

THE POLITICS OF REPRODUCTION

Faye Ginsburg

Department of Anthropology, New York University, New York, New York 10003

Rayna Rapp

Department of Anthropology, Graduate Faculty, New School for Social Research,
New York, New York 10003

KEY WORDS: reproduction, feminist anthropology, women's life-cycle, politics of
reproduction

INTRODUCTION

"Reproduction" is a slippery concept, connoting parturition, Marxist notions of household sustenance and constitution of a labor force, and ideologies that support the continuity of social systems (90). While we acknowledge the complexity of the term, our working focus is on the specific subject of human reproduction, which encompasses events throughout the human and especially female life-cycle related to ideas and practices surrounding fertility, birth, and childcare, including the ways in which these figure into understandings of social and cultural renewal.¹ Perhaps because it was a "woman's topic," the study of reproduction by anthropologists has never been central to the field. While there is a tradition of scholarship on the subject, up through the 1960s, most of the work was based on cross-cultural surveys, focused on the beliefs, norms, and values surrounding reproductive behaviors, with all the attendant weaknesses of these approaches (74, 99) as several reviewers have pointed out (184, 212, 228).

¹The 1970s proliferation of gender studies provided a matrix from which a revitalized, feminist scholarship on reproduction emerged. Since the early 1980s, activists and scholars concerned with sexuality in all its diversity have produced a rich literature, insisting on the conceptual distinction between sex and reproduction (70, 334, 353a,b). A review of this work is beyond the scope of this essay.

Since the 1970s, the analysis of reproduction has been greatly enriched by the encounter between second-wave feminism and anthropology, in which women's reproductive experiences were analyzed as sources of power as well as subordination. The fallout from this encounter was rich and impressive: Some authors considered whether "women's secrets" might be a power base, or even a site of resistance (36, 292). Others used data from "women's medicine" (like herbal birth control, and prolonged nursing as a method of ovulation suppression) to show the effectiveness in scientific terms of such alternatives to medicalized systems (30, 31, 217, 252, 256, 283). Western medical control of women's bodies, especially during pregnancy, became a focus of both popular and scholarly investigation (7, 26, 91, 261–63, 294). In the tradition of Margaret Mead, some of these findings were popularized in the hopes of reaching a broader, non-academic audience among Americans, attempting to persuade them that human "hard-wiring" suggests that other cultures' practices may be preferable to ours for birth and perinatal care (88, 106, 168, 282). Such work has added to our knowledge of both other societies and our own. For example, the American assumption that motherhood is a biologically stable category has been challenged by historical and cross-cultural analyses that reveal not only its variation, but also how women appropriate definitions of maternity to accomplish individual and collective goals (35, 85, 194, 204). Clearly "reproduction" covers a multitude of meanings.

"Politics," too, connotes many things. Most obviously, anthropologists have claimed as a central insight the many ways that power is both structured and enacted in everyday activities—notably, in relations of kinship, marriage, and in inheritance patterns, rituals, and exchange systems. The local social arrangements within which reproductive relations are embedded may be viewed as inherently political. With the growth of political-economy approaches within anthropology, attention to another level of politics was incorporated into investigations of reproduction. This "global lens" focuses on the intersecting interests of states and other powerful institutions such as multinational and national corporations, international development agencies, Western medicine, and religious groups as they construct the contexts within which local reproductive relations are played out. For example, the effects of introducing Western medical practices worldwide are prominent in recent anthropological work (158, 159). To study "honor and shame" in an Egyptian village, we need also to attend to the Norplant birth control experiments currently taking place at the village clinic supported by multinational pharmaceutical companies and the national government (244). And global flows are multi-directional, as is clear in the circulation of both Third World babies and childcare workers to the First World (55, 320). On a lighter note, K-Mart sells "snuglis" (cloth baby carriers strapped to the body) whose design made

millionaires of ex-Peace Corps volunteers selling “natural” methods of child-care learned in Africa.

Scholars and policymakers alike are increasingly aware of the multiple ways in which seemingly distant power relations shape local reproductive experiences. We cannot look at fosterage and adoption in Romania without placing the Ceaușescu regime’s outlawing of birth control and abortion at the center of our analyses, nor understand the impact of current one-child family policies in contemporary rural China without factoring in the longstanding differential worth of daughters versus sons (280). Whether we examine the diverse effects on local communities of large-scale phenomena such as family-planning programs with implicit or explicit eugenic agendas (1, 44, 322, 338, 357), the impact of new reproductive technologies on kinship and social organization and cultural understandings of parenthood (42, 302, 304, 339, 342), social movements focusing directly on reproductive issues like abortion rights and sterilization abuse (109, 200, 276, 274), or self-help networks formed around pregnancy loss, infertility, and adoption (186, 234), we increasingly understand local reproductive relations to be both constituted by and resistant to more global forms of power.

We thus see the “politics of reproduction” as synthesizing these two perspectives—the local and the global—by examining the multiple levels on which reproductive practices, policies, and politics so often depend. Such a synthesis can reframe the way anthropologists study this subject, and move the investigation of reproduction to the center of anthropological inquiry. Additionally, this review attends to the politics of the reproduction of the ideas, questions, and methods that have shaped the study of human reproduction within anthropology, as well as their application in the world from which anthropological subjects are drawn.

CONCEIVING REPRODUCTION

The framework we are proposing draws on a number of intellectual traditions. One involved a reassessment by anthropologists of Engel’s famous dictum that “The determining factor in history is . . . the production and reproduction of immediate life . . . on the one hand, the production of the means of subsistence, of food, clothing and shelter; . . . on the other, the production of human beings themselves, the propagation of the species” (96:26). This literature was also indebted to the longstanding insights of social anthropologists whose studies of kinship, marriage, parenting, and fosterage recognized reproduction as systematically organized, sensitive to changes in domestic economies, and therefore always an aspect of the distribution of power in any society (114–116). The result was a new scholarship that investigated the mutual determination of what were labeled domains of

productive and reproductive relations. While the terms "production/reproduction" were criticized as potentially an ethnocentric imposition of the cultural categories of capitalist societies onto other circumstances (377), this framework has been most useful when applied in fully capitalized contexts and those in which capitalism is contesting and transforming other kinds of socioeconomic formations. The central insight drawn from this work is considerable: The simultaneous demands of work and childcare deeply constrain women's reproductive decisions, the value placed on children, and the social organization of childcare including its commodification (10, 34, 56, 123, 145, 180, 199, 305, 378).

The limits to this point of view were reached as scholars became increasingly interested in the agency of women negotiating the contradictory forces within which their lives are embedded. To understand this problem, anthropologists used methods of both social history and Foucauldian analysis to explore the dialectic between, on the one hand, discursive strategies of the state, the market, and international medical institutions, and, on the other, resistances to them (209, 340, 352). This inter-disciplinary perspective has shown us how power differences not only repress but also construct identities. For example, the restrictions placed upon women in many cultures have often served as a basis on which to stake claims of women's superior political morality, using maternalist discourses (163, 210). Claims articulated in the language of motherhood have been made on the right as well as the left, for suffragism, and anti-suffragism, in the "march of the pots and pans" against the Allende regime in Chile, in the antimilitarism of Greenham common, and by the mothers and grandmothers of Argentina's Plaza de Mayo. Thus the "politics of reproduction" may open new spaces for the production of politics (77, 97, 109, 139, 150, 175, 307).

POPULATION CONTROL: THE INTERNATIONALIZATION OF STATE AND MARKET INTERESTS

The conflicting demands placed on and sometimes embraced by women are always shaped by powerful actors and institutions with vested interests. The 20th century has witnessed significant transformations in the apparatuses through which reproduction is governed. Throughout history, state power has depended directly and indirectly on defining normative families and controlling populations (79, 101, 102, 161, 220, 266). No discussion of contemporary state power can fail to note the intricate national and international connections among the rise of medical professions and industries, global markets in labor and pharmaceuticals, and ideologies and policies explicitly linking economic development to population control. From a liberal-individualist perspective, many choice-enhancing developments such as the

creation, distribution, and accessibility of relatively reliable, safe, and inexpensive forms of birth control, abortion, and obstetrical care have occurred (117, 221, 272, 349). At the same time, these technologies are accompanied by and enable increasingly effective methods of social surveillance and regulation of reproductive practices (79, 107, 144, 267, 331, 345). The increased scientific knowledge and medical services surrounding reproductive biology hold out promises of enhancing child survival (256, 257, 318), improving women's health (48, 49), and "curing" infertility (17). But such improvements often have their costs. In America, for example, attention to women's reproductive health has also been used to justify judgments on women's behavior during pregnancy, birth, and in the perinatal period (208, 279, 351), and even to exclude them from hazardous work places on the basis of dangers to potential pregnancies, even though such dangers may equally affect men (45, 51, 155).

Feminists around the world have queried the value of the new reproductive technologies (NRTs). Some have argued that the NRTs are the latest and most powerful instance in which male doctors and "pharmacrats" use biotechnology to usurp female reproductivity (6, 57, 302, 304); others point out that infertile women are being used as guinea pigs for drug and technology testing (170, 337) while poor fertile women are being recruited as surrogate mothers (46, 78) and ova sellers to "international reproductive brothels" (58). The dazzling nature of the technology should not blind us to the persistent interests of those entrenched in patriarchal institutions such as the Catholic Church and state legal systems, which shape regulation of and access to NRTs (339). Moreover, the focus on technological "cures" for infertility renews a Western cultural emphasis on the importance of biological parenthood, thus making involuntary childlessness more problematic (103, 147, 222, 225).

While empirical studies on these topics are just beginning to emerge, they indicate the complex ways women who use NRTs both gain and lose control over reproduction (95, 103, 197, 288, 308, 309, 369) and highlight the importance of class, ethnic, and religious differences in access to and choices surrounding technologies such as amniocentesis (286, 288). Thus, prenatal diagnosis of fetuses has raised important ethical debates concerning eugenics, because diagnosis of disability is often the basis for abortion (8, 203, 316). Such studies also reveal the American cultural preoccupation with bodily perfection, the fantasy of children as flawless commodities, and the romance of science as conquering human frailty (68, 147, 285, 304). In India, the overwhelming concern with population control has led to sterilization abuse (274), and the preference for male children has linked the use of amniocentesis to female feticide (151, 152, 232, 270).

But it is important to point out that these concerns about the eugenic control of the individual and social body long precede the development of modern

reproductive technologies. Nineteenth century EuroAmerican Victorian mores at home and imperialism abroad helped to construct and maintain racial and class categories through the control of reproduction (117). For example, in turn-of-the-century England, government reformers despairing over the health condition of recruits sent to the Boer War castigated, reeducated, and gave social supports to working-class mothers to insure that their sons would provide high-quality "cannon fodder." At the same time, reduced birth rates among educated middle-class women were seen as a sign of "selfishness" and the cause of the decline of the race; infants were redescribed as an endangered category requiring both medical care and public health surveillance (65, 375). These same sentiments fueled the crusade to criminalize abortion in the United States (200, 238); ironically, abortion laws were liberalized a century later in part to contain the birth rates of the welfare-dependent, racially marked poor (272). The selective pro-natalist policies of the Nazi regime were driven by similar motives (175).

In colonial settings, the situation has been even more complex. In 19th century Dutch and French colonies, sexual relations between colonizer and colonized put received notions of European superiority to "empirical risk" and reconfigured the boundaries of racial categories. Colonial offices were obsessed with the social status of anomalous offspring born from the unions of European officers and female colonial subjects (340, 341). The legacy of these encounters has endured. In colonial Mexico, sexuality, marriage, and "superstitious" love and fertility rituals were subject to control by the Spanish Inquisition. This surveillance was internalized in "folk Catholic" practices in emergent mestizo communities (13, 14). Such studies show how expanding state, church, and capitalist interests not only enter into the creation of "imagined communities" of nation states (2) but also have an impact on reproductive policies and practices.

SOCIAL MOVEMENTS AND CONTESTED DOMAINS

The kinds of processes noted above—state-making, colonialism, the changing costs and benefits of introduced market economies, and medicalization—are not generated solely from elite centers of power, nor are they left uncontested. Social movements concerned with various aspects of women's health and reproduction have sprung up in many contexts (26). While the ends activists seek are often similar—access to birth control, abortion, ending sterilization abuse, and enhancing the legal rights of mothers—such struggles take place in diverse settings and cannot easily be equated. They are always embedded in cultural, theological, and legal frameworks on which the rights and duties of people are individually or collectively based (113, 241, 349).

For example, the provision of legal abortion is justified differently under diverse conditions: Communist and socialist regimes often invoke collective

goals of population management (121, 290, 316) as well as the emancipation of women (176). Still, the outcomes are unpredictable; women in China may find the one-child family policy appropriate or oppressive, depending on their circumstances (144). In Nicaragua, where a socialist transformation was underwritten by progressive Catholic institutions, the Sandinista commitment to political equality for women floundered on the issue of abortion (239). In Japan, economic and family-planning rationales for abortion are well-accepted, while the rights of women to bodily autonomy are not; in Buddhist and Shinto traditions, a woman who aborts entraps herself in the cycle of birth/rebirth and may participate in ceremonies memorializing the lost fetus (52). Abortion rights in welfare democracies in Europe are linked to broader policies of collective responsibility for the health of women and children (113). By contrast, the American argument that justifies abortion as part of a woman's right to bodily autonomy is better understood as a culturally specific product of a legal system premised on individual rights (349).

Anthropologists have added a nuanced, grounded perspective to this literature by studying not just the larger political or religious systems in which reproductive policies are enacted, but also the struggles, social processes, and constituencies through which they are realized. Recent studies look at local political controversies and use life histories to examine how historically situated activists on both sides of the US abortion debate become engaged in these issues and the cultural discourses they draw on to achieve popular support (108–110, 135, 200). Anthropologists have also begun to analyze self-help movements and personal narratives as ways of coping with reproductive anomalies such as pregnancy loss, infertility and adoption, and hysterectomy (14, 98, 186, 234, 236). They also use their knowledge to illuminate sociocultural processes and sometimes to recommend action in contested terrains such as lesbian and gay family formation and child custody suits (193, 195, 364, 372) as well as AIDS education in various communities in the United States (205, 358) and Africa (18, 22). Researchers on these issues are often writing from engaged positions, studying issues and conflicts as both analysts and actors aware of the political stakes in their interpretations and their modes of presentation (112). Data include discourses drawn from popular culture (273), and experiential qualitative material such as extended life stories, including those of the anthropologist her- or himself. Such work, in which the investigator's analyses look simultaneously at their own and their informants' constructed subjectivities, pushes boundaries of ethnographic inquiry and representation (14, 109, 135, 142, 142a, 157, 284, 288).

MEDICALIZATION AND ITS DISCONTENTS

This reflexive turn builds in part on a long-standing insight shared by alternative health activists (7, 26, 296), many medical anthropologists (37, 211,

214, 311), and sociologists (299) that the provision of Western biomedical services is a double-edged sword. While the benefits are undeniable, the spread of medical hegemony, through the introduction of hospital-based birth technologies, for instance, often displaces or competes with indigenous practices and may disorganize or extinguish local forms of knowledge (158, 267). (Because this phenomenon has been so widely explored by anthropologists, we discuss it in detail below, in the section on birth.) Anthropologists have studied the micro-politics of reproductive medicine, for example, in doctor-patient interactions (64, 187), and the ways African-American and white women of different classes describe their embodiment (206). Working from a more global perspective, anthropologists have studied the sexist discourses of medical description (209), as well as medical and eugenic ideologies that put forward a hegemonic and unified rationality for prenatal genetic testing but muffle the aspirations of women of diverse backgrounds for their pregnancies and children (286, 287).

Sometimes, the interests of medical and local communities coincide. For a short period in Louisiana during the 1960s, a birth control movement determined to serve poor black women remade alliances among teaching hospitals and health activists while neutralizing the Catholic church. Unfortunately, this alliance collapsed as local, national, and international politicians and agencies exploited its success for their own ends, which often meant a focus on top-down population control (356). Such studies reveal the power an anthropological perspective can contribute to understanding the specific subjective consequences, local responses, and human costs of hegemonic medical interventions into women's reproduction. They also demonstrate the particular ways racial, gender, and class categories are imposed upon and construct social and individual bodies.

THE FEMALE LIFE-CYCLE REVISITED: FERTILITY AND ITS CONTROL

These global processes encounter local cultural encodings and practices surrounding fertility. Anthropologists have attempted to comprehend these practices in their own terms. For example, symbolic elaborations of menstruation have long received scholarly attention in anthropology, considered by some to be a central component in human social organization (15, 83, 240). A critical appraisal of both early and current work on menstruation (39) points out that only recently has such research attempted to fully contextualize menstrual rituals into larger cultural systems. For example, among the Oglala Sioux, the Beng (Ivory Coast), and Yurok, menstruating women are considered to have creative spirituality (38, 119, 281). By contrast, in rural Turkey, where Muslim tradition dictates the subordination of women to men, menstruation is

stigmatized (72). More sociological analyses reveal the importance of overarching gender hierarchies and resistances to them in interpreting menstruation. While rural Portuguese women use menstrual taboos to their political and economic advantage (185), menstrual taboos and exclusions among the Navaho function as pronatalist incentives: They subtly point out and punish women who do not become pregnant (374). American women find it difficult to escape the medical discourses of pathology and failed production that surround pre-menstrual syndrome and menstruation (118, 207). And the circumstances surrounding the diagnosis of a new pathology associated with menstruation, Toxic Shock Syndrome, can be analyzed to reveal the social structure of disease: Cultural notions of privacy and female pollution; the massive entry of cycling women into the labor force, where hygiene remains a private, stigmatized issue; and the profitable development of industrial production of menstrual supplies, including high-absorbancy tampons, all intersect in the development of a new malady (265). Recent work also indicates variation, within a single culture, of women's experiences of menstruation based on different reproductive and marital histories (333).

Research attuned to biological variation has opened up important lines of inquiry. Studies demonstrating menstrual synchrony among women living together (218) have prompted speculations on the role this might play in generating female solidarity in small-scale societies (171, 179). More significantly, biocultural work reveals that frequent, regular menstruation patterns common to women in contemporary industrialized societies are anomalous. Historical and cross-cultural evidence suggests that female life-cycles have typically been characterized by late menarches, frequent pregnancies, and prolonged lactation that suppresses menstrual cycles (3, 106, 138). Such research has profound implications for the theory and practice of the politics of reproduction—for example, by calling into question the wisdom of a contraceptive pill that mimics the Western pattern (3), and by reminding us that biomedical research paradigms often miss important data when they regard women's bodies as biological constants.

ADOLESCENCE AND TEEN PREGNANCY

Menstruation, perhaps because of the abiding interest in rituals and taboos associated with it, is rarely discussed by anthropologists in relation to the phenomenon it indexes in most cultures: the beginning of female physiological maturation. Despite the early, famous (and now contested: 105) work of Margaret Mead on adolescent girls in Samoa (223), surprisingly little nuanced research has been conducted, even with the proliferation of feminist fieldworkers. Notable exceptions include recent research on Australian Aboriginal "maidenhood" under changing circumstances of settlement and in-

corporation into the welfare state (40). Young West African women find themselves caught in a squeeze play between the high value placed on early and continuing fertility and pressures to complete secondary education (18).

One explanation for the dearth of such studies may be the preoccupation in Western industrial societies with categorizing teenage sexuality and pregnancy as a "social problem" (182). Cross-cultural comparison makes clear that this "problem" is as much a reflection of our own society's marking off and prolongation of adolescence, reduced value placed on fertility, and lack of cultural and social supports, all of which are differentially mediated by considerations of age, class, race, ethnicity, sexual preference, and marital status (142, 174, 355). In addition, cross-cultural and historical biosocial research notes as anomalous the long gap between menarche and social adulthood (often marked by marriage) that characterizes the female life-cycle in contemporary America: In the United States the median age for the onset of menstruation is 12.8 years while median marriage age is 20.8 years. In many other societies and historical eras, the median age of menarche has been much later, around 17 years, which often more closely coincided with social adulthood (181, 94, 358; cf 373). While little attention has been given to the study of fathers involved in teen pregnancy, the available work again points out the atypicality of the American case, where teen fathers are often both without support structures (92) and under social pressure to take responsibility for their children (344).

Some low-income teenagers actively choose pregnancy and do not experience diminished life trajectories. For some, the choice can be a positive and readily available route to adult status, given the lack of viable education and job opportunities, combined with supportive extended families and community networks (129, 346). Anthropological community studies suggest that African-American patterns of kinship and community offer support for young unwed mothers and their infants (9, 80, 338). But the socioeconomic crises currently threatening many low-income communities with increased unemployment, poverty, and homelessness, as well as AIDS and drug epidemics, have severely disrupted these support networks (24). At a more general level, the discourse on teen pregnancy invites critical examination, as it intersects controversies over birth control, abortion, eugenics, and the surveillance of adolescent sexuality by the state (109, 272, 357, 358).

RE: BIRTH

Brigitte Jordan's empirically based comparative study of birth in its full sociocultural context gave new legitimacy to the grounded study of human reproduction in anthropology (156). As Jordan herself insisted, empirical investigations of local birth practices had precedents. A few early studies

treated the cultural aspects of the perinatal environment (224, 258) and others analyzed the cultural factors in family planning, birth, breast-feeding, and abortion (252, 253, 282, 283). Some cross-cultural surveys were influenced by feminism (269) and aspired to popularize anthropological findings concerning pregnancy and motherhood in nonmedicalized contexts (168, 252, 296). Newer studies have undertaken comparisons of the explicitly cultural nature of Western, medicalized births with non-Western, nonmedicalized birth practices (169, 259, 260). Scholars have noted cross-national variation among medical practices in Western countries. Strikingly different preferences with respect to labor-related anesthesia, home versus hospital births, birthing positions, and use of neonatal intensive care make it clear that "Western medicine" is not a monolithic category (125, 156, 211, 213, 227). For all these reasons, the appearance of Jordan's work presaged a boom in studies of birth practices cross-culturally, studies that turned their gaze home-ward and became increasingly political over the decade of the 1980s (37, 87, 165, 201, 229, 296, 365).

Critical attention has been paid to birth as a true rite of passage for both mother and newborn (68, 283, 325), thus placing birth in its life-cycle and community contexts (41, 120, 264). Even American obstetrical training has been analyzed as ritual initiation (66). A still broader perspective is provided by biocultural and physical anthropologists investigating the evolution of mother-infant bonding: These studies include discussions of whether differences among birth practices have evolutionary significance, including the presence or absence of birth attendants, frequent nursing and late weaning, or multiple versus single caretakers for newborns (173, 174, 348, 350).

Some studies focus directly on the power of beliefs and practices that privilege men within the "women's world" of birth: The powerful meanings men culturally assign to semen, and the assumption that women are responsible for infertility or bad pregnancy outcomes, for example, give absent men a strong presence in women's discussions and consciousness in Egyptian villages (243). Elders often ascribe infertility and pregnancy loss to disorderly social relations, for which the women are held responsible (21, 89, 202, 335). Gisu, Zulu, and Mende birth practices can quickly transform a female-centered experience into a patrilineal interrogation of the laboring woman, who is in a liminal—indeed, potentially life-threatening—position (41, 202). In rural northern India, mothers-in-law carefully survey their daughters-in-law's menstrual cycles and pregnancy regimes, exerting strong pronatalist pressures. On visits to their natal villages, unsupervised by husbands and in-laws, wives have more room and support to practice menstrual regulation and early abortion as methods of family planning (152). The limits of male dominance may also be inscribed in community beliefs and practices. In rural Haiti, for example, the folk illness of bad blood (*move san*) and spoiled milk

is most likely to afflict pregnant and nursing women who are suspected victims of abuse. Once they report or are reported to have *move san*, community surveillance and intervention occur (96).

In their US studies, anthropologists and sociologists often focus on women's individual aspirations and experiences in giving birth (86, 87, 299, 366). Such a framework closely mirrors the American cultural privileging of individual choice. More recently, studies have begun to stress that social as well as individual aspirations and experiences differ. Working-class women have a tendency to want an "easier" birth, middle-class women want to "control" their births, and both may willingly accept medical interventions as strategies enabling them to fulfill those desires (250). For middle-class women, medical models closely mirror larger cultural assumptions about how nature is most appropriately controlled, and technological interventions reinforce their basic world view (67–69). However, it was middle-class women who also initiated radical and sometimes romantic critiques of medicalized birth (296, 304, 324, 363). As American medical institutions responded to the pressures of health advocates influenced by these feminist critiques, new studies were attuned to the dialectical processes through which women are both subjects of and advocates for the medicalization of birth (190, 311). High rates of episiotomy, pitocin-induced labor, and caesarean and forceps delivery are accepted by Americans who share cultural beliefs that birth can and should be controlled by experts and their technology (57, 160, 149, 214, 215, 216). Attitudes toward technological intervention into birth vary, and are not necessarily directly imposed by medical professionals upon pregnant women. A recent study suggests that women's decisions about pain medication during labor are affected not primarily by their childbirth education classes, but by the experiences and stories of close kin and friends (313).

BIRTH ATTENDANTS

The recent revival of interest in midwifery in America and other industrialized societies, particularly among feminists and others exploring alternative health practices, is reflected in current scholarship (84, 104, 172, 190, 293, 299, 300, 324, 363). Much of the research on indigenous birth attendants originates in evaluations of biomedical interventions (255). Midwives may both appropriate and resist the centralizing, professionalizing tendencies of clinically based births in their geographic area (61, 148, 177, 267, 271, 311, 343). Among the processes most thoroughly explored by scholars of Western societies is the removal of birth from home to hospital, a process that usually reduces the power of the local knowledge passed between generations of women. African-American midwifery, for example, was suppressed by white public health interests in the American south (81, 104, 146).

These studies not only delineate the micro-processes by which Western biomedical assumptions are accepted, resisted, or transformed; they also show what is at stake from the local point of view. Even in societies where biomedicine has been sparsely or unevenly disseminated, research often focusses on the negotiated choreography through which indigenous birth attendants accept, transform, or resist medical models. In rural Guatemala, for example, indigenous midwives attend most births, and some have received government-provided medical training. Medical personnel express contempt for indigenous theories of the organs and activities of birth, for hot-cold diet prescriptions and remedies, and for beliefs that emotions and social relations influence pregnancy outcomes. A struggle over the micro-politics of birth practices reveals hegemonic claims and resistances of Ladinos versus Indians, Spanish-speakers versus Quiche-speakers, male medical personnel versus female empirical midwives, and state versus local systems of knowledge (59–61). Among the Bariba of Benin, clinic-based birthing undermines the symbolic power of women, who are traditionally expected to birth in solitude and without complaint. This form of female heroism is not available in a medical setting, nor do birthing women in clinics have the power to control anomalous births through rapid infanticide (310–312). The Canadian government has insisted on removing pregnant Inuit women to hospitals for birth, taking them far from their Arctic homelands and kin-based systems of support and birth attendants. Ironically, this practice was implemented just as midwifery was being revived in urban centers in the “south.” So far, this revival of midwifery has had no impact on Arctic health care delivery (266, 267).

Such studies provide windows on the instability and unevenness of hegemonic processes over time and space; arcane technology, medically supervised births, and the like open up possibilities for control and relative safety during childbirth, but they may also occasion losses— e.g. of local control over normative definitions of birth and maternity, of knowledge of midwifery, and often of social support for new mother and child (158). Additionally, in communities where reproductive knowledge is broadly shared by all adults, local groups may have their own reasons for resisting even traditional midwifery as a specialization when it runs counter to egalitarian ideologies (33).

THE CONSTRUCTION OF INFANCY AND THE POLITICS OF CHILD SURVIVAL

Social support is crucial not only during childbirth but also during the period immediately following delivery. As Mead & Newton pointed out long ago, birth is the beginning of a “transitional period” of infant dependency, which is

more “developed” in societies with prolonged co-sleeping, nursing, and ready response to infant distress, and more “muted” in societies such as the United States where industrial schedules and ideologies of independence dictate early bodily separation between caretaker and child (224). Relatively little ethnographic research has been done on this transitional period, perhaps because of cultural restrictions on who may be present at and directly following birth. Additionally, the Euroamerican view of the infant as a passive recipient of culture rather than as a cognitively competent social actor may help to explain neglect of the early life-cycle (184).

Anthropologists have recently begun to study medicalized pregnancy regimes and perinatal care in the United States, and the cultural bias toward considering problems and their solutions as individually based. In investigating poor birth outcomes, which are generally labeled “social problems” when they involve the poor, anthropologists have noted powerful socioeconomic circumstances that cannot be corrected via individual action. Primary in a complex web of problems is expensive, inadequate, and sometimes patronizing health care that leads to miscommunication, distrust, and irregular use of pre- and perinatal services (24, 154, 187–89, 275, 276). Others have probed the contemporary wisdom of the middle class—embraced by both the medical establishment and resistant self-help groups such as La Leche League—which assumes that phenomena such as post-partum depression, successful nursing, and the transition to “competent motherhood” are mainly shaped by individual action (227, 242). Creative reframings by anthropologists attempt to demystify motherhood, examining it as work, even using models from occupational health and safety literature: Childcare is a 24-hours-a-day hard job, often with few breaks, lack of social support, and hazardous workplaces (297; cf 136).

The changing circumstances of mother work may be implicated in the worldwide decline of breast-feeding, as several studies indicate (127, 153, 282). Some researchers use data from contemporary gatherer-hunters to argue that our species is “hard wired” for frequent, short bouts of nursing (126, 174, 219), even though this pattern is not easily accommodated to the conditions of sedentary, urbanized life. In the West, as physicians began in the late nineteenth century to focus on infant feeding problems, a profitable industry arose to produce prepared infant foods. During the same period, industrialized schedules for infant feeding developed. Women accepted the advice of scientific experts, which often undercut such older practices as feeding-on-demand and wet-nursing (5, 230). The pressures of urbanization—especially, paid employment outside of their homes—have also made nursing on demand a more difficult task throughout the 20th century (242). Recent social movements like the International La Leche League and the women’s health movement have encouraged breast-feeding, a practice now often backed up by

medical discourse, which has swung back toward a positive evaluation of the benefits of human breast milk. Contemporary cross-cultural studies suggest that a similar decline (and partial restoration) of breast-feeding has occurred in many Third World countries (127). Local cultural discourses play a powerful role in the mix of breast and bottle. In urban Mali, for example, breast-feeding remains popular not only because government policy supports it, but also because of indigenous beliefs that a woman who does not nurse is relinquishing kin ties to her infant (73).

In recent years, interests of First and Third World women have been linked in global boycotts of Nestles and other corporations that aggressively marketed infant formula in Third World countries where contaminated water supplies, lack of refrigeration, illiteracy, and fundamental poverty made the use of packaged formulas lethal. A recent study suggests that the controversy is not simply about the efficacy and costs of breast or bottle; it also concerns the importance of using a renewable resource such as breast milk in economically vulnerable, developing nations (352).

The advent of new neonatal intensive care unit (NICU) technologies in industrialized societies has also attracted a spate of studies. Anthropologists have pointed out that while the technology holds the promise of salvation for individual high-risk and premature infants, it diverts collective attention and resources from preventive care for far larger populations of at-risk mothers and children. Studies have analyzed NICUs as cultural environments in which social relations among physicians, nurses, newborns, and parents are played out. Such work challenges the abstract, individualist models of medicine and bioethics, demonstrating that the stressful social situations that bring together preemies, parents, and professionals, cannot be understood apart from their multiple social interests and contexts (4, 125, 191, 192, 254, 256a, 257).

Whether or not they focus on high-tech interventions, anthropological studies of child survival all indicate the impact of social arrangements. For example, sudden infant death syndrome (SIDS) seems to be rare in cultures where parents and infants sleep together but is frequent in societies such as the United States where solitary infant sleeping is valued. Research suggests that the latter practice is a recent development by evolutionary standards, and is not necessarily appropriate to the young infant's developing nervous system (219). But the high rate of SIDS among African-American low-income teen mothers who do sleep with their babies is a reminder that the health of infants is also profoundly shaped by socioeconomic and maternal health factors (198), no matter how the species may be "hard wired."

More dramatic illustrations of the combination of intended and unintended ways in which cultural practices strongly influence child survival are provided by a number of recent anthropological studies (318). For example, among the Kipsigis the amount of time culturally sanctioned for the extreme dependency

of infancy is being radically shortened by changes in breast and bottle feeding, a trend away from post-partum sexual abstinence, a decrease in polygyny, and the effects of the uneven spread of Western medicine, education and Christianity (137). Under drought conditions, Masai pastoralists respond differentially to placid and demanding infants; the latter receive the breast more frequently and thus have a better survival rate (75). In the dire poverty of shanty towns in northeastern Brazil, mothers resist becoming attached to physically fragile infants who seem less likely to survive than their more robust siblings, and the latter receive more nurture (319). In northern India, where sons are favored for cultural and economic reasons, female offspring are at great risk at every stage of the life-cycle: As fetuses they may be aborted, as children they may be neglected and abused, and as young brides they may be "accident-prone" (167, 231–233, 270).

Studies of child survival in stressful circumstances may be placed on a continuum with work on infanticide. Anthropologists have examined infanticide as a post-gestational form of reproductive control, as a mechanism of gender determination and birth spacing, and as an "investment strategy" for privileging some offspring over others (74, 76, 140, 174, 323). Some researchers analyze infant caretaking in terms of adaptation and evolution, acknowledging the complex interactions among cultural and physiological circumstances. For example, among the recently sedentarized !Kung gatherer-hunters, desired long intervals between births are achieved in part through prolonged nursing, as well as through occasional reduced nutrition and vigorous physical exercise, all of which suppress menstruation (106, 146a, 174, 371).

RETHINKING THE DEMOGRAPHIC TRANSITION

Issues of child survival are central to debates about the "demographic transition" which assumed that traditional patterns of high child mortality and high replacement fertility would decline in response to "modernization" (including public health measures and Western biomedicine). Anthropological work has challenged such unilinear models, insisting on the specific rationalities of diverse cultures throughout human history (26, 50, 122, 130, 131). Additionally, reproductive decision-making cannot be understood apart from socioeconomic phenomena such as ecology, food sources, migration, warfare, and famine which influence the development of cultural patterns of childbearing (132).

Western development rhetoric often assumes that societies lacking contraceptive technology cannot consciously control reproduction. Ethnographic studies demonstrate that individuals and communities consciously develop practices to achieve desired fertility, whether low or high. On the one hand,

nomadic and foraging peoples often control fertility consciously, if indirectly, through late marriage, through ritual control of heterosexuality, and through beliefs and practices surrounding contraception, abortion, infanticide, acceptable pregnancies, and child spacing (277, 278). On the other hand, the desire for large numbers of children among agriculturalists and the urban poor is a considered response to high infant and juvenile mortality, the value of child labor, and the importance of grown children as the only "social security" aging parents have in many circumstances (248, 249). Anthropological research also makes clear that within societies, gender, generational, and community interests may be divided with respect to reproductive decision-making (32, 330), especially when children provide primary access to resources for their mothers (133).

It is only among certain class sectors in fully capitalized societies that children become "priceless" (378). Additionally, economies dependent on a highly educated work force and the entrance of women into capitalized wage labor may diminish the value placed on having large numbers of children, depending on the support systems available. These include extended kin networks and the provision of services by the state for all dependents, young and old (132, 162). Some of the most interesting recent anthropological work draws on social and oral histories as well as popular culture to elucidate such specific local responses to broader developments such as the uneven spread of "coitus interruptus" across different classes in Sicily during the early 20th century (321, 322); the endurance of high fertility even during the Great Irish Famine as a response to the colonization of Ireland in the 19th century (298); and negotiation of, or resistance to, China's one-child family policy via popular culture and practice (1). Clearly, global factors that appear distant from "family planning" must be taken into account, such as changes in world agribusiness, land and labor taxes, international warfare, Euroamerican experiments with medical technologies in Third World countries, and the development of consumer demand for Western products (122, 133, 134, 248, 249). As a dramatic recent example, the Iranian government has exported war widows to Syria, expediently using the (Sunni) Islamic law of temporary marriage. The fate of offspring produced by such unions rests on their gender; boys are repatriated by the Iranian state, girls are left in Syria (128). Thus population policies and responses to them are enmeshed in the transformations and transfers of interests between local communities and larger, often national, politics (359).

NETWORKS OF NURTURANCE

Despite the recognition that broader contexts have an impact on reproductive decision-making and child nurture, relatively little anthropological research

has appeared on fathering (184). While scholars have long been interested in ritual or informal *couvade* (29, 246, 295), in the proprietary rights and obligations of fatherhood embedded in different kin systems, and in the role of men in initiating young boys into manhood, little attention has been paid to cultural attitudes toward men's fertility and nurturance, or to the social practices and consequences of male caregiving to infants and children. One exception is a recent study of paternal-infant care that systematically demonstrates the intimate, affectionate, and constant nature of father-infant relations among Aka pygmies (143).

This dearth of research is in part an artifact of intersecting Western assumptions. These include Judeo-Christian procreation beliefs (71), a deeply embedded belief in women as uniquely natural nurturers (47), and the longstanding anthropological view of the mother-child dyad as the essential irreducible unit of kinship (100, 376). Such expectations blind us to cultural models of paternity, reproduction, and nurturance different from our own (245, 360). These biases of past research undermine our confidence in generalizations about the universality of absent fathers, based on cross-cultural surveys using data collected in gender-blind or gender-biased ways (164). And, as was pointed out in early feminist critiques regarding the "invisibility" of women in certain domains (90), neither men nor women are "naturally" absent; their segregation is socially constructed and continually renegotiated. Thus "absent fathers" comprise an important subject of inquiry. A recent cross-cultural survey, for example, suggests that physical absence of fathers during childbirth—a widespread practice—should not be mistaken for a lack of male involvement in the social relations of pregnancy, birth, and early infancy (141).

Ethnographic studies in New Guinea and Australia, in contrast to those in the West, provide notable cases in which nurturance and reproduction are broadly defined and a high value is placed on the roles of both men and women in "growing up" the next generation (247, 360, 361). Such work has focused on male fertility as a principle (367), paternal nurture as essential to the continuity of kin groups (11), and reproduction as a cosmological principle (362).

Anthropological studies have given more attention to nurturance of children by nonbiological parents than to fathering. Fosterage, for example, greatly extends the networks of caretakers and spreads out the costs of childrearing among West Africans and Caribbean peoples (19, 50, 336). Such patterns are pragmatic in strategically binding rural kin with their more resource-rich urban relatives; in such systems, children retain the social identity given by their birth parents, regardless of who raises them. Thus, when West African migrants transport these patterns to England, the cultural differences in definitions of parenthood also become clear. English foster parents have

brought court cases based on the assumption that their nurturance of West African foster children legitimates adoption, a claim foreign to the West African practice of fosterage (114).

Adoption, too, is well-known as a post-natal form of redistributing the benefits and burdens of children through which the interests and claims of biological parents may be maintained in non-Western societies (43, 124, 326–28). Historically, Europeans and Americans also circulated children through wet-nursing, fosterage, apprenticeships, and adoption. In the contemporary United States, the stress on the importance of biological ties of parenthood, along with new hopes for “curing” infertility, has stigmatized adoption for both the giving and the receiving parents (237). A social movement for open adoption and social recognition of birth parents has recently made this a contested domain (234, 236).

The Western propensity to conflate biological and social parenthood has isolated motherhood as both a social practice and a kinship category, masking the need for (and limiting the analysis of) the multiple non-kin caretakers—nannies, au pairs, and domestic laborers—who extend the basis of childcare in capitalist economies (82). Studies of caregivers and their employers reveal how gender contradictions that originate in the domestic division of labor between mothers and fathers are exported across the fault lines of class, race, and nationality. When Caribbean childcare workers are employed by middle-class North Americans, for example, the micro-politics of how children are raised, gender is inculcated, and respect and disrespect for individuals and groups are taught and learned are all at issue (53–55). Even when childcare workers and employers come from similar class and cultural backgrounds, tensions may run high (251, 308). Anthropologists would do well to adopt reflexive stances concerning childcare as a commodity: The preoccupation in anthropology with theories of kinship and the search for the universal nuclear family may reflect a nostalgia among early anthropologists, many of whom were raised by nannies, for an absent family form (23). Wisdom drawn from such hindsight should sensitize us to the ways contemporary dilemmas might also distort the questions anthropologists are prepared to ask, and may account for the relative lack of attention to fatherhood, fosterage, adoption, and childcare workers among scholars of the current generation.

MEANINGS OF MENOPAUSE

In many of the societies that anthropologists traditionally study, caretakers often include grandmothers and other middle-aged or older women. We are only beginning to see studies that consider such women in relation to the “politics of reproduction” late in the female life-cycle. Anthropologists have long noted that the onset of menopause may bring freedom, enhanced sexual

pleasure, and status to women in many cultures, particularly where fertility is high and access to reliable birth control is limited for much of a woman's adult life (16, 27, 28). Cross-cultural studies indicate that in some cases, menopause is unmarked either biologically or socially (16, 178, 329, 333). Such empirical work supports the arguments of feminists that the ambivalent experience of menopause by women in industrial societies—popularly attributed to biological atrophy in the USA, and to selfishness in Japan (196, 206)—is a product of the way such cultures label the event and construe women's lives (16).

Biological processes are always mediated not only through cultural understandings and socioeconomic conditions, but also through widely varying fertility experiences: In societies where high fertility and prolonged lactation are the norm, menstrual cycling may be relatively uncommon and its loss relatively unremarkable to the physical and social body (3, 39, 183). Menopause can never be understood apart from other social circumstances—marriage status, fertility history, access to property—through which women's power and experiences are constructed (20, 332). Our own culture's conflation of biological reproduction with mothering, and the loss of biological fertility with a reduction in status, is challenged by the fact that in many other societies post-menopausal women may adopt and foster children (62) and have new authority over kin, especially daughters and daughters-in-law (166, 291, 354). Such research reminds us that no aspect of women's reproduction is a universal or unified experience, nor can such phenomena be understood apart from the larger social context that frames them.

CONCLUSION

In this essay, we have noted the conditions in our home societies and generational experiences that influence the questions about reproduction that we pose as anthropologists. Reflexivity has informed our argument as well as some of the research we have reviewed, demonstrating how intellectual traditions are challenged and reformulated in light of the social conditions within which they develop. For example, the medicalization of reproduction emerged as a central issue for many anthropologists due to at least two historical circumstances. One was the focus of feminist scholars and activists on women's reproductive constraints and possibilities as sources of both oppression and power. The other was the profound impact on "traditional societies" of the uneven global spread of Western medicine. This new scholarship has given us richly contextualized studies of birth, midwifery, infertility, and reproductive technologies. Scholars have also analyzed the discourses that construct different parts of the female life-cycle as medical problems, rather than as ordinary aspects of social life. Such reflexive energy

could usefully be turned toward other problems not yet sufficiently visible on the intellectual agenda of anthropologists, such as the internationalization of adoption and childcare workers; the impact of the "crisis of infertility" on low-income and minority women who are not candidates for high-tech, expensive NRTs, and whose lack of children is not considered tragic by powerholders; the concerns of women from communities at high risk for HIV whose cultural status and self-definition depends in large measure on their fertility; questions of reproduction concerning lesbians and gay men, from access to artificial insemination to homophobia surrounding nurturance of children; as well as the study of menopause and fatherhood, two issues that have become salient in the life-cycles of the "new women" and "new men" who sometimes inhabit academic institutions. Anthropologists have important, empirically grounded contributions to make on these and other issues.

One important focus of new research is the careful study of discursive practices, particularly the study of the impact of Western biomedical discourses at home and abroad (205). The powerful tools of discourse analysis can be used to analyze "reproduction" as an aspect of other contests for hegemonic control, such as state eugenic policies, conflicts over Western neocolonial influences in which women's status as childbearers represents nationalist interests (268), or fundamentalist attacks on abortion rights as part of a campaign to evangelize the American state (112). Recent writings on the AIDS crisis by scholars/activists make clear the political importance of serious discourse analyses (63, 347, 370). In a world in which contests over gender relations, population control, eugenics, and opposition to Western imperialism are often seriously interconnected and muddled, the "politics of reproduction" cannot and should not be extracted from the examination of politics in general.

This essay has aimed to establish a multilayered, synthetic perspective that places the study of reproduction at the center of contemporary anthropological theory. Throughout, we have recommended that attention be paid simultaneously to mutually constitutive reproductive practices and resistances as they connect at both the local and global levels. We have also suggested that a focus on the intersection of gender politics and other aspects of social hierarchies is an essential ingredient for studying the "politics of reproduction." To review and renew scholarship on this subject, we have called on multiple methodologies and subspecialties, and we have reached out to neighboring fields like social history, human biology, and demography. We have also taken the intentions, discourses, and texts of social movements as one kind of evidence for the importance of human agency in the continuous remaking of reproductive aspirations, practices, and policies. Our perspective examines both discursive practices and biological constraints as they are shaped by political-economic history. We hope that such a framework will

help to set an agenda for integrative research and critical policy evaluation in the rich local, regional, national, and international arenas within which anthropologists work.

ACKNOWLEDGMENTS

Yvonne Groseil, Marlene Hidalgo, Meg McLagan, Ruth Schou-Leopold, and Sherrill Wilson have served as research assistants at various stages in the preparation of this essay. We thank them, and the many friends and colleagues who discussed this issue, and provided leads and references. Many colleagues shared their own scholarship with us; because of space limitations, we were unable to cite non-English-language sources, or unpublished manuscripts and dissertations, despite much excellent work-in-progress we were sent. We are deeply grateful to Fred Myers for generous personal and intellectual support, and to Mira Rapp-Hooper and Samantha Ginsburg-Myers for reminding us of our personal stakes in the politics of reproduction.

Literature Cited

1. Anagnost, A. 1988. Family violence and magical violence: the woman as victim in China's one-child birth policy. *Women and Lang.* 9(2):16-20
2. Anderson, B. 1983. *Imagined Communities: Reflections on the Origins and Spread of Nationalism*. London: Verso
3. Anderson, P. 1983. The reproductive role of the human breast. *Curr. Anthropol.* 24(1):24-45
4. Anspach, R. 1989. Life and death decisions and the sociology of knowledge: the case of neonatal intensive care. See Ref. 365, pp. 53-69
5. Apple, R. D. 1987. *Mothers & Medicine: A Social History of Infant Feeding, 1890-1950*. Madison: Univ. Wisconsin
6. Ardititi, R., Duelli-Klein, R., Minden, S., eds. 1984. *Test-Tube Women*. London: Routledge & Kegan Paul
7. Arms, S. 1975. *Immaculate Deception*. Boston: Houghton Mifflin
8. Asch, A., Fine, M. 1984. Shared dreams: a left perspective on disability rights and reproductive rights. *Radic. Am.* 18(4):51-58
9. Aschenbrenner, J. 1975. *Lifelines: Black Families in Chicago*. NY: Holt Rinehart & Winston
10. Baab, F. 1986. Producers and reproducers: Andean marketwomen in the economy. In *Women and Change in Latin America*, ed. J. Nash, H. Safa, pp. 53-64. South Hadley: Bergin & Garvey
11. Battaglia, D. 1985. "We feed our father": paternal nurture among the Sabarl of Papua New Guinea. *Am. Ethnol.* 12(3):427-41
12. Behar, R. 1987. Sex and sin, witchcraft and the devil in late-colonial Mexico. *Am. Ethnol.* 14(1):34-54
13. Behar, R. 1990. Rage and redemption: reading the life story of a Mexican marketing woman. *Fem. Stud.* 16(2): 223-58
14. Behar, R. 1990. The body in the woman, the story in the woman. *Mich. Q. Rev.* (Spec. Issue) Fall:695-738
15. Bettelheim, B. 1954. *Symbolic Wounds: Puberty Rites and the Envious Male*. NY: Free Press
16. Beyene, Y. 1989. *From Menarche to Menopause: Reproductive Lives of Peasant Women in Two Cultures*. Albany, NY: SUNY Press
17. Birke, L., Himmelweit, S., Vines, G. 1990. *Tomorrow's Child: Reproductive Technologies in the 90s*. London: Virago
18. Bledsoe, C. 1990. The politics of AIDS, condoms, and heterosexual relations in Africa. Recent evidence from the local print media. See Ref. 134, pp. 197-224
19. Bledsoe, C. 1990. The politics of children: fosterage and the social management of fertility among the Mende of Sierra Leone. See Ref. 134, pp. 81-100
20. Boddy, J. 1985. Bucking the agnatic system: status and strategies in rural northern Sudan. See Ref. 28, pp. 101-16
21. Boddy, J. 1988. Spirits and selves in Northern Sudan: the cultural therapeu-

- tics of possession and trance. *Am. Ethnol.* 15(1):4-27
22. Bond, G. C., Vincent, J. 1991. Living on the edge: structural adjustment in the context of AIDS. In *Uganda: Structural Adjustment and Change*, ed. H.-B. Hansen, M. Twaddle. London: John Curry
 23. Boon, J. 1974. Anthropology and nannies. *Man* 9:137-40
 24. Boone, M. 1988. Social support for pregnancy and childbearing among disadvantaged blacks in an American inner city. See Ref. 229, pp. 66-79
 25. Borgheroff-Mulder, M. 1987. On cultural and reproductive success: Kipsigis evidence. *Am. Anthropol.* 89(3):617-34
 26. Boston Women's Health Collective. 1978. *Our Bodies, Our Selves*. NY: Simon and Schuster
 27. Brown, J. K. 1982. Cross-cultural perspectives on middle-aged women. *Curr. Anthropol.* 23:143-56
 28. Brown, J. K., Kcrns, V., eds. 1985. *In Her Prime: A New View of Middle-Aged Women*. S. Hadley, MA: Bergin & Garvey
 29. Browner, C. H. 1983. Male pregnancy symptoms in urban Colombia. *Am. Ethnol.* 10(3):494-510
 30. Browner, C. H. 1985. Plants used for reproductive health in Oaxaca, Mexico. *Econ. Bot.* 39(4):482-504
 31. Browner, C. H. 1985. Traditional techniques for diagnosis, treatment, and control of pregnancy in Cali, Colombia. See Ref. 256, pp. 99-124
 32. Browner, C. H. 1986. The politics of reproduction in a Mexican village. *Signs*. 11:710-24
 33. Browner, C. H. 1989. The management of reproduction in an egalitarian society. In *Women as Healers: Cross Cultural Perspectives*, ed. C. S. McClain, pp. 58-71. New Brunswick: Rutgers Univ. Press
 34. Browner, C. H. 1989. Women, household and health in Latin America. *Soc. Sci. Med.* 28(5):461-73
 35. Browner, C. H., Lewin, E. 1982. Female altruism reconsidered: the virgin Mary as economic woman. *Am. Ethnol.* 9(1):61-75
 36. Browner, C. H., Perdue, S. T. 1988. Women's secrets: bases for reproductive and social autonomy in a Mexican community. *Am. Ethnol.* 15(1):84-97
 37. Browner, C., Sargent, C. 1990. Anthropology and human reproduction. In *Medical Anthropology: A Handbook of Theory and Research*, ed. T. Johnson, C. Sargent, pp. 215-29. Westport, CT: Greenwood Press
 38. Buckley, T. 1988. Menstruation and the power of Yurok Women. See Ref. 39, pp. 187-210
 39. Buckley, T., Gottlieb, A. 1988. A critical appraisal of theories of menstrual symbolism. In *Blood Magic: The Anthropology of Menstruation*, ed. T. Buckley, A. Gottlieb, pp. 1-53. Berkeley: Univ. Calif. Press
 40. Burbank, V. 1988. *Aboriginal Adolescence: Maidenhood in an Australian Community*. New Brunswick: Rutgers Univ. Press
 41. Callaway, H. 1978. "The most essentially female function of all": giving birth. In *Defining Females*, ed. S. Ardener, pp. 163-85. NY: John Wiley
 42. Cannell, F. 1990. Concepts of parenthood: the Warnock report, the Gillick debate, and modern myths. *Am. Ethnol.* 17(4):667-88
 43. Carroll, V. 1970. *Adoption in Eastern Oceania*. Honolulu: Univ. Hawaii Press
 44. Chan, C. K., Chee, H. L. 1984. Singapore 1984: breeding for Big Brother. In *Designer Genes*, ed. C. K. Chan, H. L. Chee, pp. 4-13. Selangor, Malaysia: Inst. Soc. Anal.
 45. Chavkin, W., ed. 1984. *Double Exposure: Women's Health Hazards on the Job and at Home*. NY: Monthly Review Press
 46. Charo, R. A. 1987. Problems in commercialized surrogate mothering. *Women & Health* 13(1/2):195-201
 47. Chodorow, N. 1978. *The Reproduction of Mothering*. Berkeley: Univ. Calif. Press
 48. Clarke, A. E. 1990. Controversy and the development of reproductive sciences. *Soc. Prob.* 37(1):18-37
 49. Clarke, A. E. 1991. Women's health: life-cycle issues. In *Women, Health and Medicine in America*, ed. R. Apple. In press
 50. Clarke, E. 1957. *My Mother Who Fathered Me*. London: Allen & Unwin
 - 50a. Cleveland, D. 1986. The political economy of fertility regulation: the Kusasi of Savanna West Africa (Ghana). See Ref. 132, pp. 263-93
 51. Cohen, S., Taub, N., eds. 1989. *Reproductive Laws for the 1990s*. Clifton, NJ: Humana
 52. Coleman, S. 1983. *Family Planning in Japanese Society*. Princeton: Princeton Univ. Press
 53. Colen, S. 1985. Just a little respect: West Indian domestic workers in New York City. In *Muchachas No More: Household Workers in Latin America and the Caribbean*, ed. E. Chaney, M. C. Garcia, pp. 171-94. Philadelphia: Temple Univ. Press
 54. Colen, S. 1986. With respect and feel-

- ings: voices of West Indian child care and domestic workers in New York City. In *All American Women: Lines That Divide, Ties That Bind*, ed. by J. B. Colc, pp. 46-70. NY: Free Press
55. Colen, S. 1990. Housekeeping for the green card: West Indian household workers, the state, and stratified reproduction in New York. In *At Work in Homes: Household Workers in World Perspective*, ed. R. Sanjek, S. Colen, pp. 89-118. Washington DC: Am. Anthropol. Assoc.
 56. Collier, J. 1986. From Mary to modern woman: the material basis of Marianism and its transformation in a Spanish village. *Am. Ethnol.* 13(1):100-7
 57. Corea, G. 1985. *The Mother Machine: Reproductive Technologies from Artificial Inseminations to Artificial Wombs*. NY: Harper and Row
 58. Corea, G. 1987. The reproductive brothel. In *Man-Made Women: How New Reproductive Technologies Affect Women*, ed. G. Corea, R. D. Klein, J. Hammer, H. B. Holmes, B. Hoskins, M. Kishwar, J. Raymond, R. Rowland, R. Steinbacher, pp. 38-51. Bloomington: Indiana Univ. Press
 59. Cosminsky, S. 1977. Childbirth and midwifery on a Guatemalan finca. *Med. Anthropol.* 6(3):69-104
 60. Cosminsky, S. 1982. Childbirth and change: a Guatemalan study. See Ref. 201, pp. 205-30
 61. Cosminsky, S. 1982. Knowledge and body concepts of Guatemalan midwives. See Ref. 165, pp. 233-52
 62. Counts, D. A. 1985. Tamparanga: "The big women" of Kaliai. See Ref. 28, pp. 49-64
 63. Crimp, D., ed. 1988. *AIDS: Cultural Analysis/Cultural Activism*. Cambridge: MIT Press
 64. Danziger, S. 1986. Male doctor, female patient. See Ref. 87, pp. 41-87
 65. Davin, A. 1978. Imperialism and motherhood. *Hist. Workshop J.* 5:9-65
 66. Davis-Floyd, R. E. 1987. Obstetric training as a rite of passage. *Med. Anthropol. Q.* 1(3):288-318
 67. Davis-Floyd, R. E. 1987. The technological model of birth. *J. Am. Folklore* 100(398):479-95
 68. Davis-Floyd, R. 1988. Birth as an American rite of passage. See Ref. 229, pp. 153-72
 69. Davis-Floyd, R. E. 1992. *Birth as an American Rite of Passage*. Berkeley: Univ. Calif. Press
 70. D'Emilio, J., Freedman, E. 1988. *Intimate Matters: A History of Sexuality in America*. NY: Harper & Row
 71. Delaney, C. 1986. The meaning of paternity and the virgin birth debate. *Man* 21:494-513
 72. Delaney, C. 1988. Mortal flow: menstruation in Turkish village society. See Ref. 39, pp. 75-93
 73. Dettwyler, K. 1988. More than nutrition: breastfeeding in urban Mali. *Med. Anthropol. Q.* 2(2):172-83
 74. Devereux, G. 1955. *A Study of Abortion in Primitive Societies*. NY: The Sulian Press
 75. deVries, M. W. 1987. Cry babies, culture, and catastrophe: infant temperament among the Masai. In *Child Survival: Anthropological Perspectives on the Treatment and Maltreatment of Children*, ed. N. Scheper-Hughes, pp. 165-86. Dordrecht: Reidel
 76. Dickemann, M. 1979. Female infanticide, reproductive strategies, and social stratification. In *Evolutionary Biology and Human Social Behavior*, ed. N. Chagnon, W. Irons, pp. 321-67. N. Scituate, MA: Duxbury Press
 77. di Leonardo, M. 1985. Morals, mothers, militarism: antimilitarism and feminist theory. *Fem. Stud.* 11(3):599-618
 78. Doane, J., Hodges, D. 1988. Risky business: familial ideology and the case of Baby M. *Differences* 1(1):67-82
 79. Donzelot, J. 1979. *The Policing of Families*. NY: Pantheon
 80. Dougherty, M. 1978. *Becoming A Woman in Rural Black Culture*. NY: Holt Rinehart and Winston
 81. Dougherty, M. 1982. Southern midwifery and organized health care: systems in conflict. *Med. Anthropol.* 6(2):113-16
 82. Drummond, L. 1978. The transatlantic nanny: notes on a comparative semiotics of the family. *Am. Ethnol.* 6(1):30-43
 83. Durkheim, E. 1915. *The Elementary Forms of the Religious Life*, transl. J. W. Swain. London: George Allen & Unwin
 84. Dye, N. S. 1986. The medicalization of birth. See Ref. 87, pp. 21-46
 85. Dye, N. S., Smith, D. B. 1986. Mother love and infant death. *J. Am. Hist.* 73(2):329-53
 86. Eakins, P. S. 1986. The American way of birth. See Ref. 87, pp. 3-20
 87. Eakins, P. S., ed. 1986. *The American Way of Birth*. Philadelphia: Temple Univ. Press
 88. Eaton, S. B., Shostak, M., Konner, M. 1988. *The Paleolithic Prescription*. NY: Harper and Row
 89. Ebin, V. 1982. Interpretations of Infertility: the Aowin People of Southwest Ghana. See Ref. 201, pp. 141-59
 90. Edholm, F., Harris, O., Young, K.

1977. Conceptualising women. *Crit. Anthropol.* 9-10:101-30
91. Ehrenreich, B., English, D. 1978. *For Her Own Good: 150 Years of Experts' Advice to Women*. Garden City, NY: Doubleday
 92. Elster, A., Lamb, M. 1986. Adolescent fathers: the under studied side of adolescent pregnancy. See Ref. 181, pp. 177-90
 93. Engels, F. 1972. *Origin of the Family, Private Property, and the State*. NY: International
 94. Eveleth, P. 1986. Timing of menarche: secular trend and population differences. See Ref. 181, pp. 39-52
 95. Farrant, W. 1985. Who's for amniocentesis? In *The Sexual Politics of Reproduction*, ed. H. Homans, pp. 96-122. London: Gower
 96. Farner, P. 1988. Bad blood, spoiled milk: bodily fluids as moral barometers in rural Haiti. *Am. Ethnol.* 15(1):62-83
 97. Fisher, J. 1989. *Mothers of the Disappeared*. Boston: South End Press
 98. Fisher, S. 1986. *In the Patient's Best Interest: Women and the Politics of Medical Decisions*. New Brunswick, NJ: Rutgers Univ. Press
 99. Ford, C. S. 1964. *A Comparative Study of Human Reproduction*. New Haven, CT: HRAF
 100. Fortes, M. 1958. Introduction. In *The Developmental Cycle in Domestic Groups*, ed. J. Goody, pp. 1-14. NY: Cambridge Univ. Press
 101. Foucault, M. 1977. *Discipline and Punish: Birth of the Prison*, transl. A. Sheridan. NY: Pantheon
 102. Foucault, M. 1978. *History of Sexuality*, Vol. 1, transl. R. Hurley. NY: Pantheon
 103. Franklin, S. 1990. Deconstructing "desperateness": the social construction of infertility in popular representations of new reproductive technologies. In *The New Reproductive Technologies*, ed. M. McNeil, I. Varcoe, S. Yearley, pp. 200-29. NY: St. Martin's Press
 104. Fraser, G. 1992. *Afro-American Midwives, Biomedicine, and the State*. Cambridge, MA: Harvard Univ. Press
 105. Freeman, D. 1983. *Margaret Mead and Samoa: The Making and Unmaking of An Anthropological Myth*. Cambridge: Harvard Univ. Press
 106. Frisch, R. 1980. Fatness, puberty, and fertility. *Natl. Hist.* 89:16-21
 107. Gerson, D. 1989. Infertility and the construction of desperation. *Social. Rev.* 89(3):45-66
 108. Ginsburg, F. 1987. Procreation stories: reproduction, nurturance, and procreation in life narratives of abortion activists. *Am. Ethnol.* 14(4):623-36
 109. Ginsburg, F. 1989. *Contested Lives: The Abortion Debate in An American Community*. Berkeley: Univ. Calif. Press
 110. Ginsburg, F. 1991. The "word-made" flesh: the disembodiment of gender in the abortion debate. See Ref. 112, pp. 59-75
 111. Ginsburg, F. 1992. Saving America's souls: Operation Rescue and the anti-abortion movement. In *The Fundamentalist Impact*, ed. S. Appleby, M. Marty. Chicago: Univ. Chic. Press. In press
 112. Ginsburg, F., Tsing, A., eds. 1991. *Uncertain Terms: Negotiating Gender in American Culture*. Boston: Beacon Press
 113. Glendon, M. 1987. *Abortion and Divorce in Western Law: American Failures, European Challenges*. Cambridge: Harvard Univ. Press
 114. Goody, E. 1982. *Parenthood and Social Reproduction*. Cambridge: Cambridge Univ. Press
 115. Goody, J. R. 1976. *Production and Reproduction*. Cambridge: Cambridge Univ. Press
 116. Goody, J. R. 1973. *Bridewealth and Dowry*. Cambridge: Cambridge Univ. Press
 117. Gordon, L. 1976. *Woman's Body, Woman's Right*. NY: Penguin
 118. Gottlieb, A. 1988. American premenstrual syndrome: a mute voice. *Anthropol. Today* 4(6):10-13
 119. Gottlieb, A. 1988. Menstrual cosmology among the Beng of Ivory Coast. See Ref. 39, pp. 55-74
 120. Gray, B. 1982. Enga birth, maturation and survival. See Ref. 201, pp. 75-113
 121. Greenhalgh, S. 1989. Fertility trends in China: approaching the 1990s. *Popul. Counc. Work. Pap.* 8:1-24
 122. Greenhalgh, S. 1990. Toward a political economy of fertility: anthropological contributions. *Popul. Dev. Rev.* 16(1): 85-106
 123. Griffith, D. 1985. Women, remittances, and reproduction. *Am. Ethnol.* 12(4): 676-90
 124. Guemple, L. 1979. *Inuit Adoption*. Can. Ethnol. Ser. 47. Ottawa: Natl. Mus. Canada
 125. Guillemin, J., Holmstrom, L. L. 1986. *Mixed Blessings: Intensive Care for the Newborn*. NY: Oxford Univ. Press
 126. Gussler, J., Briescmister, L. 1980. The insufficient milk syndrome: a biocultural explanation. *Med. Anthropol.* 4(2):145-74
 127. Gussler, J. D., Mock, N. 1983. A com-

- parative description of feeding practices in Zaire, the Philippines, and St. Kitts-Nevis. *Ecol. Food Nutr.* 13:75-85
128. Haeri, S. 1988. *Law of Desire: Temporary Marriage in Shi'i Iran*. Syracuse, NY: Syracuse Univ. Press
 129. Hamburg, B. 1986. Subsets of adolescent mothers: developmental, biomedical, and psychosocial issues. See Ref. 181, pp. 115-46
 130. Handwerker, W. P. 1983. The first demographic transition: an analysis of subsistence choices and reproductive consequences. *Am. Anthropol.* 85(1):5-27
 131. Handwerker, W. P. 1985. Scope of perspective in fertility models. *Am. Anthropol.* 87(3):652-56
 132. Handwerker, W. P. 1986. Introduction. In *Culture and Reproduction: An Anthropological Critique of Demographic Transition Theory*, ed. W. Penn Handwerker. Boulder, CO: Westview Press
 133. Handwerker, W. P. 1989. *Women's Power and Social Revolution: Fertility Transition in the West Indies*. Newbury Park, CA: Sage
 134. Handwerker, W. P., ed. 1990. *Births and Power: Social Change and the Politics of Reproduction*. Boulder, CO: Westview Press
 135. Harding, S. 1991. If I should die before I wake: Jerry Falwell's pro-life gospel. See Ref. 112, pp. 76-97
 136. Harkness, S. 1987. The cultural mediation of postpartum depression. *Med. Anthropol. Q.* 1(2):194-209
 137. Harkness, S., Super, C. M. 1987. Fertility change, child survival and child development: observations on a rural Kenyan community. *Child Survival* :59-70
 138. Harrell, B. 1981. Lactation and menstruation in cultural perspective. *Am. Anthropol.* 83:796-823
 139. Harris, A., King, Y., eds. 1989. *Rocking the Ship of State: Toward A Feminist Peace Politics*. Boulder, CO: Westview Press
 140. Hausfater, G., Hrdy, S. B. 1984. Comparative and evolutionary perspectives on infanticide: introduction and overview. In *Infanticide: Comparative and Evolutionary Perspectives*, ed. G. Hausfater, S. Hrdy, pp. xiii-xxxv. NY: Aldine
 141. Heggenhougen, H. K. 1980. Fathers and childbirth: an anthropological perspective. *J. Nurse-Midwifery* 25(6):21-25
 142. Herdt, G. 1989. Gay and lesbian youth, emergent identities and cultural scenes at home and abroad. *J. Homosex.* 17(1-2):1-42
 - 142a. Hern, W. 1990. The politics of choice: abortion as insurrection. See Ref. 134, pp. 127-46
 143. Hewlett, B. 1991. *Intimate Fathers: The Nature and Context of Aka Pygmy Paternal Infant Care*. Ann Arbor: Univ. Mich. Press
 144. Hillier, S. 1989. Women and population control in China: issues of sexuality, power, and control. *Fem. Rev.* 29:101-13
 145. Hochschild, A. with Machung, A. 1989. *The Second Shift: Working Parents and the Revolution at Home*. NY: Viking Penguin
 146. Holmes, L. 1984. Alabama granny midwife. *J. Med. Soc. NJ* 81(5):389-91
 - 146a. Howell, N. 1987. *Demography of the Dobe !Kung*. NY: Academic
 147. Hubbard, R. 1990. *The Politics of Women's Biology*. New Brunswick: Rutgers Univ. Press
 148. Hunte, P. A. 1981. The role of the dai in urban Afghanistan. *Med. Anthropol.* 5(1):17-26
 149. Irwin, S., Jordan, B. 1987. Knowledge, practice, and power: court-ordered cesarean sections. *Med. Anthropol. Q.* 1(3):319-34
 150. Jacquette, J. 1989. *The Women's Movement in Latin America*. London: Unwin Hyman
 151. Jeffrey, P., Jeffrey, R., Lyon, A. 1984. Female infanticide and amniocentesis. *Soc. Sci. Med.* 19:1207-12
 152. Jeffrey, P., Jeffrey, R., Lyon, A. 1988. *Labour Pains and Labour Power*. London: Zed Press
 153. Jelliffe, D. B., Jelliffe, E. F. P. 1975. Human milk, nutrition, and the world resource crisis. *Science* 188:557
 154. Johnson, S. M., Snow, L. F. 1982. Assessment of reproductive knowledge in an inner-city clinic. *Soc. Sci. Med.* 16:1657-62
 155. Jones, R. 1990. The politics of reproductive biology: exclusionary policies in the U. S. See Ref. 134, pp. 39-52
 156. Jordan, B. 1978. *Birth in Four Cultures: A Cross-Cultural Study of Child-birth in Yucatan, Holland, Sweden and the U. S.* Shelborne, VT: Eden Press
 157. Jordan, B. 1981. Studying childbirth: The experience and methods of a woman anthropologist. See Ref. 296, pp. 181-216
 158. Jordan, B. 1987. The hut and the hospital: information, power, and symbolism in the artifacts of birth. *Birth* 14(1):36-40
 159. Jordan, B. 1989. Cosmopolitan obstetrics: some insights from the training of traditional midwives. *Soc. Sci. Med.* 28(9):925-44

160. Jordan, B., Irwin, S. 1989. The ultimate failure: court-ordered caesarean section. See Ref. 365, pp. 13-24
161. Jordanova, L. J. 1980. Natural facts: a historical perspective on science and sexuality. In *Nature, Culture and Gender*, ed. C. McCormack, M. Strathern, pp. 42-69. NY: Cambridge Univ. Press
162. Kamerman, S., Kahn, A., Kingston, P. 1983. *Maternity Policies and Working Women*. NY: Columbia
163. Kaplan, T. 1991. Community and resistance in women's political culture. *Dialect. Anthropol.* 15:259-67
164. Katz, M., Konner, M. 1981. The Role of the Father: An Anthropological Perspective In *Child Development*, ed. Michael Lamb, pp. 155-85. NY: John Wiley
165. Kay, M., ed. 1982. *Anthropology and Human Birth*. Philadelphia: F. A. Davis
166. Kerns, V. 1985. Sexuality and social control among the Garifuna. See Ref. 28, pp. 87-100
167. Kishwar, M. 1987. The continuing deficit of women in India and the impact of amniocentesis. See Ref. 58, pp. 30-37
168. Kitzinger, S. 1979. *Women as Mothers: How they See Themselves in Different Cultures*. NY: Random House
169. Kitzinger, S. 1982. The social context of birth: some comparisons between childbirth in Jamaica and Britain. See Ref. 201, pp. 181-204
170. Klein, R. D., ed. 1989. *Infertility*. Winchester, MA: Unwin Hyman/Pandora
171. Knight, C. 1988. Menstrual synchrony and the Australian rainbow snake. See Ref. 39, pp. 232-56
172. Kobrin, F. 1966. The American midwife controversy. *Bull. Hist. Med.* 40:350-63
173. Konner, M. J. 1976. Maternal care, infant behavior, and development among the !Kung. In *Kalahari Hunter-Gatherers: Studies of the !Kung San and their Neighbors*, ed. R. B. Lee, I. DeVore, pp. 218-45. Cambridge: Cambridge Univ. Press
174. Konner, M., Shostak, M. 1987. Timing and management of birth among the !Kung: biocultural interaction in reproductive adaptation. *Cult. Anthropol.* 2(1):11-28
175. Koonz, C. 1987. *Mothers in the Fatherland: Women, the Family, and Nazi Politics*. NY: St. Martins
176. Kruks, S., Rapp, R., Young, M., eds. 1989. *Promissory Notes: Women and the Transition to Socialism*. NY: Monthly Review Press
177. Laderman, C. 1983. *Wives and Midwives: Childbirth in Rural Malaysia*. Berkeley: Univ. Calif. Press
178. Lambeck, M. 1985. Motherhood and other careers in Mayotte. See Ref. 28, pp. 67-86
179. Lamp, F. 1988. Heavenly bodies: menses, moon, and rituals of license among the Temne of Sierra Leone. See Ref. 39, pp. 210-31
180. Lamphere, L. 1987. *From Working Daughters to Working Mothers*. Ithaca, NY: Cornell Univ
181. Lancaster, J. 1986. Human adolescence and reproduction: an evolutionary perspective. In *School-Age Pregnancy and Parenthood: Biosocial Dimensions*, ed. J. B. Lancaster, B. Hamburg, pp. 17-38. Hawthorne, NY: Aldine de Gruyter
182. Lancaster, J. B., Hamburg, B. 1986. The biosocial dimensions of school-age pregnancy and parenthood: an introduction. See Ref. 181, pp. 3-13
183. Lancaster, J. B., King, B. 1985. An evolutionary perspective on menopause. See Ref. 28, pp. 13-20
184. Laughlin, C. Jr. 1989. Pre- and perinatal anthropology: a selective review. *Pre- and Perinatal Psychol.* 3(4):261-96
185. Lawrence, D. 1988. Menstrual politics: women and pigs in rural Portugal. See Ref. 39, pp. 117-36
186. Layne, L. 1990. Motherhood lost: cultural dimensions of miscarriage and stillbirth in America. *Women and Health* 16(3-4):69-98
187. Lazarus, E. S. 1988. Theoretical considerations for the study of the doctor-patient relationship: implications of a perinatal study. *Med. Anthropol. Q.* 2(1):34-58
188. Lazarus, E. 1988. Poor women, poor outcomes: social class and reproductive health. See Ref. 229, pp. 39-54
189. Lazarus, E. S. 1990. Falling through the cracks: contradictions and barriers to care in a prenatal clinic. *Med. Anthropol.* 12:269-87
190. Leavitt, J. W. 1986. *Brought to Bed: Child-Bearing in America, 1750-1950*. NY: Oxford Univ. Press
191. Levin, B. 1988. The cultural context of decision-making for catastrophically ill newborns: the case of Baby Jane Doe. See Ref. 229, pp. 178-93
192. Levin, B. 1989. Decision making about care of catastrophically ill newborns. See Ref. 365, pp. 84-97
193. Lewin, E. 1981. Lesbianism and motherhood: implications for child custody. *Hum. Organ.* 40(1):6-14
194. Lewin, E. 1985. By design: reproductive strategies and the meaning of motherhood. See Ref. 95, pp. 123-77
195. Lewin, E. 1991. Claims to motherhood:

- custody disputes and maternal strategies. See Ref. 112, pp. 76-97
196. Lock, M. 1988. The selfish housewife and menopausal syndrome in Japan. In *Women in International Development Publication Series*. Work. Pap. 54. East Lansing: Michigan State Univ.
 197. Lorber, J. 1987. In vitro fertilization and gender politics. *Women & Health* 13(1/2):117-33
 198. Lozoff, B., Wolf, A. W., Davis, N. S. 1984. Co-sleeping in urban families with young children in the U. S. *Pediatrics* 74:171-82
 199. Luker, K. 1978. *Taking Chances: Abortion and the Decision Not to Contracept*. Berkeley: Univ. Calif. Press
 200. Luker, K. 1984. *Abortion and The Politics of Motherhood*. Berkeley: Univ. Calif. Press
 201. McCormack, C. P., ed. 1982. *Ethnography of Fertility and Birth*. NY: Academic
 202. McCormack, C. P. 1982. Health, fertility and birth in Moyamba District, Sierra Leone. See Ref. 201, pp. 115-39
 203. Macklin, R. 1990. Ethics and human reproduction: international perspectives. *Soc. Probl.* 37(1):38-50
 204. Margolis, M. 1984. *Mothers and Such: Views of American Women and Why They Changed*. Berkeley: Univ. Calif. Press
 205. Marshall, P., Bennett, L., eds. 1990. Culture and behavior in the AIDS epidemic. *Med. Anthropol. Q.* (Spec. Issue) 4(1)
 206. Martin, E. 1987. *The Woman in the Body*. Boston: Beacon
 207. Martin, E. 1988. Premenstrual syndrome: discipline, work and anger in late industrial societies. See Ref. 39, pp. 161-86
 208. Martin, E. 1991. The ideology of reproduction: the reproduction of ideology. See Ref. 112, pp. 300-14
 209. Martin, E. 1991. The egg and the sperm. *Signs* 16(3):485-501
 210. Martin, J. 1990. Motherhood and power: the production of a women's culture of politics in a Mexican community. *Am. Ethnol.* 17(3):470-90
 211. McClain, C. S. 1981. Women's choice of home or hospital birth. *J. Fam. Pract.* 12(6):1033-38
 212. McClain, C. S. 1982. Toward a comparative framework for the study of childbirth: a review of the literature. In *The Anthropology of Human Birth*, ed. M. Kay, pp. 25-61. Philadelphia: F. A. Davis
 213. McClain, C. S. 1983. Perceived risk and choice of childbirth services. *Soc. Sci. Med.* 17(23):1857-65
 214. McClain, C. S. 1985. Why women choose trial of labor or repeat caesarean section. *J. Fam. Practice* 21(3):210-16
 215. McClain, C. S. 1987. Patient decision making: the case of delivery method after a previous cesarean section. *Cult., Med., Psychiatr.* 11:495-508
 216. McClain, C. S. 1987. Some social network differences between women choosing and home and hospital birth. *Hum. Organ.* 46(2):146-52
 217. McClain, C. S., ed. 1989. *Women As Healers: Cross-Cultural Perspectives*. New Brunswick: Rutgers Univ. Press
 218. McClintock, M. K. 1981. Social control of the ovarian cycle and the function of estrous synchrony. *Am. Zool.* 21:243-56
 219. McKenna, J. 1990. Evolution and sudden infant death syndrome. Pts. I-III. *Hum. Nat.* 1(2):145-303
 220. McLaren, A. 1984. *Reproductive Rituals: the Perception of Fertility in England from the Sixteenth Century to the Nineteenth Century*. London/NY: Methuen
 221. McLaren, A. 1990. *A History of Contraception: From Antiquity to the Present Day*. London: Basil Blackwell
 222. McNeil, M., Varcoe, I., Yearley, S., eds. 1990. *The New Reproductive Technologies*. NY: St. Martin's Press
 223. Mead, M. 1928. *Coming of Age in Samoa*. NY: William Morrow
 224. Mead, M., Newton, N. 1967. Cultural patterning of perinatal behavior. In *Childbearing: Its Social and Psychological Aspects*, ed. S. Richardson, A. F. Guttmacher, pp. 142-244. Baltimore: Williams and Wilkins
 225. Miall, C. 1986. The stigma of involuntary childlessness. *Soc. Probl.* 33(4):268-82
 226. Michaelson, K., ed. 1981. *And the Poor Get Children*. NY: Monthly Review Press
 227. Michaelson, K. 1988. Bringing up baby: expectations and reality in early postpartum. See Ref. 229, pp. 252-60
 228. Michaelson, K. 1988. Childbirth in America: a brief history and contemporary issues. See Ref. 229, pp. 1-32
 229. Michaelson, K., ed. 1988. *Childbirth in America: Anthropological Perspectives*. South Hadley, MA: Bergin & Garvey
 230. Millard, A. 1990. The place of the clock in pediatric advice: rationales, cultural themes, and impediments to breastfeeding. *Soc. Sci. Med.* 31(2):211-21
 231. Miller, B. 1981. *The Endangered Sex: Neglect of Female Children in Rural*

- North India. Ithaca, NY: Cornell Univ. Press
232. Miller, B. 1986. Prenatal and postnatal sex-selection in India. Women in International Development Publication Series #107. East Lansing, Mich.: Michigan State Univ.
 233. Miller, B. 1987. Female infanticide and child neglect in rural north India. In *Child Survival: Anthropological Perspectives on the Treatment and Maltreatment of Children*, ed. N. Scheper-Hughes, pp. 135–44. Dordrecht: Reidel
 234. Modell, J. 1986. In search: the purported biological basis of parenthood. *Am. Ethnol.* 13(4):646–61
 235. Modell, J. 1988. Meanings of love: adoption literature and Dr. Spock, 1946–1985. In *Emotion and Social Change*, ed. C. Z. Stearns, P. W. Stearns, pp. 151–91. NY: Holmes & Meier
 236. Modell, J. 1988. The performance of talk: interviewing birthparents and adoptees. *Int. J. Oral Hist.* 9(1):6–26
 237. Modell, J. 1989. Last chance babies: interpretations of parenthood in an in vitro fertilization program. *Med. Anthropol. Q.* 3(2):124–38
 238. Mohr, J. 1978. *Abortion in America: The Origins and Evolution of National Policy*. NY: Oxford Univ. Press
 239. Molyneux, M. 1989. The politics of abortion in Nicaragua: revolutionary pragmatism—or feminism in the realm of necessity? *Fem. Rev.* 29:114–33
 240. Montagu, A. 1937. *Coming Into Being Among the Australian Aborigines*. London: G. Routledge & Sons
 241. Morgan, L. 1989. When does life begin? A cross-cultural perspective on the personhood of fetuses and young children. In *Abortion Rights and Fetal "Personhood"*, ed. E. Doerr, J. Prescott, pp. 97–114. Long Beach, CA: Centerline
 242. Morse, J., Harrison, M., Williams, K. 1988. What determines the duration of breastfeeding. See Ref. 229, pp. 261–69
 243. Morsy, S. 1982. Childbirth in an Egyptian village. See Ref. 212, pp. 147–74
 244. Morsy, S. 1991. Biotechnology and the international politics of population control: long-term contraception in Egypt. *Signs*. In press
 245. Mukhopadhyay, C. C., Higgins, P. J. 1988. Anthropological studies of women's status revisited: 1977–1987. *Annu. Rev. Anthropol.* 17:461–95
 246. Munroe, R. L., Munroe, R. H., Whiting, J. W. M. 1973. The couvade: a psychological analysis. *Ethos* 1:30–74
 247. Myers, F. 1986. *Pintupi Country, Pintupi Self*. Washington DC: Smithsonian
 248. Nag, M. 1980. How modernization can also increase fertility *Curr. Anthropol.* 21:571–87
 249. Nag, M., White, B., Peet, R. C. 1978. An anthropological approach to the study of the economic value of children in Java and Nepal. *Curr. Anthropol.* 19(2):293–306
 250. Nelson, M. 1983. Working-class women, middle-class women, and models of childbirth. *Soc. Probl.* 30(3):284–97
 251. Nelson, M. 1989. Negotiating care: relationships between family daycare providers and mothers. *Fem. Stud.* 15(1):7–34
 252. Newman, L. (n.d.) *Birth Control: An Anthropological View*. Reading, PA: Addison-Wesley Module
 253. Newman, L. 1976. Unwanted pregnancy in California: some cultural considerations. In *Culture, Nativity, and Family Planning*, ed. J. F. Marshall, S. Polgar, pp. 156–66. Chapel Hill: Univ. N. Carolina
 254. Newman, L. 1980. Parents' perceptions of their low birth weight infants. *Pediatrician* 9:182–90
 255. Newman, L. 1981. Midwives and modernization. *Med. Anthropol.* 5(1):1–12
 256. Newman, L. F., ed. 1985. *Women's Medicine: A Cross-Cultural Study of Indigenous Fertility Regulation*. New Brunswick: Rutgers Univ. Press
 - 256a. Newman, L. F. 1986. Premature infant behavior: an ethological study in a special care nursery. *Hum. Organ.* 45(4):327–33
 257. Newman, L. 1988. The artificial womb: social and sensory environments of low birthweight infants. See Ref. 229, pp. 204–10
 258. Newton, N. 1972. Childbearing in broad perspective. In *Pregnancy, Birth and the Newborn Baby*. Boston: Delacorte Press
 259. Newton, N., Newton, M. 1972. Childbirth in cross-cultural perspective. In *Modern Perspectives in Psycho-Obstetrics*, ed. J. Howells. Edinburgh: Oliver and Boyd
 260. Oakley, A. 1977. Cross-cultural practices. In *Benefits and Hazards of the New Obstetrics*, ed. T. Chard, M. Richards, pp. 18–33. Philadelphia: Lipincott
 261. Oakley, A. 1979. *Becoming A Mother*. NY: Schocken
 262. Oakley, A. 1981. *Woman Confined: Sociology of Childbirth*. NY: Schocken
 263. Oakley, A. 1984. *The Captured Womb*.

- A History of the Medical Care of Pregnant Women*. NY: Basil Blackwell
264. Okely, J. 1975. Gypsy women, models in conflict. In *Perceiving Women*, ed. S. Ardener, pp. 55–86. NY: John Wiley
 265. Olesen, V. 1986. Analyzing emergent issues in women's health: the case of the toxic-shock syndrome. In *Culture, Society, and Menstruation*, ed. V. Olesen, N. Woods, pp. 51–62. NY: Hemisphere
 266. O'Neil, J., Kaufert, P. 1990. Cooptation and control: the reconstruction of Inuit birth. *Med. Anthropol. Q.* 4(4):427–42
 267. O'Neil, J., Kaufert, P. 1990. The politics of obstetric care: the Inuit experience. See Ref. 134, pp. 53–68
 268. Ong, A. 1990. State versus Islam: Malay families, women's bodies and the body politic in Malaysia. *Am. Ethnol.* 17(2):258–76
 269. Paige, K. E., Paige, J. 1981. *The Politics of Reproductive Ritual*. Berkeley: Univ. Calif. Press
 270. Patel, V. 1989. Sex determination and sex-preselction tests in India: modern techniques for femicide. *Bull. Concerned Asian Scholars* 21(1):2–10
 271. Paul, L. 1978. Careers of midwives in a Mayan community. In *Women in Ritual and Symbolic Roles*, ed. J. Hoch-Smith, A. Spring, pp. 129–50. NY: Plenum
 272. Petchesky, R. 1984. *Abortion and Woman's Choice: The State, Sexuality and Women's Freedom*. NY: Longman
 273. Petchesky, R. 1987. Fetal images: the power of visual culture in the politics of reproduction. *Fem. Stud.* 13(2):263–92
 274. Pillsbury, B. 1990. The politics of family planning: sterilization and human rights in Bangladesh. See Ref. 134, pp. 165–96
 275. Poland, M. 1988. Adequate prenatal care and reproductive outcome. See Ref. 229, pp. 55–65
 276. Poland, M. 1989. Ethical issues in the delivery of quality care to pregnant indigent women. See Ref. 365, pp. 42–50
 277. Polgar, S., ed. 1971. *Culture and Population*. NY: Schenkman
 278. Polgar, S., ed. 1975. *Population, Ecology and Social Evolution*. The Hague: Mouton
 279. Pollitt, K. 1990. Fetal rights—a new assault on feminism. *The Nation* 250(March 26):409–18
 280. Potter, S. H. 1987. Birth planning in rural China: a cultural account. In *Child Survival*, ed. N. Scheper-Hughes, pp. 33–58. Dordrecht: D. Reidel
 281. Powers, M. 1980. Menstruation and reproduction: an Oglala case. *Signs* 6(1):54–65
 282. Raphael, D. 1973. The role of breast-feeding in a bottle-oriented world. *Ecol. Food Nutr.* 2:121–26
 283. Raphael, D., ed. 1975. *Women and Reproduction*. The Hague: Mouton
 284. Rapp, R. 1984. Amniocentesis: the ethics of choice. *Ms.* April:97–100
 285. Rapp, R. 1987. Moral pioneers: women, men and fetuses on a frontier of reproductive technology. *Women & Health* 13(1/2):101–16
 286. Rapp, R. 1988. Chromosomes and communication: the discourse of genetic counseling. *Med. Anthropol. Q.* 2(2): 143–57
 287. Rapp, R. 1988. The power of “positive” diagnosis: medical and maternal discourses on amniocentesis. See Ref. 229, pp. 103–16
 288. Rapp, R. 1991. Constructing amniocentesis: maternal and medical discourses. See Ref. 112, pp. 28–42
 289. Rapp, R. 1992. Reproduction and gender hierarchy: amniocentesis in contemporary America. In *Gender Hierarchies: The Anthropological Approach*, ed. B. Miller. Cambridge: Cambridge Univ. Press. In press
 290. Rashkin, E. (n.d.) *Reproductive Choice in Cuba and El Salvador: A Comparative Study*. NY: Women's Int. Resource Exch.
 291. Raybeck, D. 1985. A diminished dichotomy: Kelantan Malay and traditional Chinese perspective. See Ref. 28, pp. 155–69
 292. Reid, J. 1979. “Women's business”: cultural factors affecting the use of family planning services in an aboriginal community. *Med. J. Austral.* 1:1–4
 293. Reid, M. 1989. Sisterhood and professionalization: a case study of the American lay midwife. See Ref. 217, pp. 219–38
 294. Rich, A. 1976. *Of Woman Born: Motherhood as Experience and Institution*. NY: Norton
 295. Riviere, P. G. 1974. The couvade: a problem reborn. *Man* 9:423–35
 296. Romalis, S., ed. 1981. *Childbirth: Alternatives to Medical Control*. Austin: Univ. Texas Press
 297. Rosenberg, H. 1987. Motherwork, stress, and depression. In *Feminism and Political Economy: Women's Struggles*, ed. H. J. Maroney, M. Luxton, pp. 181–96. Toronto: Methuen
 298. Ross, E. 1986. Potatoes, population and the Irish Famine: the political economy of demographic change. See Ref. 132, pp. 196–220
 299. Rothman, B. K. 1982. *In Labor: Women*

- and Power in the Birthplace. NY: W. W. Norton
300. Rothman, B. K. 1983. Midwives in transition: The structure of a clinical revolution. *Soc. Probl.* 30(3):262-71
 301. Rothman, B. K. 1986. *The Tentative Pregnancy. Prenatal Diagnosis and the Future of Motherhood*. NY: Viking/Penguin
 302. Rothman, B. K. 1987. Reproductive technology and the commodification of life. *Women & Health* 13(1/2):95-100
 303. Rothman, B. K. 1988. The decision to have or not to have amniocentesis. See Ref. 229, pp. 90-102
 304. Rothman, B. K. 1989. *Recreating Motherhood: Ideology and Technology in a Patriarchal Society*. NY: W. W. Norton
 305. Rothstein, F. Capitalist industrialization and the increasing cost of children. See Ref. 10, pp. 37-52
 306. Sacks, K. B. 1989. *Caring By the Hour: Women, Work, and Organizing*. Champaign: Univ. Illinois Press
 307. Safa, H., ed. 1990. *In the Shadow of the Sun*. Boulder, CO: Westview Press
 308. Sandelowski, M. 1990. Fault lines: infertility and imperiled sisterhood. *Fem. Stud.* 16(1):33-52
 309. Sandelowski, M. 1991. Compelled to try: the never-enough quality of contraceptive technology. *Med. Anthropol. Q.* 5(1):29-47
 310. Saraceno, C. 1984. Shifts in public and private boundaries: women as mothers and service workers in Italian daycare. *Fem. Stud.* 10(1):7-30
 311. Sarah, R. 1987. Power, certainty, and the fear of death. *Women & Health* 13(1/2):59-71
 312. Sargent, C. 1982. Solitary confinement: birth practices among the Bariba. See Ref. 212, pp. 193-210
 313. Sargent, C. F. 1989. *Maternity, Medicine, & Power: Reproductive Decisions in Urban Benin*. Berkeley: Univ. Calif. Press
 314. Sargent, C. 1990. The politics of birth: cultural dimensions of pain, virtue, and control among the Bariba of Benin. See Ref. 134, pp. 69-81
 315. Sargent, C., Stark, N. 1989. Childbirth education and childbirth models: parental perspectives on control. *Med. Anthropol. Q.* 3(1):36-51
 316. Savage, M. 1988. The law of abortion in the U.S.S.R. and the P.R.C.: women's rights in two socialist countries. *Stanford Law Rev.* 40:1028, 1063
 317. Saxton, M. 1987. Prenatal screening and discriminatory attitudes about disability. *Women & Health* 13(1/2):217-24
 318. Scheper-Hughes, N., ed. 1987. *Child Survival: Anthropological Perspectives on the Treatment and Maltreatment of Children*. Dordrecht: Reidel
 319. Scheper-Hughes, N. 1989. Lifeboat ethics: mother love and child death in Brazil. *Natl. Hist.* October:142-47
 320. Scheper-Hughes, N. 1990. Theft of life. *Society* 27(6):57-62
 321. Schneider, J., Schneider, P. 1984. Demographic transitions in a Sicilian rural town. *J. Fam. Hist.* 9(3):245-73
 322. Schneider, J., Schneider, P. 1991. Sex and respectability in an age of fertility decline: a Sicilian case study. *Soc. Sci. Med.* In press
 323. Scrimshaw, S. 1978. Infant mortality and behavior in the regulation of family size. *Popul. Dev. Rev.* 4:383-403
 324. Shaw, N. 1974. *Forced Labor: Maternity Care in the U.S.* NY: Pergamon Press
 325. Sibisi, H. 1975. Some notions of purity and impurity among the Zulu. *J. Anthropol. Soc. Oxford* 6(1)
 326. Silk, J. 1980. Adoption and kinship in Oceania. *Am. Anthropol.* 82:799-820
 327. Silk, J. 1987. Adoption among the Inuit. *Ethos* 15:320-29
 328. Silk, J. 1987. Adoption and fosterage in human societies. *Cult. Anthropol.* 2(1):30-49
 329. Silverman, S. 1975. The life-crisis as a clue to social function: the case of Italy. In *Toward An Anthropology of Women*, ed. R. R. Reiter, pp. 309-21. NY: Monthly Review Press
 330. Simonelli, J. M. 1986. *Two Boys, a Girl, and Enough: Reproductive and Economic Decision Making on the Mexican Periphery*. Boulder, CO: Westview Press
 331. Simonelli, J. 1990. The politics of below-replacement fertility: policy and power in Hungary. See Ref. 134, pp. 101-13
 332. Skultans, V. 1970. The symbolic significance of menstruation and the menopause. *Man* 5(4):639-51
 333. Skultans, V. 1988. Menstrual symbolism in South Wales. See Ref. 39, pp. 137-60
 334. Snitow, A., Stansell, C., Thompson, S. 1983. *Powers of Desire*. NY: Monthly Review Press
 335. Snow, L., Johnson, S., Mayhew, H. 1978. The behavioral implications of some old wives' tales. *Obstet.-Gynecol.* 51(6):727-32
 336. Soto, I. M. 1987. West Indian child fostering: its role in migrant exchanges.

- In *Caribbean Life in New York City*, pp. 131–149. NY: Cent. Migration Stud.
337. Spallone, P., Steinberg, D. L., eds. 1987. *Made to Order: The Myth of Reproductive and Genetic Progress*. NY: Pergamon Press
 338. Stack, C. 1974. *All Our Kin*. NY: Harper Colophon
 339. Stolcke, V. 1986. New reproductive technologies: same old fatherhood. *Crit. Anthropol.* 6(3):5–31
 340. Stoler, A. 1989. Making empire respectable: race and sexual morality in 20th-century colonial cultures. *Am. Ethnol.* 16(4):634–60
 341. Stoler, A. 1989. Rethinking colonial categories: European communities in Sumatra and the boundaries of rule. *Comp Stud. Soc. Hist.* 31(1):134–61
 342. Strathern, M. 1991. Future kinship and the study of culture. In *The Age of the City*, ed. A. Cohen, K. Fukui. Edinburgh: Edinburgh Univ. Press. In press
 343. Sukkary, S. 1981. She is no stranger: the traditional midwife in Egypt. *Med. Anthropol.* 5(1):27–34
 344. Sullivan, M. 1989. Absent fathers in the inner city. *Ann. Am. Acad. Polit. Soc. Sci.* 501:48–58
 345. Terry, J. 1989. The body invaded: medical surveillance of women as reproducers. *Social. Rev.* 89(3):13–44
 346. Thompson, S. 1991. "Drastic Entertainments": teenage mothers' signifying narratives. See Ref. 112, pp. 269–81
 347. Treichler, P. 1988. AIDS, gender, and biomedical discourse: current contests for meaning. In *AIDS: The Burdens of History*, ed. E. Fee, D. Fox, pp. 232–43. Berkeley: Univ. Calif. Press
 348. Trevathan, W. 1987. *Human Birth: An Evolutionary Perspective*. Chicago: Aldine de Gruyter
 349. Tribe, L. 1990. *Abortion: The Clash of Absolutes*. NY: W. W. Norton
 350. Tronick, E. Z., Morelli, G. A., Winn, S. 1987. Multiple caretaking among Efe (Pygmy) infants. *Am. Anthropol.* 89(1): 96–106
 351. Tsing, A. 1991. Monster stories: Women charged with perinatal endangerment. See Ref. 112, pp. 282–99
 352. Van Esterik, P. 1989. *Beyond the Breast-Bottle Controversy*. New Brunswick: Rutgers Univ. Press
 - 353a. Vance, C., ed. 1984. *Pleasure and Danger: Exploring Female Sexuality*. NY: Routledge & Kegan Paul
 - 353b. Vance, C. 1991. Anthropology rediscovers sexuality. *Soc. Sci. Med.* In press
 354. Vatuk, S. 1985. South Asian cultural conceptions of sexuality. See Ref. 28, pp. 137–54
 355. Vinovskis. 1986. Adolescent sexuality, pregnancy, and childbearing in early America. See Ref. 181, pp. 303–22
 356. Ward, M. 1986. *Poor Women and Powerful Men: America's Great Experiment in Family Planning*. Boulder, CO: Westview Press
 357. Ward, M. 1990. The politics of adolescent pregnancy: turf and teens in Louisiana. See Ref. 134, pp. 101–13
 358. Ward, M. 1991. Cupid's touch: the lessons of the family planning movement for the AIDS epidemic. *J. Sex Res.* In press
 359. Watkins, S. C. 1987. The fertility transition: Europe and the third world compared. *Sociol. Forum* 2(4):645–73
 360. Weiner, A. 1976. *Women of Value, Men of Renown*. Austin: Univ. Texas
 361. Weiner, A. 1979. Trobriand kinship from another view: the reproductive power of women and men. *Man* 14(2): 328–48
 362. Weiner, A. 1992. *Inalienable Possessions: Reconfiguring Reciprocity*. Berkeley: Univ. Calif. Press
 363. Wertz, D., Wertz, R. 1977. *Lying In: A History of Childbirth in America*. NY: Free Press
 364. Weston, K. 1991. *Families We Choose*. NY: Columbia Univ. Press
 365. Whiteford, L. M., Poland, M. L., eds. 1989. *New Approaches to Human Reproduction: Social and Ethical Dimensions*. Boulder, CO: Westview Press
 366. Whiteford, L., Sharinus, M. 1988. Delayed accomplishments: family formation among older first-time parents. See Ref. 229, pp. 239–51
 367. Whitehead, H. 1986. The varieties of fertility cultism in New Guinea, Pt. 1. *Am. Ethnol.* 13(1):80–99
 368. Whiting, J., Burbank, V., Ratner, M. 1986. The duration of maidenhood across cultures. See Ref. 181, pp. 273–302
 369. Williams, L. 1988. "It's going to work for me." Responses to failures of IVF. *Birth* 15(3):153–56
 370. Williamson, J. 1989. Every virus tells a story: the meaning of HIV and AIDS. In *Taking Liberties: AIDS and Cultural Politics*, ed. E. Carter, S. Watney. London: Serpent's Tail
 371. Wilmsen, E. 1982. Studies in diet, nutrition, and fertility among a group of Kalahari Bushmen in Botswana. *Soc. Sci. Info.* 22:95–125

372. Wolf, D. 1982. Lesbian childbirth and artificial insemination. See Ref. 212, pp. 321–40
373. Worthman, C. 1987. Interactions of physical maturation and cultural practice in ontogeny: Kikuyu adolescents. *Cult. Anthropol.* 2(1):29–38
374. Wright, A. 1982. Attitudes toward childbearing and menstruation among the Navajo. See Ref. 212, pp. 337–94
375. Wright, P. 1989. Babyhood: the social construction of infant care as a medical problem in England. In *Biomedicine Examined*, ed. M. Lock, D. Gordon, pp. 299–330. Dordrecht: Kluwer
376. Yanagisako, S. J. 1979. Family and household: the analysis of domestic groups. *Annu. Rev. Anthropol.* 8:161–205
377. Yanagisako, S. J., Collier, J. F. 1987. Toward a unified analysis of gender and kinship. In *Gender and Kinship*, ed. J. F. Collier, S. J. Yanagisaki, pp. 14–50. Stanford: Stanford Univ. Press
378. Zelizer, V. 1985. *Pricing the Priceless Child: The Changing Social Value of Children*. NY: Basic