Marcia C. Inhorn
Center for Middle Eastern and North African Studies
Department of Health Behavior and Health Education
Program in Women's Studies
Department of Anthropology
University of Michigan

Defining Women's Health:

A Dozen Messages from More than 150 Ethnographies

Although the women's health research agenda has been largely defined by Western biomedicine and public health, anthropology has much to offer in terms of defining and understanding women's health from the perspective of women themselves. Through the in-depth qualitative tradition of ethnography, anthropologists have documented women's health concerns around the globe, producing a large and constantly expanding literature that is rich and provocative. This article summarizes a dozen major messages about women's health that emerge from the ethnographic literature, now consisting of more than 150 volumes. These volumes are listed in the article, and some primary examples are described as representative of anthropology's contribution to knowledge production in women's health.

Keywords: [women's health, anthropology, ethnography, biomedicine, reproduction]

In recent years, women's health has attracted increasing attention in public health circles, as well as in clinical medicine. The global HIV/AIDS pandemic has highlighted women's vulnerability to the HIV virus, often in areas of the world where women continue to suffer significantly from reproductively related morbidity and mortality. In Western countries, women's increasing susceptibility—not just men's—to chronic lifestyle conditions, such as hypertension and cardiac disease related to smoking and obesity, has become a cause for alarm.

Clearly, the increasing attention to women's health is a positive development. However, the definition of what constitutes "women's health" has been largely forwarded by the Western biomedical and public health establishments. When clinical concerns, such as assessing the costs and benefits of hormone replacement therapy (HRT), or public health concerns, such as targeting women in international family-planning campaigns, dominate the discursive field of women's health, the view of women's health that results will inevitably reflect rather narrow Western

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professional definitions and interests. Such conceptions may or may not align with the perspectives and opinions of women around the world. Indeed, listening to what women themselves have to say about their health and well-being would seem to be of vital importance to policy making.

For the past 25 years or so, anthropologists have been listening to women around the globe, documenting health concerns from women's own perspectives. Through the deeply qualitative tradition of ethnography—one of the greatest hallmarks and gifts of the discipline—anthropologists have come away with rich, if inherently subjective, understandings of women's lives, including their everyday experiences of illness and health, birth and death, pain and suffering, and occasional joy that are difficult to capture through any other methodological means. The ethnographic tradition has allowed anthropologists to achieve a unique window into women's health in both Western and non-Western settings, and to produce ethnographies of women's health that are truly rich and evocative. Indeed, there is an ever-expanding list of such ethnographies of women's health being written by anthropologists, as well as by like-minded ethnographically oriented colleagues in sociology, women's studies, and related fields.

Taken together, these ethnographies of women's health now form an impressive list, as recorded in the Appendix. This list includes more than 150 volumes,[1] with nearly two-thirds of them published since the start of the new millennium. This publishing boom has resulted in a number of award-winning volumes,[2] including works by young scholars on such topics as HIV/AIDS, female sterilization, and violence against women in Brazil; childbirth in India and Russia; family planning and abortion in Cameroon, Greece, Haiti, Nigeria, and Palestine; and smoking and diabetes among women in marginalized communities in the United States.

The Appendix is divided for heuristic purposes into three sections: (1) ethnographies focusing on the Western world (i.e., North America and Western Europe); (2) ethnographies focusing on the non-Western world (i.e., outside of Euro America); and (3) edited collections comprising primarily ethnographic chapters. It is important to point out that all of the books in the Appendix are published in English by Western academic presses; thus, ethnographies published by non-Western presses in languages other than English are not included.[3]

In this article, I attempt to assess some of the major themes of this large body of literature, asking what the ethnographic record on women's health has contributed to knowledge production. This article is not intended as an *Annual Review*–style literature review, as it would be nearly impossible to summarize all the important themes and findings from this long list of books. Instead, I highlight what I consider to be a dozen of the most important thematic messages about women's health that have emerged from these 157 ethnographies—a list of themes that is summarized in Table 1. These themes do not represent an exhaustive list, and several have been highlighted in other reviews (e.g., Ginsburg and Rapp 1991). My point here is to suggest that a specifically ethnographic approach to women's health leads to a particular set of insights that are important, timely, and quite different from the women's health research agenda currently being promoted within biomedical and public health circles.

Indeed, I hope that this article on "Defining Women's Health" will reach two distinct audiences—audiences that should, however, be in greater conversation with

Table 1 Defining Women's Health: A Dozen Messages from 157 Ethnographies

1) The power to define women's health
2) The reproductive essentialization of women's lives
3) The cultural construction of women's bodies
4) The increasing medicalization of women's lives
5) The increasing biomedical hegemony over women's health
6) The production of health by women
7) The health-demoting effects of patriarchy
8) The intersectionality of race, class, gender (etc.) in women's health
9) The state intervenes in women's health
10) The politics of women's health
11) The importance of women's local moral worlds
12) The importance of understanding women's subjectivities

one another. I intend for this article to reach fellow medical anthropologists, many of whom will find their work listed in the Appendix. And I hope that this article will also be used in medical anthropology classrooms on both undergraduate and graduate levels, not only as a bibliographic resource for students, but as a tool for classroom discussion about the various messages described in this article. I have provided some primary ethnographic examples for each message, drawing on my own work in Egypt, as well as on a variety of Western and non-Western ethnographies—many of them older classics, which I have used quite profitably in my own teaching.[4] Thus, I intend for this article to serve pedagogical purposes in medical anthropology courses and to be used as a bibliographic resource for fellow scholars. For the sake of brevity, only those references not included in the Appendix are listed in the bibliography at the end of this article. Otherwise, the Appendix includes a complete bibliography of works cited in this article.

In addition, given my own primary affiliation in a School of Public Health, I intend for this article to reach disciplines beyond the confines of anthropology, through bibliographic search functions now widely available in the health and social sciences. This article is an attempt to highlight women's health ethnography in a way that will be easily accessible to nonanthropologists and productive of further cross-disciplinary discussion and debate between anthropology, the health sciences, and health policy. It is these latter disciplines that are most heavily invested (ideologically and financially) with the major role of defining the domain of women's health, both domestically and internationally. It is my contention that anthropology has much to offer the health sciences and health policy in defining a women's health research agenda, primarily in three ways.

First, by listening to women through participatory forms of ethnographic research, anthropologists are able to determine women's own health priorities, which may be entirely missed without such preliminary ethnographic investigation. Although community-based approaches to participatory research are becoming increasingly acknowledged in public health circles (Khanlou and Peter 2005), priority setting in women's health still tends to come "from the top down," as will be examined in message one of this article.

Second, anthropologists have been critical proponents of context—namely, that women's health problems often cannot be separated from the larger social, cultural, economic, and political forces that shape and sometimes constrain women's lives. Examining macrostructures—from patriarchy to globalization to the "structural violence" of poverty and political despotism—has been the sine qua non of anthropology in recent years and is clearly reflected in the literature on women's health and the messages described in this article. In understanding women's health concerns, health scientists and policy makers must take heed of the fact that context does matter—that health research and interventions aimed at changing women's behavior must take into account the broader conditions shaping women's lives and women's resultant (in)ability to enact health-promoting changes in their living conditions and actions.

Finally, anthropologists are trained in critical inquiry. Thus, forceful critiques of unjust conditions and of institutional practices that militate against women's well-being have been forwarded by ethnographers of women's health in recent years. Indeed, many of the ethnographies listed in the Appendix are critical of Western-based biomedicine in ways to be described in this article. It is my hope that biomedical researchers and practitioners who might read this article will be able to reflect dispassionately on anthropologists' critiques of their field. In my own medical anthropological research on the practices of biomedicine in Egypt (Inhorn 1994, 2003, see Appendix), I have been quite critical of some forms of health-demoting gynecological practice. Yet, at least some of my Egyptian biomedical colleagues and research "patrons" (Inhorn 2004b) have welcomed such critique, hoping that ethnographic evaluations of the state of Egyptian medicine will lead to needed changes in the field of obstetrics and gynecology in their country.

In summary, anthropology has much to offer both biomedicine and public health in terms of (1) problem definition in women's health research; (2) contextualization of women's health problems, with direct relevance to future health interventions; and (3) evaluation of women's health care delivery in ways that can lead to new policies and best practices. I believe that the "value added" nature of women's health ethnography will become apparent in this review to readers from all disciplines, and that they might be inspired to examine some of the ethnographic literature cited in the thematic review that follows.

Message One: The Power to Define Women's Health

Women are rarely the ones to set the boundaries of the discussions surrounding the identification and definition of their health problems. Women's health, as a discursive field, is usually defined by others. Increasingly, in the Western world at least, the boundaries of the women's health field have been defined by the relatively powerful biomedical and public health establishments. In the United States, the most salient example of biomedical hegemony over the definitional process comes from the National Institutes of Health (NIH), which is the U.S. government agency primarily responsible for funding health-related research in both medical and public health schools across the country. In the 1990s, NIH established an Office for Research on Women's Health and began, through a series of national meetings, to define a national research agenda. Such an agenda was spelled out in an NIH report entitled *Agenda for Research on Women's Health for the 21st Century* (2001). Subsequently,

Table 2 A Dozen Research Priorities in Women's Health: The Agenda of the National Institutes of Health

1) Sex differences in health and disease at the genetic, molecular, cellular, and functional levels
2) Healthy living and the prevention of chronic disorders
3) Interdisciplinary approaches to chronic multisystemic diseases with multi-factorial etiology
4) Sex/gender differences in response to therapeutic interventions
5) Mental health and addictive disorders
6) Reproductive health
7) Infections, including sexually transmitted diseases
8) Care-giving and health-related quality of life issues
9) Cancer
10) Neurobiology
11) Complementary and alternative medicines and dietary supplements
12) Specific organ systems

the NIH's coordinating committee on research in women's health made a series of recommendations regarding research priorities. By the end of 2001, it had published a list of 12 topical priority areas for women's health research, which would receive special consideration through the NIH funding process.

These 12 broad NIH research priority areas are spelled out in Table 2 (although the more detailed information contained under each area is not reproduced in this table). In examining Table 2, it becomes apparent that the NIH has defined women's health research priorities in strictly medical and public health terms. For example, the list focuses heavily on discrete physiological processes, organ systems, pathologies, and therapeutic interventions. As such, it reflects a fragmented view of women's health and women's bodies. Furthermore, it almost entirely neglects the sociocultural matrix in which women's ills develop, including in the context of poverty, patriarchy, and other life stresses. Although "healthy living," "care giving," and "quality of life" are highlighted in two of the priority areas, these are the only real concessions to behavioral research, of the kind undertaken in schools of public health. The rest of the research agenda is highly biomedical in detail and in scope.

This is not to say that the NIH has not tried to be sensitive to such potential criticisms. In a preface to the list of 12 topical research priorities, the report included "Overarching Approaches for Research on Women's Health Including Sex/Gender Differences." It was noted that females across the lifespan and from traditionally underrepresented populations should be included as research subjects, and that research should be multidisciplinary, including basic, translational, behavioral, and clinical research, especially on conditions that may be chronic or multisystemic in nature. However, the research agenda was clearly not a reflection of what U.S. women themselves perceive to be their major health problems. Although various women's health lobbying groups on specific diseases (e.g., breast cancer) may have influenced the research agenda, the list of research priorities was clearly a "top down" conception—the creation of a group of powerful biomedical and public health "experts" who laid out a research agenda designed for each other to follow.

Numerous ethnographic studies from around the globe document the fact that women themselves rarely define their health problems in the same ways that the biomedical community defines them. To take one salient example, the Centers for Disease Control and Prevention (CDC), the major public health agency in the United States, has been concerned with prematurity and low birth weight among pregnant African American women and their offspring. In recent years, the CDC has become convinced of the importance of an infectious etiology to this problem, largely through a condition called bacterial vaginosis (BV). The CDC is currently funding major research initiatives on BV, hoping to eventually lead to interventions among high-risk populations. But, as shown in Leith Mullings and Alaka Wali's ethnographic study (see Appendix)—which was also funded by the CDC, to its credit—BV was not the issue that concerned at-risk pregnant women in the African American community of Harlem. Rather, numerous life stresses impacted their pregnancies and included, among other things, inadequate housing, community violence, exhausting, low-wage labor, disrespectful interactions in public health care settings, lack of social support from partners, lack of access to healthy foods, and toxic waste dumping in the community. None of the women in this study were concerned with BV. Rather, the pathologies affecting their bodies and lives were largely structural and beyond their control. Thus, Mullings and Wali's ethnography forces us to consider how an overemphasis on the microbiological—in this case, BV—has obscured the underlying determinants of reproductive risk, which are macrostructural in nature.

Message Two: The Reproductive Essentialization of Women's Lives

The lack of understanding of so many dimensions of women's health as women themselves understand them stems, in large part, from the fact that women are still essentialized as reproducers. In other words, their most essential characteristic is seen as their ability to reproduce, to give birth, to mother their children, to reproduce the generations. Although one could argue that the overwhelming focus on women and their reproduction is empowering—given the centrality of reproduction in women's lives and its function as a fundamental source of women's power in many societies around the globe—essentializing characterizations of women that continue to tie them to the realm of reproduction are both unfortunate and potentially constraining. As generations of feminist scholars have pointed out, including many of the feminist anthropologists listed in the Appendix, being thought of only as a wife–mother certainly has its limitations in that other aspects of women's lives, such as work, activism, leadership, and worship, are ignored and women's capabilities in these various realms unrecognized.

In the broad field of women's health, the unfortunate replication of this view of women as reproducers is clearly seen. The medical and public health fields devoted to women's health—namely, obstetrics and gynecology and maternal and child health—literally target women as reproducers or potential reproducers. The field of ob-gyn is devoted exclusively to women's reproductive organs and complaints and to the processes of pregnancy and childbirth. Other kinds of women's health issues are to be handled elsewhere, although for many women around the world, reproductive health services are the only point of contact for health care delivery.

Similarly, in the area of global public health, almost all of the major initiatives in the past three decades have focused on women as reproducers and as mothers to their children. This would include, for example, the Child Survival Initiative (launched in the early 1980s), which focused on women's responsibility for saving their children from diarrhea, malnutrition, acute respiratory infections, and other life-threatening conditions; the Safe Motherhood Initiative (launched in the late 1980s), which, despite its claim to "put back the M" in maternal and child health, has resulted in a narrow focus on maternal mortality from obstetric emergencies and unsafe abortion; and the Reproductive Health Initiative (launched in the mid 1990s), which continues to focus on reproduction, although broadly defined. Even the Global Programme on AIDS, which has dominated the global public health landscape as the epidemic grows in many countries, is concerned with women as mothers and as potential infectors of their children through childbirth and breastfeeding.

Furthermore, some of women's most serious and troublesome reproductive health conditions, such as cervical cancer, pelvic inflammatory disease and accompanying infertility, miscarriage and stillbirth, fistulas, uterine prolapses, and pain during sexual intercourse continue to be relatively ignored in these initiatives. In other words, the reproductive morbidities that women themselves may deem most problematic—which are the cause of their "silent suffering" (Khattab et al. 1999)—are not necessarily the issues that have been prioritized in any of these public health campaigns.

But a question of prioritization also plagues anthropology. Indeed, one of the disappointing lessons that clearly emerges from the ethnographic literature is that anthropologists, too, have unwittingly participated in this reproductive essentialization of women by significantly overfocusing on the realm of reproduction. Fully three-quarters of the books on this list—including my own books on infertility and new reproductive technologies in Egypt (Inhorn 1994, 1996, 2003 in Appendix)—are primarily devoted to reproduction, including the reproductive life cycle itself, women's reproductive trials and tribulations, the joys and travails of motherhood, and the uses of various forms of reproductive technologies as applied to women's bodies.

If the books on HIV/AIDS, female circumcision, domestic violence, and women as healers were included in this category—given their simultaneous focus on reproduction—then it is fair to conclude that nearly 90 percent of what has been written by anthropologists in the area of women's health has focused on reproduction. It is easy to speculate on why this might be. On the positive side, women scholars may be attracted to a fundamental aspect of female experience not shared by men. On the negative side, this may reflect an unfortunate form of professional solipsism among reproductive-aged female anthropologists,[5] as well as the "ghettoization" of women anthropologists into a topical area that is still not privileged in the male-dominated anthropological academy.

Indeed, the unwitting ethnographic essentialization of women as reproducers is not true for men. Men's reproductive capacities and problems (Inhorn 2002, 2003, 2004a, 2006), as well as their positive contributions to reproductive health and parenting (Dudgeon and Inhorn 2003, 2004), are largely ignored in the ethnographies, as well as in the global public health initiatives, which have failed to take men and their reproductive health problems and concerns seriously. To wit, men continue to be conceived of as undertaking productive labor in the public domain, whereas

women are conceived of as undertaking reproductive labor in the private domain—a public–private divide that has been increasingly problematized by many feminist scholars and anthropologists.

Having said that, the ethnographies of women's health represented in the Appendix quite unfortunately and stunningly reify this divide by leaving men out altogether in the vast majority of ethnographic discussions of reproduction. This critical lacuna is just beginning to be overcome in a number of recent ethnographies on the list focusing on men as fathers. Indeed, this is an area "crying out" for future ethnographic effort and sensitivity, to put the "missing men" back into the anthropology of reproduction (Browner 2000; Dudgeon and Inhorn 2003, 2004).

It is also fair to conclude, however, that some of the most brilliant—and all-time best-selling—ethnographies in anthropology have come from within this domain of the anthropology of women's reproduction. What makes these books great and multiply award winning is that they take readers beyond the realm of reproduction to expose the ways in which reproduction is always embedded within larger social, cultural, economic, and political relations and forces. Although a significant number of books in the Appendix meet this criterion, it is worth pointing briefly here to three classics: namely, Rayna Rapp's *Testing Women, Testing the Fetus: The Social Impact of Amniocentesis in America* (1999), Nancy Scheper-Hughes's *Death without Weeping: The Structural Violence of Everyday Life in Northern Brazil* (1992), and Margaret Lock's *Encounters with Aging: Mythologies of Menopause in Japan and North America* (1993).

Rapp's *Testing Women, Testing the Fetus* documents more than ten years' worth of extensive ethnographic research conducted in New York City hospitals, genetic counseling and testing centers, and genetics laboratories themselves. Rapp's book focuses on the difficult decisions made by pregnant women from various ethnic, religious, and economic backgrounds, as they either opt or are advised by clinicians and genetic counselors to undergo amniocentesis to detect genetic anomalies in their fetuses. Although the scientific field of genetics is literally burgeoning with excitement, Rapp's intent in the book is to show how women who are expected to use new genetic tests during pregnancy are put into the difficult position of being "moral pioneers"—forced to make often heart-wrenching moral decisions about what constitutes an acceptable human life.

Whereas Rapp's book focuses on decisions about bringing babies into the world, Nancy Scheper-Hughes's *Death without Weeping* asks us to consider decisions about ending babies' lives, through mothers' sometimes fatal neglect of their ill and malnourished infants. Based on a long-term relationship with her informants—first as a Peace Corps volunteer and activist and later as a professor of anthropology—Scheper-Hughes documents the grinding poverty, labor exploitation, and everyday violence that plague a shantytown community in the postcolonial, plantation economy of northeastern Brazil. Amid this backdrop of abject poverty and fragile social ties, poor shantytown women continue to birth large numbers of infants, many of whom never make it to childhood. Exploring the apparent emotional apathy—the "death without weeping"—that shantytown mothers display when their infants die, Scheper-Hughes again reveals the difficult moral decision making, or what she calls the "lifeboat ethics," of mothers who must determine which infants are robust and hence worth saving. Those who are not receive less care and attention from

their mothers and in most instances live brief lives on earth, only to be resurrected as protective angels in the local belief system. In exploring the inevitability of infant mortality, Scheper-Hughes also explores the controversial terrain—given the Catholic Church's position on life from the moment of conception—of when a person really becomes a person and how personification processes and trajectories may take many cultural forms, including ones that are more adaptive to conditions of high infant mortality.

Just as Scheper-Hughes's books takes us into the heart of Brazilian shantytown society, Margaret Lock takes us on a rich ethnographic journey into the lives of middle-aged Japanese women, many of whom grew up during the difficult years surrounding World War II. Basing her study on in-depth interviews with more than one hundred Japanese women from both urban and rural backgrounds, Lock asks us to consider a remarkable finding: namely, most of the Japanese women in her study have undergone a "change of life" that bears no marked resemblance to the throes and woes of menopause that women in North America are expected—and expect themselves—to experience. Asking why this is so—why hot flashes and night sweats are not part of a universal menopausal symptomatology—Lock proposes that "local biology" may be the answer. Namely, Lock argues that the reproductive endocrinology of menopause is necessarily influenced by local cultural factors, be they diets rich in soy-based phytoestrogens or social mores condoning stoicism and graceful aging. In her constant attention to cross-cultural comparison, Lock argues that women's aging in North America has been pathologized, such that menopause is now viewed by experts as a "deficiency disease" in need of therapeutic intervention. Thus, a North American woman's experience of the bodily changes of menopause will necessarily be different from those of women in Japan, whose "encounters with aging" take very different social, cultural, and somatic forms.

Message Three: The Cultural Construction of Women's Bodies

Lock's seminal ethnography provides compelling evidence that the body itself is a cultural construction; in other words, the ways we conceive of the body, its internal processes, and its ideal configuration are products of our culture and history and thus can be seen to vary through space and through time. In postmodern terms, the body itself can be read as a text on which the most fundamental values of a society are inscribed. The work of French social theorist Michel Foucault (1977, 1978) certainly forwarded this view. He documented in excruciating detail some of the ways in which human bodies in prisons, hospitals, and asylums are disciplined, punished, and in other ways manipulated as a means of social and ideological control. Calling this "biopower," Foucault argued that human societies manage (and sometimes violate) human bodies in ways that create politically docile citizens; one only need think of various atrocities in Iraq to understand the power of Foucault's important insight.

As much as Foucault's work has been rightfully hailed by Western scholars, it also suffered from a fundamental "gender blindness"; to wit, Foucault himself did not distinguish between or account for the ways in which male and female bodies are treated differently through societies' disciplinary mechanisms. To understand the body in these gendered terms, feminist revisionists have undertaken multiple studies, including historical, literary, and ethnographic ones, to reveal the ways in which such

Western notions as "femininity," "efficiency," "control," and "discipline" are both embodied and resisted by women.

In the anthropology of the body, the scholar who paved the way for ethnographers of women's health was Emily Martin, whose first book, *The Woman in the Body: A Cultural Analysis of Reproduction,* now reissued several times (1987, 1992, 2001 in Appendix), provides a brilliant Marxist feminist critique of the ways in which women's bodies—and particularly their reproductive bodies—have been disciplined in 20th-century postindustrial U.S. society. Basing her analysis on a large-scale ethnographic study of women of multiple classes and ethnicities in Baltimore, Maryland, Martin interrogates the ways in which women in the United States view their reproductive processes (particularly menstruation, childbirth, and menopause), and the language and metaphors they use to describe them.

Finding multiple examples of negative bodily imagery, she traces these to U.S. capitalist notions of "production" and "productivity" and the penetration of these dominating metaphors in the biomedical textbooks and practices surrounding reproduction. Thus, women's childbirth is defined as "labor," to be timed, managed, and "delivered" into the hands of male obstetricians. Martin's critique of this production metaphor—as well as the "failed production" metaphor used to describe both menstruation and menopause—suggests the importance of analyzing language, including who produces this language and how it is used by powerful constituencies (e.g., biomedicine) to control women. Her book also points to women's resistance. Although women's bodies are the sites of social inscription, bodily metaphors can be changed for the better by women themselves, leading to new bodily attitudes, practices, and social histories.

Martin's pathbreaking anthropological analysis of the "the woman in the body" clearly influenced the thinking of many future anthropologists working in this field. Over the past decade, there has been much good "body work" published by anthropologists. Most of this work incorporates women's own voices, their experiences of "living in their bodies," their perceptions of their own bodily anatomy and physiology, their reflections on body image, and their attempts to resist various forms of bodily coercion. Indeed, the ethnographies listed in the Appendix take us on a veritable ethnographic journey of women's bodies cross-culturally, particularly in the reproductive realm. But it is important to point out that some of the best body work published by anthropologists in recent years has nothing to do with reproduction. For example, excellent ethnographies on teenage dieting, breast augmentation and plastic surgery, and living with disability can be found on the list in the Appendix and attest to a much-needed "opening up" of women's health ethnography to topics beyond reproduction.

Message Four: The Increasing Medicalization of Women's Lives

One of the positive results of the anthropological overfocus on reproduction is that it reveals another important message: namely, women's lives, and especially their reproductive lives, have become increasingly medicalized over time. *Medicalization* is the term used to describe the biomedical tendency to pathologize otherwise normal bodily processes and states. Such pathologization leads to incumbent medical management. To take but a few examples, many of the normal stages of a woman's

reproductive life cycle, from menarche to menopause, have been pathologized, or turned from a normal stage or state into a "disease" or "condition" to be managed through biomedical intervention. Such medicalization can be detected in the creation of such disease categories as "premenstrual syndrome," "fibrocystic breast disease," "estrogen deficiency disorder," or the moral "disease" known in the United States as "teen pregnancy."

Whether women themselves view these issues as diseases is open to question, and must be subjected to ethnographic inquiry. For example, the "problem" of teen pregnancy—which has received a great deal of biomedical and public health attention in the United States in recent years—would not be considered a problem in many parts of the world. Indeed, even within the United States, childbearing during the teenage years is normative and socially valued among some ethnic minority populations, as shown in a number of thought-provoking ethnographies on this subject (see Appendix).

Because medicalization is part and parcel of women's health experiences now in many parts of the globe, anthropologists have been interested in examining such medicalization processes, often spelling them out in graphic detail. A number of landmark ethnographies have been published on the medicalization of women's reproduction in both Western and non-Western countries. Two of these, one from the United States and one from Africa, provide particularly compelling examples. The first is Robbie Davis-Floyd's, *Birth as an American Right of Passage* (1992 in Appendix), which, like Martin's book, has been recently updated and reissued in 2004 because of its enduring value and popularity as a classroom text. In the book, Davis-Floyd describes the various inane, and sometimes iatrogenic, or health-demoting rituals of hospital birth, in a country where nearly 99 percent of U.S. women give birth to their babies in highly technological hospital environments. Calling this the "technocratic model" of birth—in which authoritative knowledge of childbirth is seen to be held by obstetricians rather than birthing women—Davis-Floyd is able to show how childbirth becomes like a medical disease, to be managed with invasive technologies and mystifying medical rituals every step of the way. Birth technologies and rituals such as the "pit drip," episiotomies, epidurals, amniotomies, electronic fetal monitors, and forceps obscure the possibility that birth could ever be thought of again in the United States as a nonmedical event, to be managed without high technology by midwives in women's homes, as it has been throughout most of human history. To do so would wrest control of birth from the realm of biomedicine, which has powerful professional and economic incentives to dominate this lucrative domain.

Similarly, medical anthropologist and historian Nancy Rose Hunt introduces us to similar processes of birth medicalization in the troubled postcolonial society of what was once called Zaire (now Democratic Republic of the Congo). *A Colonial Lexicon of Birth Ritual, Medicalization, and Mobility in the Congo* (1999 in Appendix) is a fascinating historical and ethnographic journey of changing birth practices, as remembered in part by the elderly Congolese midwives who were co-opted by missionary doctors to bring birthing women to missionary hospitals. As with Davis-Floyd's book, *A Colonial Lexicon* explores the various "technologies of birth," such as forceps, injections, and "take-home" gifts of baby clothes and antiseptic soap that became part of the very lexicon of the colonial project in Africa. Hunt ultimately suggests that medicalization and the fascination with birthing technology

went hand in hand with colonial "modernization" projects in Central Africa. When these technologies were no longer made available during periods of postcolonial political decline (e.g., during the reversals in all forms of health service delivery under the repressive, postcolonial regime of Mobutu Sese Seko), they become objects of considerable nostalgia among the elderly informants interviewed by Hunt.

These ethnographies from two very different parts of the world highlight the global transformations in birthing—and particularly the explicit move from home to hospital—which can now be found in many global sites. Furthermore, these ethnographies bespeak biomedicine's fascination with technology. Sometimes described in medical anthropology as the "technological imperative" of biomedicine, technology is a major part of the biomedical mandate. Technology is used sometimes simply because it exists, and it eventually becomes routinized in various hospital rituals, as shown in both of the aforementioned ethnographies. But the questions remain: Do we truly need all of this technology? And is this medical management really improving women's lives? For many of the anthropologists and other feminist scholars whose books are listed in the Appendix, the conclusion has been "no." Although biomedicine clearly has the power to heal and some technologies are, indeed, life saving, the technological excesses of biomedicine in the face of ongoing medicalization require constant surveillance and vigilance to prevent unnecessary medical control over women's lives.

Message Five: The Increasing Biomedical Hegemony over Women's Health

This leads to the fifth related message: namely, at the dawn of the 21st century, biomedicine has exerted its hegemony over women's health and health care in many (if not all) parts of the world. In other words, biomedicine is now the default and most prestigious form of women's health care, replacing many earlier systems of healing. How did this biomedical hegemony come about? The answer lies, in part, in the very notion of hegemony. According to Italian social theorist Antonio Gramsci (1971), hegemony is domination that is achieved through consent rather than by force. In terms of biomedical hegemony over women's health, physicians have rarely forced women to accept them as their primary medical practitioners. Such consent has come from women themselves, who have actively participated in this process of medicalization and have often demonstrated their desire for cutting-edge biomedical technologies. To take but one example, epidural anesthesia in childbirth would not exist were it not for women demanding more effective forms of analgesia that would also allow them to remain awake (or, alternatively, take a comfortable, pain-free nap) during the birthing process.

But just as women have consented to hegemonic domination by biomedicine, they have also displayed counterhegemonic resistance in many cases. In the United States, an excellent example of hegemony–counterhegemony can be found in the return of the midwifery and natural childbirth movement, following consolidation of power by an all-male obstetrics-gynecology profession. Indeed, in the 19th century, women's health care was literally wrested from the hands of women healers—including midwives, spiritualists, and other lay women's healers—to create a lucrative ob-gyn profession controlled by men (Banks 1999; Ehrenreich and English 1978). Such biomedical hegemony was achieved in part by force—for example, by

making lay midwifery practice illegal in many states. But this switch from midwifery to ob-gyn was also achieved by consent, as birthing women became convinced that biomedicine had something useful to offer them.

The total domination of childbirth by male physicians began to change in the 1970s—which, not surprisingly, coincided with the second-wave of feminism in the United States and the publication of the definitely counterhegemonic text *Our Bodies, Ourselves* (Boston Women's Health Book Collective 1973). An alternative birthing movement was formed, encouraging partner-assisted, intervention-free, "natural" childbirth, assistance by midwives rather than obstetricians, and birth at home rather than in hospitals. Although today the numbers of women who choose these alternatives is still relatively small, the growth of this movement over the past 30 years bespeaks both women's health activism and resistance to biomedical hegemony (Morgen 2002 in Appendix).

Similar resistance to the medicalization of birth can be found elsewhere around the globe. For example, Carolyn Fishel Sargent shows in her book *Maternity, Medicine, and Power: Reproductive Decisions in Urban Benin* (1989 in Appendix)[6] that rural Bariba (Baatombu) women in the West African country of Benin have strongly resisted government efforts to medicalize childbirth. Women there idealize the solitary birth, in which a woman, demonstrating her courage, delivers alone and calls for assistance only in cutting the umbilical cord after birth. In the event of a problematic labor, older women in the family or women specializing in midwifery in the community assist in the delivery. Birth is defined as an event of ritual significance and potential mystical danger. Thus, a woman's capacity to confront these risks alone is highly valued and is a major factor behind rural resistance to hospital delivery. In spite of government pressures and the administration of fines in some regions, rural women were continuing to resist delivery in maternity clinics as of the late 1990s, when Sargent returned for follow-up fieldwork. However, most urban women were delivering in the hospital to comply with government regulations and to demonstrate their modernity by undertaking medicalized hospital births.

This global movement of birth from home to hospital does not guarantee that births will be safe. Plagued by Third World shortages of electricity, supplies, medications, aseptic conditions, and qualified personnel, safe hospital births cannot always be guaranteed. Indeed, the negative side of biomedical hegemony is that it may be health demoting in some cases. This may be particularly true in the reproductive realm, where women are most likely to interact with biomedicine and where many of the technological excesses of biomedicine are to be found.

An example of this can be seen in the treatment of infertility. As I have shown in *Quest for Conception* (Inhorn 1994 in Appendix), poor infertile Egyptian women are faced with a dizzying array of etiological, diagnostic, and therapeutic possibilities, both "ethnogynecological" and "biogynecological" in nature. Numerous types of women healers in the poor urban communities of Egypt attempt to help infertile women become pregnant; however, their services are entirely ignored by both the biomedical establishment and the Ministry of Health, who see them as an embarrassing anachronism.

Instead, biomedical gynecologists claim to offer superior infertility services to Egyptian women, who often are convinced to try these biomedical therapies by their female family members (esp. mothers-in-law). However, many of the so-called

biomedical therapies for infertility offered to poor women—such as tubal insufflation to purportedly "blow open" blocked fallopian tubes, or cervical electrocautery to supposedly "burn off" cervical erosions—are, in fact, irrational, obsolete, iatrogenic, and even life-threatening procedures. Such outdated gynecological practices used on infertile women's bodies can be found elsewhere around the globe (Inhorn and van Balen 2002 in Appendix), suggesting that biomedical infertility treatment may be suboptimal in many non-Western countries. Indeed, the ways in which Western biomedicine is—and is not—practiced in non-Western places requires considerable interrogation. This is an exercise of particular relevance to medical anthropology, one that requires significantly more attention across cultural fields.

Message Six: The Production of Health by Women

In the Western world, medical anthropology has been finely attuned to the excesses of biomedicine, because of its insistence on the critique of Western biomedicine as a cultural system in and of itself (Lindenbaum and Lock 1993; Lock and Gordon 1988). Yet, medical anthropology has its historical roots in the study of non-Western alternative medical traditions, or so-called ethnomedicines, which still exist in most societies around the globe (Nichter 1992). Many ethnographers who study ethnomedicine have documented the ways in which women around the world "produce" health, often through their formal and informal roles as traditional healers. A significant number of the ethnographies listed in the Appendix document the important role of traditional midwives in their communities, especially in the non-Western countries. However, some of these ethnographies also point to other powerful healing roles played by women.

One of the most rich and evocative of these books is Janice Boddy's *Wombs and Alien Spirits: Women, Men, and the Zar Cult in Northern Sudan* (1989 in Appendix). Based on nearly two years of ethnographic fieldwork in a Muslim village in northern Sudan, Boddy takes us into the lives of women who participate in the local spirit possession cult known as the *zar.* The zar caters to reproductively troubled women, who seek an outlet in the cathartic trances and exhilarating performances staged by the zar leaders. Indeed, tangible power lies with those women who lead the zar. As spiritist healers, they are experts at invoking the spirits of possession and making their demands known, often in ways that are empowering to other women. Thus, *Wombs and Alien Spirits* takes us into a moral universe where women healers are significant social actors. Through their healing trances and spirit invocation, they help other women make sense of their disrupted reproductive trajectories and resist their objectification and subordination as less valued members of their own society.

Women help other women not only as professional healers, but as members of families and communities. Indeed, women do a tremendous amount of routine "health work," which rarely receives proper acknowledgment for its importance. In medical anthropology, the phrase "household production of health" has been used to designate the ways in which women work within their households to produce healthy family members, especially children and the elderly. The household production of health is sometimes linked to "positive deviance," or the fact that women are often able to achieve very healthy pregnancies, deliveries, and well babies, even under dire conditions of poverty and social deprivation.

For example, in *Birth on the Threshold: Childbirth and Modernity in South India,* Cecila Van Hollen (2003 in Appendix) documents the elaborate *cimantan* ceremonies in Tamil Nadu, India, which are designed to honor and care for pregnant women during the final month of gestation. According to Van Hollen (2003:87 in Appendix), it is considered extremely important to satisfy a pregnant woman's cravings to "ensure a problem-free delivery and the well-being of mother and child." Thus, considerable expense and effort is directed by other women in the family toward pregnant women in the household. Indeed, Van Hollen argues that births occurring literally "on the threshold" in Tamil Nadu homes may, in fact, be safer than hospital births characterized by excessive doses of pitocin and even physical violence on the part of delivery room staff.

Women's household production of health may be a form of counterhegemony to biomedicine; namely, women seek alternatives when biomedicine is seen as unappealing or has failed them. Furthermore, in some parts of the world, women may be forced to heal themselves and their family members, either because they have so few other options for accessible and effective health care, or because they are treated very badly under the patriarchal conditions of health care found in many parts of the world, as clearly exemplified in Van Hollen's compelling ethnography.

Message Seven: The Health-Demoting Effects of Patriarchy

Another major message from the ethnographies of women's health is that patriarchy can be health demoting, whether it be the "micro-patriarchy" of authoritarian doctor–patient relationships found in many biomedical settings, or the "macro-patriarchy" of gender oppression and its ill effects on women's health. Patriarchy has been defined in many ways—from patriarchy writ small on the level of the family to patriarchy writ large on the level of social institutions. In the feminist literature, patriarchy is often broadly defined as gender oppression—or the domination of women by men—and is sometimes portrayed as being universal (everywhere all the time). In women's health literature, a less universalizing definition of patriarchy is often forwarded—namely, gender discrimination or gender bias in health care research or delivery (Sargent and Brettell 1995 in Appendix).

In my own book on *Infertility and Patriarchy: The Cultural Politics of Gender and Family Life in Egypt* (1996 in Appendix), I offer a general definition of patriarchy that is multileveled, and that I summarize in Table 3. However, in my view, general definitions of patriarchy must also be locally situated; patriarchy necessarily has local manifestations that will vary across cultures and through time. In *Infertility and Patriarchy,* I describe how, in the poor urban communities of Egypt, infertile women "live" patriarchy each and every day in their interactions with husbands, in-laws, and community members. Husbands may threaten to leave infertile wives (although most do not), and mothers-in-law may torment infertile daughters-in-law (and most do). Thus, patriarchy in urban Egyptian culture has both gendered and aged dimensions. Women "buy into" patriarchy as they age, exerting increasing power and control over junior women in the household.

By focusing on the ways in which patriarchy operates at many levels of women's lives in both inter- and intragender forms, we come to understand the very health-demoting consequences of gender oppression. Salient examples in women's health

Table 3 Patriarchy Defined

Relations of relative power and authority of males over females, which are:
(1) learned through gender socialization within the family,
(2) manifested in both inter- and intragender interactions within the family and other interpersonal milieus,
(3) legitimized through deeply engrained, pervasive ideologies of inherent male superiority and heterosexist privilege, and
(4) institutionalized on many societal levels (legal, political, economic, educational, religious, and so on)

Source: Inhorn 1996.

would include the nutritional neglect of girls and women in many parts of the world, leading to malnutrition, anemia, and excess female mortality; the violence perpetrated against girls and women, in forms that are physical, emotional, and sexual in nature; and women's inability to negotiate safe sex in an era when women are the fastest-growing segment of new HIV/AIDS cases.

We now have some incisive ethnographies demonstrating the health-demoting effects of patriarchy. One of the most chilling is Elisabeth Croll's *Endangered Daughters: Discrimination and Development in Asia* (2000 in Appendix). That millions of "missing girls" were either never born or died as a result of son preference–daughter discrimination in India, China, and several other Asian countries is documented in Croll's sweeping, comparative study. Drawing equally on demographic and local ethnographic data, Croll powerfully demonstrates that discrimination against daughters, as manifested in excessive female mortality before birth (through ultrasound-assisted, sex-selective feticide), at birth, and in infancy and childhood, has continued to rise, even with significant economic and educational improvements in many Asian countries. According to Croll, the reasons for son preference accompanied by active daughter discrimination are manifold and culturally complex. In India and China, they include, among other things, notions of filial piety and the obligation of sons, not daughters, to worship ancestors and carry on the family line; virilocal marriage patterns, where sons remain within the family but daughters marry "out," making them "temporary visitors" in their natal households; and the perceived economic value of sons (in agricultural work, family businesses, and old-age support of parents), and concomitant perceived economic burden of daughters, especially in India, where an oppressive dowry system has led to a highly publicized spate of dowry suicides and homicides.

Croll shows how the perceived benefits of sons—and the perceived disadvantages of daughters, especially second and "higher-order" ones—have led to a cruel "culture of gender" rife with both overt and covert daughter discrimination. Clearly, this is one example of patriarchy at its worst; however, the term *patriarchy,* or the feminist analysis that might surround this idea, is never introduced in Croll's demographic–ethnographic text. This is not uncommon in the ethnographies listed in the Appendix. Although many of the authors have clearly been influenced by feminist writings and frameworks, they may be reluctant to introduce the polemics and ideologies of feminism in their otherwise politically "neutral" ethnographies. Furthermore, they may be criticized if they attempt such a feminist framing. For example, with the

publication of my own book, *Infertility and Patriarchy,* the conservative U.S. social commentator, Daniel Pipes, wrote in a review, "One warning: As the title suggests, Inhorn packages her excellent analysis within an envelope of predictable and tedious feminism, full of 'gendered' this and 'patriarchal' that. Fortunately, the envelope is easily removed, leaving a gem of a study within" (Pipes 2002).

Contrary to Pipes's assertions, we need more examples of feminist-informed, women's health scholarship in which discussions of patriarchy are framed around the empirical realities. Although the actual lived experiences of patriarchy are demonstrated in many of the ethnographies listed in the Appendix, we need more ethnographic texts that also successfully theorize the health-demoting effects of patriarchy in women's lives.

Message Eight: The Intersectionality of Race, Class, Gender (etc.) in Women's Health

In addition, we need more ethnographic texts that explore the "intersectionality" of various forms of oppression in women's lives, be it oppression based on gender, race, class, age, nation, religion, sexual orientation, disability, or appearance (Schulz and Mullings 2006 in Appendix). As black feminist theorists have pointed out (Collins 1991; Mullings 1997), multiple forms of oppression may intersect in women's lives, and these forms of oppression are not merely additive. To take but one example, for poor women of color in the United States, being black and being poor may represent more potent forms of oppression than being women in a male-dominated society (although patriarchy, too, may take its toll on black women's lives) (Mullings 1997). Thus, the term *intersectionality* has been coined to highlight the interlocking nature of various forms of oppression, resulting in the need to study the dynamics and health effects of oppression through multiple lenses (Krieger et al. 1993; Schulz and Mullings 2006 in Appendix).

Fortunately, we are beginning to understand some of these oppressive intersections in the lives of poor women of color in the United States through a rich ethnographic literature on the health consequences of poverty in minority communities. Unfortunately, these are the very communities where the AIDS epidemic has hit hardest; thus, many of the ethnographies in this category focus on the overwhelming odds stacked against poor minority women in the midst of a terrifying epidemic. Beginning with the publication of the award-winning volume *Women, Poverty, and AIDS: Sex, Drugs and Structural Violence* (Farmer et al. 1996 in Appendix), which foregrounded the role of poverty as the major risk factor for women's contraction of the HIV virus, several ethnographers, including Renee White (1999), Elisa Sobo (1995), and Claire Sterk (1999, 2000)—all in the Appendix—have documented the insidious ways in which race and class intersect in inner-city ghetto communities to make HIV risk reduction difficult, if not impossible, for women.

In her book *Putting Risk in Perspective: Black Teenage Lives in the Era of AIDS,* White shows that poor black teenaged girls in inner-city New Haven, Connecticut, enter into relationships with older men—thereby becoming pregnant in many cases, and sometimes contracting HIV—because of structural factors that force poor black youth into early maturity and adulthood. According to White, teenage initiation into

early sexual activity is linked to economic uncertainties (and the material benefits of having an older boyfriend), poor career opportunities, single-parent households lacking effective role models, and less concern for the future in communities riddled by violence and poverty. Thus, becoming pregnant is a way of hastening adulthood and social prestige among lower-class girls, who are under significant economic and social pressure to become adults. (This finding is repeated in the study by Dodson [1998 in Appendix], who worked with girls from a variety of racial backgrounds in poor neighborhoods of Boston.)

Working with adult black women in inner-city Cleveland, Elisa Sobo argues in *Choosing Unsafe Sex: AIDS-Risk Denial among Disadvantaged Women* that poor women are not forced into unsafe sex out of economic necessity (given that most of these women are entirely self-supporting). Rather, desires for love and monogamy lead women to overestimate their partners' faithfulness and HIV-negative status and to underestimate their own need for condoms in supposedly monogamous relationships. Because of condoms' popular association with infidelity and disease, the use of condoms could interfere with the maintenance of loving relationships, a risk that few women are willing to take.

Whereas Sobo's book examines women's "AIDS risk denial" in the context of loving male–female relationships, Claire Sterk's work in both the New York City area and Atlanta, Georgia, provides only sobering examples of male exploitation of women. In her studies, men introduce women to drugs, force them to work as prostitutes to support their own drug habits, and, in many cases, rape and otherwise abuse them as pimps, johns, and drug-addled boyfriends. Indeed, the health-demoting effects of patriarchy, poverty, and racism in women's lives truly converge in Sterk's book *Fast Lives: Women Who Use Crack Cocaine* (1999 in Appendix). Taking great personal risks as an ethnographer, Sterk documents the crack cocaine epidemic in the poor inner-city neighborhoods of Atlanta, and the effects of this epidemic on the unfortunate women caught up in its midst.

In *Fast Lives,* Sterk shows that staying out of the drug culture is difficult for many women, especially as low-priced rocks of crack cocaine have become abundantly available in poor neighborhoods. Most tragically, even middle-aged grandmothers who carry the emotional and economic responsibility for their grandchildren have become desperate "crack whores" (or what Sterk prefers to call "struggling rookies"). After making the mistake of trying their own daughters' crack pipes, these older women develop terrible addictions and must then perform humiliating and inherently unsafe sexual acts with other crack addicts to satisfy their crack cravings. Although Sterk's book is truly painful to read, it also serves to promote empathy for a group of women who have been utterly socially marginalized (and victim blamed for their own drug problems) by mainstream U.S. society. Furthermore, it suggests solutions for woman-centered drug rehabilitation programs that allow women to live in treatment with their children, as most of these women still love and try to care for their family members.

Indeed, Sterk goes so far as to suggest that decriminalization and legalization of drugs may serve to stem the tide of illegal drug trafficking that plagues poor communities in the United States. But, to do so, the U.S. government would have to take an entirely different approach to its "war on drugs," which currently emphasizes victim blaming and the punishment and imprisonment of individuals for drug possession and dealing.

Message Nine: The State Intervenes in Women's Health

As with the war on drugs example, the state continues to be one of the most powerful agents of surveillance and control over its citizens, in ways that directly affect women's health. To take but a few additional examples, the state's reluctance to enact strict gun control legislation in the United States is health demoting for poor women of color, who are at increased risk of gun-related homicides. Governments around the world also enact powerful legislation either providing or restricting access to abortion, contraceptives, and other reproductive technologies that affect women's health and well-being through their ability to plan their pregnancies (e.g., Browner 2000; Browner et al. 1999; Luker 1985; see also in Appendix: Ali 2002; Ginsburg 1989; Jeffrey and Jeffrey 1985, 2002; Kligman 1998; Ward 1986). Furthermore, the state controls access to health care itself and whether that health care will be entirely free, partially state subsidized, or fee-for-service through a private health care industry (Inhorn 2003). Obviously, access to subsidized health care has major impacts on women's lives, as do either progressive or retrogressive state policies regarding family leaves and childcare, all of which directly affect women's health and well-being. In short, state policies have profound impacts on women's health, in ways that are numerous and varied.

A recent excellent example of state policies and their link to nationalist agendas can be found in Rhoda Ann Kanaaneh's *Birthing the Nation: Strategies of Palestinian Women in Israel* (2002 in Appendix). In this pathbreaking ethnography, Kanaaneh examines the purported "demographic war" between Palestinians and Israelis, in which women's bodies are enlisted on both sides in a nationalist struggle to reproduce new citizens for these warring polities. Although the Israeli state limits access to subsidized contraception for Israeli Jewish women, it encourages the use of contraception in family-planning clinics set up for the Palestinian population within its midst. Indeed, the Zionist Israeli state continues to reinforce the notion of an "Arab demographic threat" through uncontrolled Palestinian hyperfertility. However, as Kanaaneh shows in her ethnography based in the Galilee, many educated, middle-class Palestinian families in Israel have already thoroughly incorporated the use of contraception into their lives to produce small, "modern," "high-quality" families. At the same time, many Palestinians remain ambivalent about contraception, given Palestinian nationalist agendas to reproduce large quantities of children, especially sons, for the purposes of the national struggle. As Kanaaneh concludes, comparative ethnic political arithmetics and the reproductive wars they spawn are features of many nationalisms around the world. However, in Israel, they are particularly salient, given the Israeli state's attempts to "divide and rule"—including by the building of walls—the growing Palestinian population within its midst.

Message Ten: The Politics of Women's Health

Ethnographies that highlight the role of the state inevitably point to the ways in which women's bodies and women's health become the site of overt and covert, micro- and macropolitical struggle. Rayna Rapp's and Faye Ginsburg's (1991 in Appendix) seminal article on "The Politics of Reproduction" in the *Annual Review of Anthropology* was, in some senses, a call for medical anthropologists to begin assessing the ways in which women's health is politicized and to study women's health activism and resistance. In their article, they defined politics broadly as the

ways in which people try to gain power and exert control over others. In their later coedited volume, *Conceiving the New World Order: The Global Politics of Reproduction* (1995 in Appendix), they include numerous ethnographic examples of reproductive politics—ranging from the one-child-only policy in China (Anagnost 1995) to the politically calculated rapes and abductions of women during the political partition of India and Pakistan (Das 1995)—to make the point that the local social arrangements within which reproduction is embedded are inherently and often extremely politically contentious.

Since the early 1990s, the politics of reproduction have been a major topic of inquiry among ethnographers, as evident in more than a dozen ethnographies in the Appendix with the term *politics* in their titles. Indeed, it is fair to say that most of the ethnographies included in the Appendix deal, in one way or another, with very politicized subjects, including abortion, teenage pregnancy, enforced sterilization and eugenics, population control, welfare policies, third-party donation of gametes, surrogacy, fetal protection, lesbian parenthood, violence against women, and the like.

A recent excellent example of the politics of women's health can be found in Ellen Gruenbaum's *The Female Circumcision Controversy: An Anthropological Perspective* (2001 in Appendix), which is destined to become a classroom favorite. With this book, Gruenbaum establishes herself as the leading ethnographer of female circumcision (a.k.a. female genital cutting or female genital mutilation), who has provided the most comprehensive, fair-minded, ethnographically rich, and theoretically sophisticated account of female circumcision available to Western readers.

The book begins by situating female circumcision within ethical and human rights debates in anthropology and global public health and feminist circles, where the practice of female circumcision has generally been reviled. However, drawing on her long-term fieldwork in Sudan—where the most extensive form of "pharaonic" circumcision (a.k.a. infibulation) is practiced—Gruenbaum makes sense of female circumcision within the multiple contexts of women's lives, exploring its meanings in the realms of marriage, gender identity, ethnicity, religious morality, ritual, and sexuality. In a compelling conclusion entitled "Involvement," Gruenbaum suggests that African women need to take—and are, in fact, taking—the lead in the debates about the future elimination of this deeply embedded cultural practice. Thus, Gruenbaum demonstrates how Western universalizing campaigns to eradicate female circumcision around the globe are often based on simplistic and culturally insensitive understandings of African women's lives and their local moral worlds (including local versions of Islam). Such insensitivity leads to programs that are morally offensive and bound to produce a cultural backlash.

Message 11: The Importance of Women's Local Moral Worlds

As Gruenbaum's ethnography demonstrates, many women's health issues are not only political but moral in nature. The notion of "local moral worlds," as forwarded by medical anthropologist Arthur Kleinman (1995:27), highlights the importance of "moral accounts . . . of social participants in a local world about what is at stake in everyday experience."

For women around the world, local moralities, often religiously based, have major effects on women's health decision making, particularly when the moral stakes are

very high. For example, in her classic ethnography, *Contested Lives: The Abortion Debate in an American Community,* Faye Ginsburg (1998 in Appendix) demonstrates how the fractious debate over abortion in Fargo, North Dakota, is morally loaded, with the religiously backed right-to-life lobby arguing that life begins at the moment of conception and that moral women's lives should be spent at home raising their children in a sea of domesticity. This political backdrop—which includes abortion-clinic picketers keeping round-the-clock vigil at local abortion clinics while carrying their larger-than-life pictures of supposedly aborted fetuses—provides the moral landscape in which U.S. women must choose whether or not to terminate a pregnancy (Ginsburg 1998 in Appendix). Indeed, as Rayna Rapp (1999 in Appendix) has also shown so vividly in her work on prenatal genetic testing, women are often thrust into the position of making difficult moral decisions about abortion. Religious abstractions, such as the right to life, may prove to be less than helpful when a woman is confronted with the real-life consequences of continuing a pregnancy, including caring for a disabled child.

One of the major messages of women's health ethnography is that such moral decisions are part and parcel of women's health experiences. As Rapp (1999 in Appendix) has pointed out, women are the "moral pioneers," who must confront their own religious belief systems, as well as the moral possibilities generated by the brave new world of science, technology, and biomedicine. In her own work, she has shown us what is at stake for a woman who receives a "positive diagnosis" of a potential birth defect in the fetus she is carrying so lovingly in her womb. But other moral questions are equally problematic. For example, what happens when a woman is disallowed by her religion from accepting help in the midst of an obstetric emergency? Or what happens when a woman is advised to undergo donor insemination, because the man she loves is infertile? These are the kinds of moral dilemmas that are increasingly being highlighted by ethnographers working with women around the globe. Capturing the local intricacies and intimacies of morality, including the ties between local moralities and religion, is an important mission for women's health ethnographers working across moral–cultural landscapes.

To highlight the importance of local moralities, two recent ethnographies, one from Israel (Kahn 2000 in Appendix) and my own from neighboring Egypt (Inhorn 2003), provide a striking example of moral contrasts. In *Reproducing Jews: A Cultural Account of Assisted Conception in Israel,* Susan Martha Kahn takes readers into the often arcane world of Jewish Halakhic law, where male rabbis legislate on the appropriate uses of new reproductive technologies for their followers. Kahn carefully describes how these rabbinical debates and decisions affect the actual practice of Israeli IVF, especially in clinics catering to orthodox populations. For example, third-party donation of gametes, including sperm donation, is allowed, because Jewishness is seen to be conferred through the mother's side, particularly through the act of gestating and birthing the baby. However, most conservative rabbis prefer that non-Jewish donor sperm be used, to prevent the implications of adultery between a Jewish man and a Jewish woman and to prevent future incest among the offspring of anonymous donors in this small, intermarrying country. Furthermore, debates have centered around whether surrogacy should be allowed for infertile couples, using single or married surrogates. Generally, single Jewish women are preferred as surrogates, both to avoid the implications of adultery for married Jewish surrogate

women, as well as to confer Jewishness through a Jewish woman's gestation of the fetus. Finally, because the Jewish state is pronatalist—with the state subsidizing up to six cycles of IVF or up to the birth of two IVF children for any given Israeli IVF patient couple—rabbis have generally been permissive when it comes to single career women, as well as lesbian Jewish mothers, conceiving children through assisted conceptive means.

Israel's relative permissiveness over the use of donor gametes, surrogacy, single and lesbian motherhood stands in stark contrast to the Muslim Middle East, including neighboring Egypt, where I have conducted my own ethnographic research over the past two decades. In *Local Babies, Global Science: Gender, Religion, and In Vitro Fertilization in Egypt* (Inhorn 2003 in Appendix), I show how Sunni Islamic religious authorities have issued fatwas effectively prohibiting many of the uses of new reproductive technologies found in neighboring Israel. In Egypt, all forms of third-party donation—of sperm, eggs, embryos, or uteruses (as in surrogacy)—are strictly prohibited. These prohibitions are upheld by the Coptic Christian patriarchate in the country, as well as the professional association of Egyptian obstetricians and gynecologists. Indeed, throughout the Sunni Muslim world,[7] which stretches from Morocco to Malaysia, third-party donation in IVF is disallowed, for reasons that are religious and moral in nature. According to the Muslim Egyptian IVF patients I interviewed in Cairo, third-party donation leads to a "mixture of relations," which is *haram,* or sinful in the religion. For them, moral concerns revolve around three sets of related issues: (1) the implications of *zina,* or adultery, associated with using donor gametes; (2) the potential for incest among the children of unknown donors; and (3) the confusion of lines of descent, kinship, and inheritance, which is both immoral and psychologically devastating to a potential donor child. What is interesting here is that moral concerns over adultery and incest are found in both Egypt and Israel. Yet, the solutions to these moral dilemmas have taken very different forms in practice in the two countries. Whereas third-party donation is allowed in one country, it is strictly prohibited in another, with implications for childless women that are both poignant and profound.

Message 12: The Importance of Understanding Women's Subjectivities

To understand the poignancy and profundity of reproductive health matters such as these, women's own subjectivities—for example, how they experience being infertile women or the wives of infertile men—need to be understood. In the burgeoning ethnography of infertility, Gay Becker's *The Elusive Embryo: How Women and Men Approach New Reproductive Technologies* (2000 in Appendix) stands out in this regard for capturing both the hope and the heartbreak of infertility and IVF, as represented through the voices of childless women and their husbands. In *The Elusive Embryo,* Becker allows her informants to talk at length about what it means to be infertile, how difficult it is to choose the path of donation, how parents struggle over disclosing information to donor children, and how notions of parenthood and family need to be "rewritten" when new reproductive technologies fail to produce a "take-home" baby. Ultimately, the message from Becker's book—and from Linda Layne's recent related ethnography on the meanings of pregnancy loss (Layne 2003 in Appendix)—is that ethnography is at its best when it "gives voice" to people's lived experiences by including narratives and stories as essential components of

the ethnographic text. Many of the ethnographies included in the Appendix are praiseworthy for doing so.

Thus, the final message from the ethnographies is that a great deal about women's health can be learned by letting women talk—by effectively and compassionately listening to them narrate their own subjective experiences of sickness and health, pain and suffering, oppression and resistance, good health and occasional joy that are part and parcel of women's health experiences around the globe. Indeed, by talking with and listening to women, ethnographers can discern many additional messages about women's health, above and beyond those highlighted in this article.

In conclusion, anthropology as a discipline has done a commendable job of understanding women's subjectivities by insisting that women themselves be the interlocutors of their own lives and experiences. In the area of women's health, the evidence of this contribution is clear in the rich list of ethnographies presented in the Appendix. The production of more than 150 ethnographies of women's health over the course of 25 years—with nearly two-thirds of these books published since 2000—is a truly remarkable scholarly accomplishment. As we begin this new millennium, we can anticipate that continuing progress will be made in this ethnographic approach to women's health, with women themselves doing the "defining" in "Defining Women's Health."

Notes

Acknowledgments. I am grateful to my fellow ethnographers, who wrote the many evocative ethnographies of women's health on which this article is wholly based. I also thank three institutions, Radcliffe–Harvard University, University of Michigan, and American University of Beirut, for inviting me to deliver the lecture on which this article is based. I am grateful to many excellent graduate students, who have provided stimulating discussion about the ideas in this article during seminars taught at the University of Arizona, Emory University, and the University of Michigan. Finally, I am grateful to my former secretary, Beth Talbot, who helped me compile this enormous book list into a neat appendix.

1. This book list is one that I have compiled by myself over time and is meant to be comprehensive. I apologize for any errors of omission.

2. Many of the books on this list are award winners. For example, approximately a dozen of the solo-authored ethnographies in the Appendix are winners of the Society for Medical Anthropology's Eileen Basker Prize for Outstanding Research in Gender and Health, which is awarded annually at the American Anthropological Association annual meetings. At least two of these books (by Margaret Lock and Rayna Rapp) have won the coveted J. I. Staley Prize of the School of American Research. Others have won the Margaret Mead Award, given annually by the Society for Applied Anthropology, while others have received awards given by area studies associations (e.g., the African Studies Association). Similarly, several of the edited volumes in the Appendix represent seminal collections in the anthropology of reproduction and have thus been recognized through two relatively new awards (for best new edited volume and for most enduring edited volume) being offered annually by the Council for the Anthropology of Reproduction of the Society for Medical Anthropology.

3. This point was made by Huda Zurayk, dean of the Faculty of Health Sciences at American University of Beirut, where I presented this article as a paper in January 2003. I am grateful to her for this insight.

4. I regularly teach two interdisciplinary graduate seminars on Gender and Health: Ethnographic Perspectives and Intersectionality and Women's Health: Ethnographic Approaches to Race, Class, Gender, and "Difference." The former is devoted to the non-Western ethnographic literature and the latter to the Western ethnographic literature on women's health.

5. As noted incisively by one anonymous reviewer of this article, "One fears that this focus is a product of the worst kind of solipsism, in which mostly middle class, mostly white women work on the issues of importance to them rather than truly 'listening' to women around the world."

6. Unfortunately, this book is out of print, despite efforts to have it republished in paperback.

7. In the Shi'a Muslim majority countries of Iran and Lebanon, religious leaders have recently accepted the idea of third-party donation, especially of eggs. Thus, egg-donor programs are in place in both of those countries, as I discovered through recent fieldwork in Lebanon (Inhorn 2004a) and as Tremayne (2005) has shown for Iran.

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Banks, Amanda Carson
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1991 The Politics of Reproduction. Annual Review of Anthropology 20:311–343.

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Inhorn, Marcia C.
2002 Sexuality, Masculinity, and Infertility in Egypt: Potent Troubles in the Marital and Medical Encounters. The Journal of Men's Studies 10:343–359.
2003 "The Worms Are Weak": Male Infertility and Patriarchal Paradoxes in Egypt. Men and Masculinities 5:236–256.
2004a Middle Eastern Masculinities in the Age of New Reproductive Technologies: Male Infertility and Stigma in Egypt and Lebanon. Medical Anthropology Quarterly 18(2):162–182.
2004b Privacy, Privatization, and the Politics of Patronage: Ethnographic Challenges to Penetrating the Secret World of Middle Eastern, Hospital-Based In Vitro Fertilization. Social Science and Medicine 59:2095–2108.
2006 "He Won't Be My Son": Middle Eastern Muslim Men's Discourses of Adoption and Gamete Donation. Medical Anthropology Quarterly 20(1):94–120.
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Khattab, Hind, Nabil Younis, and Huda Zurayk
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Mullings, Leith
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Appendix Defining Women's Health: A List of 157 Ethnographies

Author(s)	Title	Publisher and Year
Western Countries		
Agigian, Amy	*Baby Steps: How Lesbian Alternative Insemination Is Changing the World*	Wesleyan Univ. Press, 2004
Becker, Gay	*The Elusive Embryo: How Women and Men Approach New Reproductive Technologies*	Univ. of California Press, 2000
Becker, Gay	*Healing the Infertile Family: Strengthening your Relationship in the Search for Parenthood*	Univ. of California Press, 1997
Blum, Virginia	*Flesh Wounds: The Culture of Cosmetic Surgery*	Univ. of California Press, 2003
Bonaccorso, Monica	*Conceiving Kinship: Heterosexual, Lesbian and Gay Procreation, Family and Relatedness in the Age of Assisted Conception in South Europe*	Berghahn Books, 2005
Casper, Monica J.	*The Making of the Unborn Patient: A Social Anatomy of Fetal Surgery*	Rutgers Univ. Press, 1998
Davis, Kathy	*Reshaping the Female Body: The Dilemma of Cosmetic Surgery*	Routledge, 1995
Davis-Floyd, Robbie	*Birth as an American Right of Passage, 2nd ed.*	Univ. of California Press, 2004
Dodson, Lisa	*Don't Call Us Out of Name: The Untold Lives of Women and Girls in Poor America*	Beacon Press, 1998
Edin, Kathryn, and Maria Kefalas	*Promises I Can Keep: Why Poor Women Put Motherhood before Marriage*	Univ. of California Press, 2005
Edwards, Jeanette, Sarah Franklin, Eric Hirsch, Frances Price, and Marilyn Strathern	*Technologies of Procreation: Kinship in the Age of Assisted Conception, 2nd ed.*	Routledge, 1999
Erickson, Pamela	*Latina Adolescent Childbearing in East Los Angeles*	Univ. of Texas Press, 1998
Featherstone, Katie, Aditya Bharadwaj, Angus Clarke, and Paul Atkinson	*Risky Relations: Family, Kinship and the New Genetics*	Berg, 2005
Frank, Gelya	*Venus on Wheels: Two Decades of Dialogue on Disability, Biography, and Being Female in America*	Univ. of California Press, 2000
Franklin, Sarah	*Embodied Progress: A Cultural Account of Assisted Conception*	Routledge, 1997

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Appendix Defining Women's Health: A List of 157 Ethnographies (*Continued*)

Author(s)	Title	Publisher and Year
Ginsburg, Faye	*Contested Lives: The Abortion Debate in an American Community, 2nd ed.*	Univ. of California Press, 1998
Gonzalez-Lopez, Gloria	*Erotic Journeys: Mexican Immigrants and Their Sex Lives*	Univ. of California Press, 2005
Greil, Arthur L.	*Not Yet Pregnant: Infertile Couples in Contemporary America*	Rutgers Univ. Press, 1991
Gremillion, Helen	*Feeding Anorexia: Gender and Power at a Treatment Center*	Duke Univ. Press, 2003
Jacobson, Nora	*Cleavage: Technology, Controversy, and the Ironies of the Man-Made Breast*	Rutgers Univ. Press, 2000
Jordan, Brigitte	*Birth in Four Cultures: A Cross-cultural Investigation of Childbirth in Yucatan, Holland, Sweden, and the United States*	Waveland Press, 1993
Konrad, Monica	*Nameless Relations: Anonymity, Melanesia and Reproductive Gift Exchange between British Ova Donors and Recipients*	Berghahn Books, 2006
Lather, Patti, and Chris Smithies	*Troubling the Angels: Women Living with HIV/AIDS*	Westview Press, 1997
Layne, Linda L.	*Motherhood Lost: A Feminist Account of Pregnancy Loss in America*	Routledge, 2003
Lewin, Ellen	*Lesbian Mothers: Accounts of Gender in American Culture*	Cornell Univ. Press, 1993
Luttrell, Wendy	*Pregnant Bodies, Fertile Minds: Gender, Race, and the Schooling of Pregnant Teens*	Routledge, 2002
Martin, Emily	*The Woman in the Body: A Cultural Analysis of Reproduction, 3rd ed.*	Beacon Press, 2001
Mitchell, Lisa M.	*Baby's First Picture: Ultrasound and the Politics of Fetal Subjects*	Univ. of Toronto Press, 2001
Morgen, Sandra	*Into Our Own Hands: The Women's Health Movement in the United States, 1969–1990*	Rutgers Univ. Press, 2002
Moss, Pamela, and Isabel Dyck	*Women, Body, Illness: Space and Identity in the Everyday Lives of Women with Chronic Illness*	Rowman & Littlefield, 2002
Mullings, Leith, and Alaka Wali	*Stress and Resilience: The Social Context of Reproduction in Central Harlem*	Kluwer Academic/Plenum Publishers, 2001
Nichter, Mimi	*Fat Talk: How Girls and Their Parents Talk about Dieting in America*	Harvard Univ. Press, 2000
Oaks, Laury	*Smoking and Pregnancy: The Politics of Fetal Protection*	Rutgers Univ. Press, 2001
Paxson, Heather	*Making Modern Mothers: Ethics and Family Planning in Urban Greece*	Univ. of California Press, 2004

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Appendix Defining Women's Health: A List of 157 Ethnographies (*Continued*)

Author(s)	Title	Publisher and Year
Ragone, Helena	*Surrogate Motherhood: Conception in the Heart*	Westview Press, 1994
Rapp, Rayna	*Testing Women, Testing the Fetus: The Social Impact of Amniocentesis in America*	Routledge, 1999
Reed, Richard K.	*Birthing Fathers: The Transformation of Men in American Rites of Birth*	Rutgers Univ. Press, 2005
Sandelowski, Margarete	*With Child in Mind: Studies of the Personal Encounter with Infertility*	Univ. of Pennsylvania Press, 1993
Sharpe, Tanya Telfair	*Behind the Eight Ball: Sex for Crack Cocaine Exchange and Poor Black Women*	Haworth Press, 2005
Smith-Morris, Carolyn	*Diabetes among the Pima: Stories of Survival*	Univ. of Arizona Press, 2006
Sobo, Elisa	*Choosing Unsafe Sex: AIDS-Risk Denial among Disadvantaged Women*	Univ. of Pennsylvania Press, 1995
Sterk, Claire	*Fast Lives: Women Who Use Crack Cocaine*	Temple Univ. Press, 1999
Sterk, Claire	*Tricking and Tripping: Prostitution in the Era of AIDS*	Social Change Press, 2000
Sullivan, Maureen	*The Family of Woman: Lesbian Mothers, Their Children, and the Undoing of Gender*	Univ. of California Press, 2004
Thompson, Charis	*Making Parents: The Ontological Choreography of Reproductive Technologies*	MIT Press, 2005
Todd, Alexandra Dundas	*Intimate Adversaries: Cultural Conflict between Doctors & Women Patients*	Univ. of Pennsylvania Press, 1989
Waller, Maureen R.	*My Baby's Father: Unmarried Parents and Paternal Responsibility*	Cornell Univ. Press, 2002
Ward, Martha	*Poor Women, Powerful Men: America's Great Experiment in Family Planning*	Westview Press, 1986
Whitaker, Elizabeth Dixon	*Measuring Mamma's Milk: Fascism and the Medicalization of Maternity in Italy*	Univ. of Michigan Press, 2000
White, Renee	*Putting Risk in Perspective: Black Teenage Lives in the Era of AIDS*	Rowman & Littlefield Publishers, 1999
Non-Western Countries		
Ali, Kamran Asdar	*Planning the Family in Egypt: New Bodies, New Selves*	Univ. of Texas Press, 2002
Allen, Denise Roth	*Managing Motherhood, Managing Risk: Fertility and Danger in West Central Tanzania*	Univ. of Michigan Press, 2004

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Appendix Defining Women's Health: A List of 157 Ethnographies (*Continued*)

Author(s)	Title	Publisher and Year
Biehl, Joao	*Vita: Life in a Zone of Social Abandonment*	Univ. of California Press, 2005
Bledsoe, Caroline	*Contingent Lives: Fertility, Time, and Aging in West Africa*	Univ. of Chicago Press, 2002
Boddy, Janice	*Wombs and Alien Spirits: Women, Men, and the Zar Cult in Northern Sudan*	Univ. of Wisconsin Press, 1989
Booth, Karen M.	*Local Women, Global Science: Fighting AIDS in Kenya*	Indiana Univ. Press, 2004
Borovoy, Amy	*The Too-Good Wife: Alcohol, Codependency, and the Politics of Nurturance in Postwar Japan*	Univ. of California Press, 2005
Croll, Elisabeth	*Endangered Daughters: Discrimination and Development in Asia*	Routledge, 2000
Dalsgaard, Anne Line	*Matters of Life and Longing: Female Sterilization in Northeast Brazil*	Museum Tusculanum Press, 2004
Delaney, Carol	*The Seed and the Soil: Gender and Cosmology in Turkish Village Society*	Univ. of Pennsylvania Press, 1991
Dettwyler, Katherine A.	*Dancing Skeletons, Life and Death in West Africa*	Waveland Press, 1993
Devisch, Rene	*Weaving the Threads of Life: The Khita Gyn-Eco-Logical Healing Cult among the Yaka*	Univ. of Chicago Press, 1993
Early, Evelyn	*Baladi Women of Cairo: Playing with an Egg and a Stone*	Lynne Rienner, 1993
Einarsdóttir, Jónína	*Tired of Weeping: Mother Love, Child Death, and Poverty in Guinea-Bissau*	Univ. of Wisconsin, 2004
Feldman-Savelsberg, Pamela	*Plundered Kitchens, Empty Wombs: Threatened Reproduction and Identity in the Cameroon Grassfields*	Univ. of Michigan Press, 1999
Finkler, Kaja	*Spiritualist Healers in Mexico: Successes and Failures of Alternative Therapeutics*	Praeger; Bergin & Garvey Publishers, 1985
Finkler, Kaja	*Women in Pain: Gender and Morbidity in Mexico*	Univ. of Pennsylvania Press, 1994
Fisch, Joerg	*Burning Women: A Global History of Widow-Sacrifice from Ancient Times to the Present*	Berg, 2005
Flueckiger, Joyce Burkhalter	*In Amma's Healing Room: Gender and Vernacular Islam in South India*	Indiana Univ. Press, 2006
Fordham, Graham	*A New Look at Thai AIDS: Perspectives from the Margin*	Berghahn Books, 2004
Goldstein, Donna M.	*Laughter Out of Place: Race, Class, Violence, and Sexuality in a Rio Shantytown*	Univ. of California Press, 2003

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Appendix Defining Women's Health: A List of 157 Ethnographies (*Continued*)

Author(s)	Title	Publisher and Year
Gottlieb, Alma	*The Afterlife Is Where We Come from: The Culture of Infancy in West Africa*	Univ. of Chicago Press, 2004
Gregg, Jessica	*Virtually Virgins: Sexual Strategies and Cervical Cancer in Recife, Brazil*	Stanford Univ. Press, 2003
Gruenbaum, Ellen	*The Female Circumcision Controversy: An Anthropological Perspective*	Univ. of Pennsylvania Press, 2001
Hardacre, Helen	*Marketing the Menacing Fetus in Japan*	Univ. of California Press, 1997
Hillier, Dawn	*Childbirth in the Global Village*	Routledge, 2003
Hirsch, Jennifer	*A Courtship after Marriage: Sexuality and Love in Mexican Transnational Families*	Univ. of California Press, 2003
Hunt, Nancy	*A Colonial Lexicon of Birth Ritual, Medicalization, and Mobility in the Congo*	Duke Univ. Press, 1999
Inhorn, Marcia C.	*Quest for Conception: Gender, Infertility, and Egyptian Medical Traditions*	Univ. of Pennsylvania Press, 1994
Inhorn, Marcia C.	*Infertility and Patriarchy: The Cultural Politics of Gender and Family Life in Egypt*	Univ. of Pennsylvania Press, 1996
Inhorn, Marcia C.	*Local Babies, Global Science: Gender, Religion, and In Vitro Fertilization in Egypt*	Routledge, 2003
Jeffery, Roger, and Patricia Jeffrey	*Contaminating States and Women's Status: Midwifery, Childbearing and the State in Rural North India*	Indian Social Institute, 1985
Jeffery, Roger, and Patricia Jeffrey	*Labour Pains and Labour Power: Women and Childbearing in India*	Zed Books, 1989
Jeffery, Roger, and Patricia Jeffrey	*Population, Gender, and Politics: Demographic Change in Rural North India*	Univ. of California Press, 2002
Johnson-Hanks, Jennifer	*Uncertain Honor: Modern Motherhood in an African Crisis*	Univ. of Chicago Press, 2006
Kahn, Susan Martha	*Reproducing Jews: A Cultural Account of Assisted Conception in Israel*	Duke Univ. Press, 2000
Kanaaneh, Rhoda	*Birthing the Nation: Strategies of Palestinian Women in Israel*	Univ. of California Press, 2002
Kligman, Gail	*The Politics of Duplicity: Controlling Reproduction in Ceausescu's Romania*	Univ. of California Press, 1998
Krumeich, Anja	*The Blessings of Motherhood: Health, Pregnancy and Child Care in Dominica*	Het Spinhuis, 1994
Laderman, Carol	*Wives and Midwives: Childbirth and Nutrition in Rural Malaysia*	Univ. of California Press, 1983

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Appendix Defining Women's Health: A List of 157 Ethnographies (*Continued*)

Author(s)	Title	Publisher and Year
Lamb, Sarah	*White Saris and Sweet Mangoes: Aging, Gender, and Body in North India*	Univ. of California Press, 2000
Lock, Margaret	*Encounters with Aging: Mythologies of Menopause in Japan and North America*	Univ. of California Press, 1993
Mabilia, Mara	*Breast Feeding and Sexuality: Behaviour, Beliefs and Taboos among the Gogo Mothers in Tanzania*	Berghahn Books, 2004
Maternowska, M. Catherine	*Reproducing Inequalities: Poverty and the Politics of Population in Haiti*	Rutgers Univ. Press, 2006
McClusky, Laura	*"Here, Our Culture Is Hard": Stories of Domestic Violence from a Mayan Community in Belize*	Univ. of Texas Press, 2001
Montgomery, Heather	*Modern Babylon? Prostituting Children in Thailand*	Berghahn Books, 2001
Morsy, Soheir	*Gender, Sickness, & Healing in Rural Egypt: Ethnography in Historical Context*	Westview Press, 1993
Popenoe, Rebecca	*Feeding Desire: Fatness and Beauty in the Sahara*	Routledge, 2003
Renne, Elisha	*Population and Progress in a Yoruba Town*	Univ. of Michigan Press, 2003
Rivkin-Fish	*Women's Health in Post-Soviet Russia: The Politics of Intervention*	Indiana Univ. Press, 2005
Sargent, Carolyn	*The Cultural Context of Therapeutic Choice: Obstetrical Care Decisions among the Bariba of Benin*	D. Reidel, 1982
Sargent, Carolyn	*Maternity, Medicine, and Power: Reproductive Decisions in Urban Benin*	Univ. of California Press, 1989
Scheper-Hughes, Nancy	*Death without Weeping: The Structural Violence of Everyday Life in Northern Brazil*	Univ. of California Press, 1992
Sobo, Elisa Janine	*One Blood: The Jamaican Body*	State Univ. of New York Press, 1993
Van Hollen, Cecilia	*Birth on the Threshold: Childbirth and Modernity in South India*	Univ. of California Press, 2003
Wardlow, Holly	*Wayward Women: Sexuality and Agency in a New Guinea Society*	Univ. of California Press, 2006
Weisberg, D. Kelly	*The Birth of Surrogacy in Israel*	Univ. Press of Florida, 2005
Edited Collections		
Adams, Vincanne, and Stacy Leigh Pigg	*Sex in Development: Science, Sexuality, and Morality in Global Perspective*	Duke Univ. Press, 2005

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Appendix Defining Women's Health: A List of 157 Ethnographies (*Continued*)

Author(s)	Title	Publisher and Year
Boerma, J. Ties, and Zaida Mgalla	*Women and Infertility in Sub-Saharan Africa: A Multi-Disciplinary Perspective*	Royal Tropical Institute, KIT Publishers, 2001
Bourgeault, Lynn, Cecilia Benoit, and Robbie E. Davis-Floyd	*Reconceiving Midwifery: The New Social Science of Midwifery in Canada*	McGill-Queens Univ. Press, 2004
Buckley, Thomas, and Alma Gottlieb	*Blood Magic: The Anthropology of Menstruation*	Univ. of California Press, 1988
Cecil, Rosanne	*The Anthropology of Pregnancy Loss: Comparative Studies in Miscarriage, Stillbirth and Neonatal Death*	Berg, 1996
Chawla, Janet	*Birth and Birthgivers: The Power behind the Shame*	Shakti Books, New Dehli, 2006
Clarke, Adele E., and Virginia L. Olesen	*Revisioning Women, Health and Healing*	Routledge, 1999
Davis-Floyd, Robbie E., and Joseph Dumit	*Cyborg Babies: From Techno-Sex to Techno-Tots*	Routledge, 1998
Davis-Floyd, Robbie E., and Christine Johnson	*Mainstreaming Midwives: The Politics of Professionalization*	Routledge, 2006
Davis-Floyd, Robbie E. and Carolyn F. Sargent	*Childbirth and Authoritative Knowledge: Cross-Cultural Perspectives*	Univ. of California Press, 1997
DeLoache, Judy, and Alma Gottlieb	*A World of Babies: Imagined Childcare Guides for Seven Societies*	Cambridge Univ. Press, 2000
Douglass, Carrie	*Barren States: The Population "Implosion" in Europe*	Berg, 2005
Farmer, Paul, Margaret Connors, and Janie Simmons	*Women, Poverty and AIDS: Sex, Drugs and Structural Violence*	Common Courage Press, 1996
Fine, Michelle, and Adrienne Asch	*Women with Disabilities: Essays in Psychology, Culture, and Politics*	Temple Univ. Press, 1988
Franklin, Sarah, and Helena Ragone	*Reproducing Reproduction: Kinship, Power, and Technological Innovation*	Univ. of Pennsylvania Press, 1998

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Appendix Defining Women's Health: A List of 157 Ethnographies (*Continued*)

Author(s)	Title	Publisher and Year
Ginsburg, Faye D., and Rayna Rapp	*Conceiving the New World Order: The Global Politics of Reproduction*	Univ. of California Press, 1995
Greenhalgh, Susan	*Situating Fertility: Anthropology and Demographic Inquiry*	Cambridge Univ. Press, 1995
Handwerker, W. Penn	*Births and Power: Social Change and the Politics of Reproduction*	Westview Press, 1990
Hardon, Anita	*Beyond Rhetoric: Participatory Research on Reproductive Health*	Het Spinhuis, 1998
Hardon, Anita, and Elizabeth Hayes	*Reproductive Rights in Practice: A Feminist Report on the Quality of Care*	Zed, 1997
Inhorn, Marcia C.	*Reproductive Disruptions: Gender, Technology, and Biopolitics in the New Millennium*	Berghahn Books, 2007
Inhorn, Marcia C., and Frank van Balen	*Infertility around the Globe: New Thinking on Childlessness, Gender, and Reproductive Technologies*	Univ. of California Press, 2002
Jolly, Margaret, and Vicki Lukere	*Birthing in the Pacific: Beyond Tradition and Modernity?*	Univ. of Hawaii Press, 2001
Kickbush, Ilona, Kari Hartwig, and Justin M. List	*Globalization, Women, and Health in the 21st Century*	Palgrave Macmillan, 2005
Kreager, Philip, and Elisabeth Schroder-Butterfill	*Ageing without Children: European and Asian Perspectives*	Berghahn Books, 2006
Lay, Mary M., Laura J. Gurak, Clare Gravon, and Cynthia Myntti	*Body Talk: Rhetoric, Technology, Reproduction*	Univ. of Wisconsin Press, 2000
Layne, Linda L.	*Transformative Motherhood: On Giving and Getting in a Consumer Culture*	New York Univ. Press, 1999
Lock, Margaret, and Patricia A. Kaufert	*Pragmatic Women and Body Politics*	Cambridge Univ. Press, 1998
MacCormack, Carol P.	*Ethnography of Fertility and Birth, 2nd ed.*	Waveland Press, 1994
Maher Vanessa A.	Anthropology of Breastfeeding: Natural Law or Social Construct?	Berg, 1995
McClain, Carol Shepherd	*Women as Healers: Cross-Cultural Perspectives*	Rutgers Univ. Press, 1989
Michaelson, Karen L.	*Childbirth in America: Anthropological Perspectives*	Bergin & Garvey, 1988
Morgan, Lynn M., and Meredith W. Michaels	*Fetal Subjects, Feminist Positions*	Univ. of Pennsylvania Press, 1999

(*Continues*)

Appendix Defining Women's Health: A List of 157 Ethnographies (*Continued*)

Author(s)	Title	Publisher and Year
Obermeyer, Carla Makhlouf	*Cultural Perspectives on Reproductive Health*	Oxford Univ. Press, 2001
Obermeyer, Carla Makhlouf	*Family, Gender, and Population in the Middle East: Policies in Context*	American Univ. in Cairo Press, 1995
Petchesky, Rosalind P., and Karen Judd	*Negotiating Reproductive Rights: Women's Perspectives across Countries and Cultures*	Zed, 1998
Pollard, Tessa M., and Susan Brin Hyatt	*Sex, Gender and Health*	Cambridge Univ. Press, 1999
Ragone, Helena, and Frances Twine Winddance	*Ideologies and Technologies of Motherhood: Race, Class, Sexuality, Nationalism*	Routledge, 2000
Russell, Andrew, Elisa J. Sobo, and Mary S. Thompson	*Contraception across Cultures: Technologies, Choices and Constraints*	New York Univ. Press, 2000
Samuel, Geoffrey, and Ssanti Rozario	*Daughters of Hariti: Childbirth and Female Healers in South and Southeast Asia*	Routledge, 2006
Sargent, Carolyn F., and Caroline B. Brettell	*Gender and Health: An International Perspective*	Pearson Education, 1995
Schulz, Amy J., and Leith Mullings	*Gender, Race, Class, & Health: Intersectional Approaches*	Jossey-Bass, 2006
Shell-Duncan, Bettina, and Ylva Hernlund	*Female "Circumcision" in Africa: Culture, Controversy, and Change*	Lynne Rienner, 2000
Sholkamy, Hania, and Farha Ghannam	*Health and Identity in Egypt*	American Univ. in Cairo Press, 2004
Stuart-Macadam, Patricia and Katherine A. Dettwyler	*Breastfeeding: Biocultural Perspectives*	Aldine, 1995
Taylor, Janelle, Linda Layne, and Danielle Wozniak	*Consuming Motherhood*	Rutgers Univ. Press, 2004
Tremayne, Soraya	*Managing Reproductive Life: Cross-Cultural Themes in Fertility and Sexuality*	Berghahn Books, 2001
Ulijaszek, Stanley J.	*Fertility and Reproduction in New Guinea*	Berghahn Books, 2005
Unnithan-Kumar, Maya	*Reproductive Agency, Medicine and the State: Cultural Transformations in Childbearings*	Berghahn Books, 2006
Van de Walle, Etienne, and Elisha P. Renne	*Regulating Menstruation: Beliefs, Practices, Interpretations*	Univ. of Chicago Press, 2001