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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

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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).

[1]The 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.

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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 homeward 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 micropolitics 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 feritility, 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, polities (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 be 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 disrepect 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.

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