Mariarosa Dalla Costa

To Whom Does the Body of this Woman Belong?*

I have chosen to focus the thoughts I will develop today on a fact that I consider fundamental for every other discourse concerning women’s autonomy. That is: for women, in every part of the world, the construction of autonomy has meant first of all the re-appropriation of their body; it has meant to have the availability of that female body which has always been at stake in the relation between the sexes. This was true for us at the beginning of the ‘70s in Italy, as it was for the Mayan women when they began to draft their law, at the beginning of the ‘90s in Chiapas. To mention here and compare some aspects of our problematic and struggles on this terrain could be useful then in a battle that for us, as for them, as for many other women in many other countries, has reached important goals, but is far from being concluded.

When I read the Revolutionary Law of the Mayan Women, I was struck by the very close correspondence between the demands presented in it, as well as the others that were being all along elaborated, and our own demands at the dawn of the 1970s. We, like them, had to unite as women in a movement in order to lift ourselves out of our pain and impotence. Impotence was the very problem we had witnessed in the lives of our mothers. It was the impotence due to the lack of money that made any choice, even running away from violent husbands or fathers, impossible. It was the impotence of not knowing our sexuality, which made marriages fail, but was beyond remedy as the counterpart were men who knew nothing about female sexuality. And again the impotence of not being able to communicate, as it was a taboo to speak with other women of too intimate things; the impotence coming from the stigmatization of life outside of marriage, which forced our mothers to move, still very young, from the house of their father to that of their husband, without ever having a chance to find out who they were and what they wanted; the impotence of finding themselves mothers just nine months after their marriage, without ever having known themselves as women — pre-matrimonial ‘virginity’ being a

---

1 A significant book on this topic is Lieta Harrison, *La donna sposata. Mille mogli accusano*, Feltrinelli, Milano, 1972.
social imperative; the impotence of being subjected to violence in or out of the family, but not being able to speak about it, not to expose the family to a scandal and not to be guilt-tripped by other men, starting with the judges and the policemen; the impotence of being subjected to sexual harassment on the job, but not being able to afford to loose it. All these are issues that, despite great differences as far as social contexts and life conditions, stand out clearly in the demands and debates that are developing among Mayan women.

Prioritizing those issues that concern women’s control over their body, we find that women are fighting for the right to their sexuality, and not simply a sexuality finalized to procreation or male satisfaction. They are fighting for the right not to marry, to have the possibility to live a union with the partner without been compelled to marry, the right to choose a husband or partner instead of having to accept the husband chosen by their parents, the right to control the number of children they want and can raise, the right to have a special attention paid to themselves and their children with regard to healthcare and nutrition, the right to have access to education, which begins with the right to learn about one’s body and the issues concerning ‘reproductive health’, the right to have basic services, the right not to be subjected to violence either in or out of the family. They further demand that housework, which absorbs the entire day of a woman’s body, be equally shared with men, as the condition to have more time and energies to pursue their objectives. This too corresponds closely to what we demanded, as we never considered a more equal division of domestic work the final objective of our struggle, but only saw it as the condition for us to be able to struggle to obtain better conditions of life and work, for us and for other people.

Women’s struggle over the work of reproduction has always been a force producing more wellbeing and autonomy for the people depending on them, children and the elderly first of all. As it is well-known, we also demanded that this work be remunerated, reduced, and supported by adequate services, but I will discuss tomorrow the outcome of these requests.

---

2 As G. Rovira reports, “men simply ‘use’ women.” It is striking that this is the same verb used in the past in rural environments in Italy. Rovira reports that female sexual pleasure is something unknown. The same was true for us before the movement. Sebastiana in the dialogue with the government at the end of ’95 denounced this situation screaming angrily that women’s sexual pleasure “is not accepted, this is the habit.” (Donne di Mais, Manifestolibri, Roma,1997, p.76) And later, at the dialogue table, she again declared, “When did we ever feel pleasure in our sexual relations? Never, because they never teach you that, and it is sad that this is not done in our communities; they say that this is the custom and that this is the same everywhere for women.” (p.174)
At the beginning of our movement we made a poster picturing the body of a woman with this caption: “To whom does the body of this woman belong? The church? The state? The doctors? The bosses? No, It’s her own.” The answer could not be taken for granted; and the need to affirm it derived precisely from the fact that fathers, husbands, doctors, clerical authorities all competed for the right to control women’s sexuality and generative capacity. They all claimed the right to decide whether or not to allow women to have a sexual life, have contraceptives, keep a child without being married, be able to abort. The conquest of autonomy on this terrain and with regard to these ‘authorities,’ the re-appropriation of our body, compelled us to move on different levels, above all to build that knowledge of our body that women did not have.

To this end it was above all necessary to make and distribute small pamphlets with some illustrations, often small home-made pictures, which gave basic information: how women’s and men’s reproductive organs are made, what are the needs posed by the main events and changes in female biological life (menarche, contraception, pregnancy, child-birth, nursing, abortion, menopause), what are the most common pathologies, how to recognize them, how to cure them, how to gain knowledge about and experiment on the terrain of sexuality. In 1974, the famous Our Bodies Ourselves was translated into Italian. It was produced by a women’s collective in Boston which had concentrated its efforts on the question of women’s health and sexuality. But a commitment to women’s health and sexuality had characterized the feminist movement in the US since the 19th century. It re-emerged as a leading issue in the international feminist movement of the 1970s, triggering an activity of “counter-information” that exposed the distortions or silences of medical science, aiming to give women back that knowledge and decision-making power concerning sexuality and procreation that the birth of official medicine, from its dawn, had violently taken away from them.

---


4 Its beginning coincided with the peaking of a popular movement (1830-1850), the Popular Health Movement, that pursued and practiced a type of medicine completely different from that of the ‘regular’ doctors coming out of the universities. Taking a class and feminist perspective, this movement was above all concerned with guaranteeing medical treatments to the lower classes of whatever ethnic origin and to preserve and elaborate a knowledge that was certainly more valid than that of the pretentious medical science of the Faculty of Medicine.

It was especially urgent to launch a campaign for the legalization of the voluntary and free interruption of pregnancy, to be carried out in hospitals (we reached this goal with the law n.194 of 1978), and to create a mobilization around the trials for abortion. The one that took place in Padova on June 5, 1973 sparked off the struggle on this terrain, due to the set of initiatives that we launched, along with the whole feminist movement. It was urgent to make it known that the majority of women who aborted were family mothers who already had children and could not afford to have another one. We wanted to make it known that too many women were dying or remained severely injured because of clandestine abortions, and that we would not allow more deaths and suffering. On April 7 of the year 1976, another mother, 27 years old, with two children, died in Padova due to an abortion. This event sparked off the occupation by the movement of the university buildings where gynecology was practiced and taught. We denounced publicly that many doctors, conscientious objectors, that is denying abortion because of their catholic belief, made a big, illicit business off clandestine abortions (generally carried out with dangerous techniques, without anesthesia, therefore causing the woman atrocious pains)\(^6\). I have learned that, in Mexico’s rural regions, one woman out of 5 has passed through the same experience, often as a result of sexual violence suffered inside the family\(^7\). I hope that she does not have to suffer it alone any longer, that she does not have to face the dangers and pains to which Italian women were subjected before the rise of the movement. Above all I hope that she will soon have available some means of birth control\(^8\), and in case of sexual intercourse with uncertain outcome she could have means like “the day after pill,” that allows women to avoid an abortion.

Child-birth\(^9\) too became a moment of great mobilizations and struggle in the hospitals where women giving birth were dying for no reason --three

---


\(^7\) G. Rovira, *op. cit.*

\(^8\) It is appropriate for me to inform that the pill or the condom or the diaphragm is not the only possible contraceptives. Small devices are now available that a woman can administer herself, these are markers which in contact with her saliva become one color or the other depending on whether it is a fertile or not fertile day.

\(^9\) Gruppo femminista per il Salario al lavoro domestico di Ferrara (a cura di), *Dietro la normalità del parto. Lotta all’Ospedale di Ferrara* (TN: Feminist Group for Wages for Housework of
in the space of a few months in the Obstetrical Division of Padova’s Civic Hospital. We opposed the excessive medicalization of the event, the imposition on women of a total passivity that turned them into patients, the sadism with which childbirth was treated (stiching without anesthesia, for example) and the doctors’ authoritarian, arrogant behavior. The response to all these problems was the growth of a vast mobilization and a movement that called for an active childbirth, restoring to women their role as protagonists of the event, and creating the conditions enabling them to experience it as something natural, to be held in a serene environment, surrounded by people they would trust. It was starting from this time that the presence of the husband or another person in the birthing room began to be admitted. For us this was a difficult conquest, whereas I have learned that the husbands of the Mayan women are present and cooperate during the event. In the following years some “birthing houses” have been set up in Italy, a few, capable of providing hospital-like assistance in case of need, but above all structured to provide a domestic environment where childbirth can return to be a natural event and not be treated as a disease. The idea was revisited that women could give birth in their houses, but with the guarantee of a quick connection with the hospital in case of necessity. Birthing positions were rediscovered that women had already practiced in the Middle Ages and in ancient times, certainly more natural and comfortable than the one imposed in the hospitals, which is only convenient for the doctors. Now some hospitals, few however, make it available. Concerning childbirth, I was struck by what Guiomar Rovira\textsuperscript{10} reported in his book, that I very much appreciated, which is that village midwives in case of breech delivery were able to turn the child inside of the womb of his/her mother. In Italy too, the old midwives were able to do it. Now almost nobody can, neither doctors, nor midwives and this becomes one more justification to make caesarean births. The medical profession obviously does not consider it convenient to preserve this knowledge and skill. Caesarean births, instead, have had an exponential growth in the last years; in some hospitals they represent 40% or more of all births. But it is a surgery, it is not an alternative way of giving birth. Concerning childbirth we also denounced the high number of children that in some hospitals were born spastic or injured\textsuperscript{11} because of bad practices or an incompetent use of the forceps. In Chiapas, instead, an infant can die because of bad hygienic conditions, or because it does not have

\textsuperscript{10}G. Rovira \textit{op. cit.}

\textsuperscript{11}Gruppo femminista per il Salario al lavoro domestico di Ferrara (cura di), \textit{op.cit.}
enough of what it needs to survive. In both cases, we see the destruction of the woman’s long labor of care and hard work, and of hers and the infant’s fundamental rights.

The condition of the unmarried mother, i.e. the pregnant unmarried woman, was very punitive before the movement. Often she was chased from the home, exactly like the Mayan women, without knowing where to go, what to do to continue her pregnancy, and how to find work to support her child. Often she had to leave him/her to an orphanage. There were some institutes for women pregnant out of wedlock, but they were rather sad and were making these women feel guilty. We did some organizational work with the women guests there. In our international campaign for wages for housework, the figure of the self-supported mother with children was a fundamental one, because all advanced states devoted some funds and facilities to these women. Italy, instead, was a negative exception. The Family Allowances given by the state in Great Britain, and the “Aid To Dependent Children” given to “welfare mothers” in the United States were a first concrete form of remuneration for the work of procreation and child raising women do. In the mobilization we devoted to this female situation, we denounced that the Italian state was willing to give a large financial support to the institutes that accepted the children these women had to abandon due to lack of means. A financial support destined to be dispersed in the meanders of the ‘clientelism’ that permeates political relations. It would have been more logical to give that money, even less would have been enough, to the woman to enable her to raise her child.

More broadly, to re-appropriate their body women questioned and tried to establish a different relation with every aspect of gynecology. At the time, almost all the gynecologists were men; some women feminists were just beginning to graduate with specialization in this discipline; they would become a key point of reference. The same is true of those men activists that became gynecologists and who, responding to the new awareness that the


women’s movement had created, took the side of women and provided a
generous and serious assistance. It was especially in this medical field that
we collected testimonies\textsuperscript{14}, as we used to do in every other field in which we
moved. Some feminists in Milan conducted an inquiry\textsuperscript{15} on the functioning
of the health public structures in the city; some women agreed to play the
patients. It was found that there was no respect, no consideration, to say the
least. The authoritarianism of the doctors was even more unchecked in this
field. It is significant what we found out about public clinics. Women, beside
having to go there, very early, all together, at the same time --which meant
that they had to cross the city at dawn-- then had to wait for most of the
morning (getting individual appointments was apparently too much to
expect); they were also forbidden to speak among themselves, as announced
by a sign hanging on the wall. That is communication was forbidden.
Today, this can seem absurd. But it gives a good idea about the despotism of
the medical profession at the time. Soon, however, the movement was to
brake this compulsory silence.

In 1974, in Padova, with the aim of creating an example of a different
relation between doctors and women, we built the first self managed
community based gynecological counseling clinic, a “consultorio”, where
doctors as well, as I mentioned, besides many women, provided assistance.
Soon others followed in other cities\textsuperscript{16}. In these “consultori” women were
taught how to make a self-examination, how to use the speculum, how to
recognize the most common ailments, and how to treat them; they were
taught about the diaphragm, as a contraceptive that women could manage by
themselves without needing to consult a doctor and without any cost. This is
why perhaps this is a means of contraception that in Italy never spread very
much. But it was a contraceptive that female students discovered in their
first trips to England, as it was very common in the Family Planning clinics
of this country; with it they discovered a sense of autonomy, and how cheap
it was to use it. Not long after, in 1975, the bill n. 405 was passed, that
instituted the clinics for family counseling, but they would always be inferior
in numbers compared to what the law decreed and lacking as far as their
ability to provide information and preventive measures, which was their

\begin{footnotes}
\footnote{Poggio, L.C, \textit{Avanti un’altra. Donne e ginecologi a confronto}, La Salamandra, Milano, 1976.}
\footnote{Jourdan Clara, \textit{Insieme contro. Esperienze dei consultori femministi}, La Salamandra, Milano, 1976}
\end{footnotes}
function. They were certainly a far cry from the exemplary structures we had wanted to build. These deficiencies were obviously functional to the public and private business that is made off disease. Among the information that we provided was the existence, already at this time, of the epidural injection that could spare women the pains of childbirth. But it was almost impossible to obtain it. The hospitals considered it a waste and an unaffordable expense to hire anesthesiologists who could give the injection to the women who requested it. Above all, it was unconceivable that women should not have to suffer in childbirth. It was an entrenched belief, in the medical profession, that women should not have an alternative to suffering in that event. Though in our pamphlets we underlined that “even for the treatment of a cavity one gives anesthesia, why then we should not receive it for labor pains?” the medical obedience to the precept “You will procreate in pain” remained practically undisputed.

Only in recent years this type of anesthesia has begun to be more present in the hospitals; this on account of the privatized character of healthcare, which creates a fear of competition among the structures that offer this possibility. This year, finally, the recently appointed Minister of Healthcare, Livia Turco, has decided that all hospitals must offer this procedure to women giving birth. This is a turning point in the history of female suffering. The same Minister has also decided that “the day-after pill,” which can avoid abortion in case of sexual intercourse with risk of pregnancy, should be available in all pharmacies and should be sold without the need for a medical prescription. Here too, finally, we have an initiative which recognizes that women have the right to exercise their sexuality - a right that has always being recognized to men - recognizing also that sexual relations can, in some cases, have an uncertain outcome, and that, in these cases, it is a duty to give women the means available to science today to spare them the pain, in every sense, of abortion. As for the abortive pill RU486, which, if taken within the second month of pregnancy, spares women the most bloody type of surgical abortion, the same Minister has authorized its experimentation in the hospitals over all the national territory. Since, however, this pill has already been experimented in other European countries, where it is on sale, this amounts to its official acceptance among abortive procedures. Here too, breaking with the commandment that women should suffer the maximum of pain, a devise has been made available to them that - in the context of a choice nevertheless dramatic - causes at least less pain. It is still significant that the Karman method, that is, abortion by aspiration, a procedure, this too, far less bloody than surgical abortion, and
one that the feminists movement of the 1970s had revamped, had in the meantime fallen into disuse.

While procreation and the interruption of pregnancy were events that a number of us had experienced, and on which we had built our awareness and determination to change their conditions, we had, instead, no opportunity to experiment how, at an older age, the female body would become the object of new abuses. How, without any good reason, but only for the interests of the healthcare structures and the medical profession, it would be often mutilated, deprived of the organs that characterize it as a female body. I refer here to the abuse of hysterectomy a surgery carried out even when not justified by the patients’ pathology or even in the absence of any pathology (accompanied in about half the cases by the surgical removal of healthy ovaries). This surgery has many negative consequences for sexuality, for cardio-vascular diseases and the pelvic static. But, in the last decades, its abuse has characterized medical practice in many advanced countries. In Italy, one woman out of 5 can expect to undergo this procedure, in some regions like Veneto, where I live, it is one out of 4. This is the third great battle that the female body must face after childbirth and abortion, in many regions of the world, advanced or not, to defend its integrity and the quality of its life in mature age, against the violence and abuse of medical science.

The medical approach that sustains this abuse reveals a conception of the woman as a reproductive machine. Many doctors declare that when she has already procreated the number of children she desired, or in any case when she is near (often unfortunately not near) menopause, it is better to take out those organs that are of no use and one day could contract some serious disease. But these organs, ovaries and uterus, are very important for the health and hormonal balance of women, before and after menopause. However, in the eyes of too many gynecologists, the woman, as a person, does not count, the integrity of her body does not count, and even less her sexuality, which often this operation compromises. Above all for the

---


18 In comparison with the neighboring France, and on the basis of the type of pathologies for which it is applied, 80% of these surgical interventions seem unjustified. In the United States, the country that sadly is the leader as far as the number of these operations, the probability that a woman will undergo it is of one out 3 before she is 60, and 40% before she is 64.
hospital business it is profitable to carry out many operations. And the medical profession benefits from having on its record many of these interventions, which represent the most important type of surgery for gynecology. It is a battle in which the knowledge of one’s body, the determination to safeguard it, and a long communication among women are crucial. On the web, a number of sites have been activated by groups of women who give information about this operation, and where many patients who have been subjected to it offer their testimony.

The year 1974 was a particularly important one. We had won, with all other women the referendum on divorce; we had obtained that this institution, adopted by our legislation just a few years before, would not be abolished, condemning women and men to irreversible choices, no matter what might happen or be revealed in the marriages contracted. This was a victory which the movement won, against a despotic condemnation to a life of suffering without remedy.

The other great theme regarding the female body was violence, violence against the adult woman or the child woman. Reading about how, in the Mayan villages, often women are subjected to violence in the family as well as out of it, I remembered how we discovered the violence that little girls were subjected to in the family from reading the compositions they wrote in the elementary schools. The women in the movement who were teachers began to pay a special attention to them. But soon they also discovered the situation of extreme impotence which the mother faced: if she denounced the husband and he went to prison who would support the family? How would the often rural environment in which the family lived react to this? How would the husband react once he returned home? This problematic was very similar to those met by Mayan women. With regard to cases of violence against adult women, we built a lot of mobilization, above all establishing, with our combative presence during the trials against those who perpetrated this violence, that the victim should not be turned into the defendant, by the judges, the lawyers, and men in general. We decided that it was intolerable, a sign of lack of consideration for the woman as a person, that sexual violence should be classified in the penal code as a crime against public morality and decency and not as a crime against the person, and we worked to ensure that case histories and penalties should be better determined. Many bills were proposed but none was passed for twenty years. We had to wait until 1996, when bill n. 66 was passed, before we could see

---

violence against women classified as a crime against the person, rather than against public morality and decency, and penalties made more severe, and case histories catalogued with more precision. Meanwhile, our long term activity and debate led to the emergence of women's associations\(^\text{20}\), that awakened a new awareness and determined a different, more respectful attitude among male and female operators in the sites (hospitals, police stations, courts) a woman who denounced violence had to pass through. Today, the phone book of some communes, Padova included, offers among its public utility numbers, that of the “Woman Anti-violence Service.” Other communes, of rural villages, object to the idea that women should build a center against violence, because they consider it inappropriate that these stories go beyond the domestic walls. As the saying goes, “you wash your dirty linen at home.”

Why this domination, this control by others over the body of the woman, and why is it impossible or at least difficult for her to have the availability of it? Why so much inertia on the side of the institutions, even though, in some places, the movement’s intervention has generated initiatives that in some way confront it?

The answer lies in another poster that pictures the body of the woman cradled and compressed within the walls of a house with the caption: “Domestic work sustains the world but suffocates and limits the woman.” That is, her body must be imprisoned, so that it can expend that unpaid domestic labor that sustains the world and, in this world, men above all. But the answer must be found, first of all, in the representations of the women accused of witchcraft and made to burn on the stakes that proliferated throughout Europe in the XVIth and XVIIth centuries, causing an atrocious death to hundreds of thousands of women, many of whom were midwives and folk healers, guilty only of having knowledge about childbirth, abortion and contraceptive practices\(^\text{21}\). The expropriation of women from their body and its transformation into a machine for the reproduction of labor-power began five centuries ago, at the dawn of capitalism, when labor-power became the most precious commodity, and female sexuality was distorted and forced to function for procreation and reproduction of others.

\(^{20}\) In Padova, the “Centro Veneto Progetti Donna” (TN: Veneto Center Women’s Projects) has conducted this type of activity, beside organizing support for women who had been victims of violence. It has done so by initiative of Lucia Basso, a feminist who had been very active in the Padova Committee for Wages For Housework. Together with other women, Basso had also created the “Gruppo Donne Ospedaliere” (TN: Women Working in Hospitals Group) that played a very important role in the struggles in the hospitals on women’s healthcare.

\(^{21}\) S. Federici and L. Fortunati, op. cit.; Silvia Federici op. cit.
stakes of the witches not only a gynecological knowledge was destroyed that had always been in the hands of midwives in an egalitarian relation with other women, but the model of woman was forged that the family of the developing capitalist society needed: a woman isolated, sexually repressed, subjected to the authority of the husband, maker of children, with no economic autonomy, and without any knowledge and decision-making power with regard to sexuality and procreation. Above all, with that homicidal expropriation, the state claimed for itself, subtracting it from women’s knowledge, the control over reproduction of labor-power, assisted in this by the mediation of the medical profession that was itself under the control of state and church. The model of the woman forged on the stake was still in place in Italy until the time when the movement began to refuse it. As we denounced, already in the 1970s, male domination over the woman’s body is functional to the extraction from it of the maximum of work, above all domestic work, and the satisfaction of the sexual needs of men, who, for their part, do not have to confront themselves with women’s needs (hence the convenience of women’s ignorance concerning sex). Violence intervenes, as a disciplinary instrument in this work relation to the extent that the disciplinary power of the wage is missing. It intervenes when the man’s provision for her “upkeep,” which is what the woman gains in exchange for her work on the basis of the marriage contract, is not enough to guarantee him access to a certain quantity and quality of her work. We must think of course of domestic work in its complex character as work of reproduction, that is a combination of material and immaterial activities, to understand in how many cases this violence can explode, especially at present when women have in part re-appropriated their bodies and desires. It is still significant, however, according to what is reported by members of some Anti-Violence Centers in Italy that, even today, the cause unleashing male violence is often the fact that she refused to do the housework, or did


23 In Europe the first Anti-violence Centers or Houses for Women (who suffered violence) appeared towards the end of the ’70s. In Italy, except for the initiatives organized by the feminist movement of the ’70s, they appeared at the beginning of the ’90s. They are supported by public funds and voluntary work. Today there are more than 80, of which one quarter offers hospitality in a secret apartment also called shelter. The first four Houses For Women who suffered violence were created between 1990 and 1991 in Bologna, Milan, Modena and Rome.
not do it as he wanted it done. That is, the woman “not well disposed” or well trained to do housework (certainly much less disposed or trained than in previous generations) is more exposed to the risk of violence. Let us add that today it is more and more difficult to have a male wage capable of guaranteeing the upkeep of the wife and the children. Instead, it is access to two wages, his and hers, both precarious, that guarantees it. From this it follows that the woman feels certainly even less obliged to do domestic work.

As for the institutional inertia (with regard to violence against women), which is a worldwide reality and in various Italian regions is still very heavy, its motivation is largely determined, as we already verified in the 1970s, by the need to offer men a safety valve with regard to the frustrations they experience in their work and their lives, to offer them someone, the woman, over whom they can have and exercise their power. We must add the male complicity of the personnel of the hospitals, the police stations and the courts, that has always been there and continues to exist, especially in those situations that have less been reached by a work of sensibilization and professional formation. Today, I repeat it, the situation has improved in many of these places, so that we find there more competence and sensibility, also thanks to the higher presence of women, who in the past were either completely absent or present in irrelevant numbers. But this work of sensibilization and formation has had positive effects also for the male personnel.

The fact remains that, while initiatives have widened providing women victims of violence some reference point where to gain a first aid, and while there has been some work of sensibilization and formation for the personnel, the cases of violence against women have multiplied. And the violence has become even more sadistically cruel, with deadly tortures, often carried out by a gang, as a group violence. As for the violence within the couple, a recent TV report\(^\text{24}\) stated that from 2000 to 2002, in our country, 405 of these cases have resulted in the murder of the woman. And a very high number of women who suffer violence do not report it; however, the number of those who do is growing.

In a social context in which neo-liberal policy reduces human life and the physical and social body that contains it to a commodity, women’s sexuality remains a commodity that emerging from a past in which it was not recognized as a woman’s personal right, can be robbed with impunity. After all, the woman’s body, according to the viewpoint of still too many

\(^{24}\) Channel 5, September 29, 2006, 13.30 pm.
men, is not her own, it belongs to the man who will take it. The women’s movements, then, have to set up defense networks, but in the meantime they must confront an increasingly harsher attack.

In recent months, the competition over the woman’s body, the competition concerning who owns it, has seen in Italy two dramatic cases, both concluded with the death of the woman. A young Pakistani immigrant woman, who had decided to lead her life in the same way she saw other Italian women live, working and cohabiting with her partner, was killed by decision of her father, because she had chosen this life, instead of accepting to be given in marriage to a man chosen by her parents. A young Indian woman, who had remained widow, killed herself, instead, laying her body over the train tracks, because she did not want to accept to be given in marriage to her husband’s brother, and because she wanted her two children to be able to continue to live in Italy where they had gone to school and where they had begun their formation and had their first friendships. She left it written that she prayed the town council to take care of them. These are two significant examples of how globalization, through the emigration-immigration flows it generates, also sees women engaged in a planetary process of elaboration and comparison of their rights and their own conditions. It sees the growth of a women’s determination, cost what may, to re-appropriate their own body, no longer as a machine of production commanded by others, but as their body that desires and decides. What the movements that developed a quarter of a century ago, in the advanced countries, have won as far as women having the availability of their own body, represents a point of comparison and strength also for other women who today must confront this difficult battle. The most fundamental right, to have the availability of our own body and of the emotions and feelings it generates, the right not to be imprisoned once and for all in marriages with men we have not chosen, to be able to control the number of children we have, to be able to decide not to have children, not to marry, and have nevertheless a respected place in society, to have dignity also in the choice of staying alone, all of this is more and more a non-negotiable objective.

It is true: to have money of one’s own, to be able to have and inherit land, to have access to education and basic services, are all very important instruments in the construction of women’s autonomy. Nevertheless, the battle for reclaiming one’s body cannot be delayed, nor can be subordinated to other deadlines, and it must prepare its own instruments to succeed. In this sense, I have started from our small pamphlets of the 1970s, and the initiatives that at the time we took in order to begin to discover and liberate our body.
* This paper has been presented at the international Conference on: “The Possible Autonomy”, Universidad Autonoma de la Ciudad de Mexico, 24-25-26 October 2006. It has been translated from Italian into English by Silvia Federici.
Bibliography


