal care routine in the 1990s with the aim of preventing the occurrence of fetal malformations like spina bifida. Al-Gailani (2014) investigates the shifting use of this risk-reduction drug from addressing social problems like poverty and malnutrition to tackling individual vulnerability.

⁹ Cesarean “on demand” was already mentioned in the list of indications for the procedure in the 1987 edition of Jorge de Rezende’s tome on obstetrics (Nakano, Bonan, Teixeira, 2016, p.164).

¹⁰ Petersen (2007) considers whether new technologies, while increasingly normalized in the ambit of biomedicine and society, may also awaken fascination and spawn feelings of fear and rejection.

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