De-Mystifying the Poor and the Peasants: Women Making Reproductive Choices

Ayala H. Gabriel

Ward, Martha C. *Poor Women Powerful Men: America's Great Experiment in Family Planning*. Boulder, Colorado: Westview Press, 1986. xvii + 189 including index and references. \$33.00 cloth, \$14.95 paper.

Simonelli, Jeanne M. *Two Boys, a Girl, and Enough! Reproductive and Economic Decision-Making on the Mexican Periphery*. Boulder, Colorado: Westview Press, 1986. xxii + 231 including index and references. \$19.50 paper.

Reproductive decisions are at one level domestic decisions. Yet contemporary family planning, both in Western and in Third World countries, are not only domestic matters but political and legal as well. Governments can oppose family planning and, as was the case in the United States, can express opposition in laws which make information and/or distribution of contraceptives illegal. Governments can, as the United States, Mexico, and other countries demonstrate, change their policies and laws and support, or actively promote family planning. The importance of such support is demonstrated in two books, by Ward and Simonelli. Both illustrate the particular significance of family planning programs for poor women. But in the long run, government policies have serious implications for women of all classes. In recent years the United States has retreated from support of family planning in many ways. In the late 1960s and early 1970s, for example, federal support was explicit at the highest level. President Nixon had publicly stated that women had a right to family planning. The Reagan administration, however, has at best shown a lack of concern for women's rights. There is at present no significant research on new contraceptive methods, despite the risks associated with the pill and more importantly the I.U.D. Another expression of this lack of interest in family planning is the change in research interests and in public attention from birth control to issues of infertility.

It is possible to argue that the current lack of concern for family planning is a result of its "coming of age," culturally, and socially. But Ward's book is far from this optimistic view. Anti-abortion and anti-contraceptive groups are, as she notes, very

AYALA H. GABRIEL, Assistant Professor at the University of Rochester, Rochester, New York, has done research in Israel and the United States on various aspects of ethnicity, gender, adolescence, family, reproduction, and production. She is currently writing a book on American collective cultural ideas and is engaged in research on women in Israel.

much active in the 1980s. Moreover, a recent paper on the anthropology of birth in the United States (Hahn and Muecke, 1987) shows that infant mortality rates are still high in this industrialized nation: in 1984 the United States ranked 15th among 25 countries surveyed. Infant mortality of blacks in the United States is 1.9 times the infant mortality of whites. In some respects, therefore, Margaret Sanger's battle for women's rights to family planning and for the reduction of infant mortality is still an ongoing struggle in the United States.

Ward's book, which presents a study in the United States, and Simonelli's book, which presents a study in Mexico, are united by a focus on the effects of family planning on the reproductive behavior of women from the social periphery. Together, they suggest to the reader just how far the United States has come in making family planning services available to all who wish them, and how far the United States has to go; and they shed light on the question, can the United States be a model of family planning for Third World countries? The books also provide an important comparative perspective on women and family planning in two different settings: in a low-income population in the United States and in rural Mexico.

Myths about people in the social periphery, the poor in industrialized countries and peasants in Third World countries, have some common features. Both groups have been described, as Ward and Simonelli respectively note, as ignorant, irrational, fatalistic people who seek immediate gratification and are unable to plan for the future. Ward and Simonelli, each using data from her research, present evidence which challenges such myths. Both argue that professional literature which propagates these myths under such guises as the "culture of poverty" theory, tend to legitimize paternalism and ethnocentrism in programs, or serve to justify the absence of any programs. Poor and rural women, these anthropologists show, are far from being fatalistic, and do make reproductive choices.

Each of these books also discusses issues of gender inequality and the authority which men, within these groups and in the wider society, may have over women. At the same time, both authors explicitly present women not as marginal, passive actors but as important agents of modernization. Each book demonstrates that, given access to contraceptives, poor and rural women act to limit family size sometimes against the opposition of traditional authority, such as that of men or of the church. Each book, in its own way, presents a contribution to the anthropology of women. Both implicitly support arguments made by anthropologists like Strathern (1981) and Rosaldo (1980) that although women occupy a secondary position in their society, they are part of their social systems. Depending upon the context, they may act as men's partners or competitors. The women presented in these books act as both. Ward and Simonelli argue that modernization may affect women and men differently and that the two genders may have conflicting reproductive interests. Women, rather than men, may choose to limit family size. Simonelli demonstrates that new opportunities for greater personal autonomy and greater control over domestic decisions have enabled rural Mexican women to act as important agents of modernization.

Ward's study on family planning in Louisiana is not explicitly theoretical, but anthropological theories clearly underlie her analysis. Simonelli's study of the Sonoran municipio of Baviácora begins with a theoretical overview; she then places her own analysis within it. Through her account of family planning in Louisiana,

Ward's book presents a compelling discussion of public policies, power, politics, medical systems, gender issues and race relations in the United States. Simonelli argues, persuasively, that to understand family planning in a contemporary local community like Mexico's Baviácora, it is necessary to understand some historical antecedents, to take into account ecological factors, and to examine the impact of larger, national and international, systems on local communities.

Reading the two books side by side raises some provocative questions about the United States' role as an agent of modernization in countries like Mexico. The municipio of Baviácora is close to the American border. For Baviácorans, America has become a symbol of modernization, success, and prosperity. The Americans who initiated the family planning program in Louisiana would have agreed with such a view of America. In fact they hoped to use their model of family planning as a vehicle to modernize Third World countries and Mexico in particular. America has a long tradition of viewing itself as bringing the "light" of modernization to others (Niegorski and Weber, 1976). In the words of Saul Bellow "America is a didactic country whose people always offer their personal experiences as helpful lessons to the rest" (1982). It is therefore ironic that the great American family planning program in Louisiana, which, as Ward notes, hoped to bring its success to other countries, was forced to close after it was accused of mismanagement and various other wrongdoings. An American dream to help the poor of Mexico became a political nightmare. By contrast, across the border in rural Mexico, the family planning program in Baviácora, as Simonelli shows, has been successful.

Through a gripping tale of the rise and fall of physician Joseph D. Beasley, Ward's book examines the intertwining of politics and idealism in bringing a family planning program to a state which was highly resistant to it. Ward weaves a well-written account of Beasley's project and of the larger social drama of family planning politics. She explores the rules for political conduct, and race and gender relations in America by raising important questions about Beasley's intentions, motivations, and actions. Did he establish family planning programs to help poor women or to achieve personal power, glory and prestige? How did the power struggle between Beasley and other men affect women patients and the family planning program? How did racial issues affect the power struggle over the family planning program? Ward argues that although the organization itself failed, its medical services were excellent—a fact conceded even by Beasley's opponents.

Her study of family planning in Louisiana is also an ethnography of racial inequality, prejudice, and poverty as expressed in one particular state. Family planning came to Louisiana in 1964, when rates of infant mortality and morbidity, among the poor and black were similar to the rates of Third World countries. Statewide Charity hospitals provided care for poor mothers and their infants. Medical records of those hospitals show high rates of infant mortality and morbidity, and accounts reveal lack of respect for patients, especially blacks and women. Ward gives details of overt and covert racist and sexist comments, humiliating medical examinations, and obscene remarks (p. 11). While women who could afford private clinics avoided Charity, 95 percent of all babies born to poor women were delivered there.

Against this social and cultural milieu Dr. Beasley argued for improved health services and insisted that poor women, if given the opportunity, would limit the

size of their families. Beasley and his associates believed that access to contraceptives would enable women to space their pregnancies and limit their family size. Under the auspices of Tulane University, he and a group of researchers came together to create a system of family planning. The group aimed to dispel myths about the poor's inability to control fertility. Idealism, however, was not enough. To create the program the group needed to overcome political, legal, and religious objections to family planning.

Beasley was pragmatic in his dealings with the Catholic Church and with conservative politicians. His approach was to use arguments that would be acceptable to white policy makers. He argued that family planning would reduce the birth rate of blacks and reduce welfare costs. This argument may have persuaded white politicians, but it turned to be family planning's Achilles heel vis-à-vis black groups later on.

Despite the separation of church and state in America, religion does indeed shape public policy. Catholics were powerful in Louisiana, and Beasley needed to design a family planning program that would not openly offend the Church. Beasley's program agreed to serve only married women, although eventually it did not turn away any female. Catholic leaders agreed neither to condemn nor condone the program if the following conditions were met: The program could not seek publicity or advertise itself; it could not offer abortions or make referrals for abortions; and it had to include the rhythm method in its discussion about family planning.

Beasley and his associates founded the Louisiana Family Planning Program as a non-profit organization with ties to Tulane University and to nearby medical schools and eventually to local medical societies and to community groups. The group opened its first clinic in Lincoln Parish in 1965. The Family Planning Program offered a variety of medical services which included Pap smears and checking for venereal disease, diabetes, and other health risks. It offered women contraceptive counseling, sex education, and breast and pelvic examinations. Health was promoted in a caring and respectful atmosphere, and women applauded the program. Ward describes women's positive reaction to the program and writes "Through the years, I have heard moving accounts of women who believed that the Family Planning Program saved their lives." (p. 60).

The Program used "cultural brokers," that is, women from the black community to teach other women about family planning. From the first the program emphasized respect for patients, excellence in medical care, and genuine compassion. Its success in the community was indeed impressive: after two years the first clinic in Lincoln Parish showed lower birth rates among poor women and fewer illegitimate births than the rest of the state. The excellence of the services and the devotion of the staff alleviated the black community's fears that genocide was the hidden agenda of family planning.

In its early years the Louisiana Family Planning Program attracted national attention. It was hailed as a successful model to be used to solve the world population crisis. Beasley hoped to implement the success of the project in Third World countries. He saw Latin America facing a greater problem of high infant mortality and morbidity among the poor. The Louisiana Family Planning Program made an agreement with the Mexican government to assist in a pilot community

health program to reduce death, sickness, and fertility rates, and to promote health. However political complications intervened, and nothing much came of this plan. Ward notes that Latin America did later develop many family planning programs, though none of these came out of the Louisiana Program.

In 1972 the original Family Planning Program was expanded to include other health care services and was transformed into the Family Health Foundation. Community medicine was the new focus and the Foundation became a model for training public health students. With this change came not only a new name but also a transformation in personnel, leadership, and direction. Although Ward does not make an explicit reference to Weber, some of his ideas on charismatic leadership and the dangers of bureaucracy emerge in Ward's discussion. Beasley, the charismatic leader of the program began devoting his time to other projects, but did not delegate authority nor did he resign. In his absence, a group of professional administrators took over; Beasley was absent much of the time, and the group displayed a bureaucratic "sibling" rivalry, characterized by internal power struggles, and created a hierarchical separation between itself and the staff which provided medical services. Those who had been drawn to the original project by Beasley's idealism found themselves on the fringes, cut off from the center of power. However, the medical staff which dealt directly with patients continued to offer services in the same spirit of concern for women's health which had characterized the early days of the Family Planning Program.

Changing American cultural ideas about contraceptives and sexuality were reflected in the Family Health Foundation's first clinic for adolescents in 1972. Louisiana had witnessed almost a revolution in ideas on contraceptives: Where 10 years earlier it barely agreed to provide family planning for married women, it allowed the Foundation to do so for unmarried adolescents. The new program offered sex education, contraceptives, and rap sessions on sexuality. However, the clinic found that teenagers were, in some respects, unlike older women (See Gabriel et. al. 1986). They often stopped using contraceptives, or came to the clinic not necessarily for long term planning. Girls were sometimes under pressure from their partners not to use contraceptives. Ward argues that the Family Health Foundation did not put much effort in the area of adolescent pregnancy. Had it tried harder, she claims, it might have become the national success it wanted to be. She writes that "in one sample of black girls, only 60 percent believed that early pregnancy would inhibit their aspirations . . . they wanted to discuss birth control only after the birth of their child" (p. 84). The widespread incidence of adolescent pregnancy today, however, suggests that even with best of intentions, clinics will find it a difficult issue to overcome. In my own study on teenage pregnancy I found, as did the Louisiana program, that knowledge of and accessibility to contraceptives are not the only factors in family planning. For low-income black adolescents, domestic factors may promote early motherhood. Also, given their lack of educational opportunities and of economic prospects, their choice of early motherhood is not irrational. In order to convince sexually active adolescents on the social periphery to use contraceptives, other social changes must take place first (See Gabriel and McAnarney, 1983).

The pressure which black male partners placed on teenage females not to use contraceptives has to be seen in the larger context of some black men's opposition to

family planning. Ward's account makes it clear that on the issue of family planning, male and female interests differed. Many poor black women in Louisiana welcomed family planning at a time in American history when young black men in movements such as Black Power and Black Muslims argued that birth control for blacks was a white conspiracy to practice genocide. Though these militants were few, they fought family planning clinics and intimidated women and staff in the clinics. Some black women responded by saying that the high rates of black maternal and infant mortality was itself a form of genocide. A black mother who became an outreach program worker said: "You can get numbers, if you want, in the cemetery, because that's where lots of mothers and black babies are" (p. 93). Some male militants were not convinced; the Family Health Foundation's response to militant groups was to employ some of them, especially those who were most vocal in their opposition.

The Family Health Foundation also faced a new challenge from the medical establishment. Ward points out that as the Foundation's reputation grew nationally, its local problems increased and its relations with the Louisiana State Medical Society deteriorated. The latter had originally supported the Family Planning Program, but viewed with alarm its transformation into an organization which provided extensive, and competing, medical services. The Louisiana Medical Society turned on its rival and withdrew support in 1972; that signalled the beginning of a politico-professional warfare between the two medical systems.

The Louisiana Medical Society requested a Federal grand jury to investigate whether the Foundation had spent money in ways which violated grant rules. Accusations of impropriety, political payoffs, patronage, etc. were made. HEW ordered an audit of the Family Health Foundation and a Medical Advisory Committee was appointed. The Committee recommended that the state's contract with the Foundation be severed, which it was, and the federal government did not renew its contracts either. The federal grand jury indicted four top officials; Beasley and another top administrator were convicted on charges of conspiracy to defraud by manipulating money. Beasley maintained his innocence, and at the end of the trial described himself as the biblical Job and poor women as the victims of malicious destruction of the Foundation.

It is Ward's view that Beasley, despite his charismatic qualities and idealism, was a poor judge of character when it came to hiring people. She notes that no one really accused him of taking money, but critics did accuse him of seeking personal and professional fame. Yet among many poor women in New Orleans, Ward says, he was seen as a kind of Robin Hood who took money from the rich to give poor people quality care.

In her analysis Ward emphasizes that the Foundation's administrative problems should not obscure the real benefits that it contributed. Its successful medical care did serve as a model for other programs in the United States and abroad. Family planning staffs from many countries were trained at the Louisiana Foundation. Also, Ward says, independent evaluations of the statistics for the years 1970 to 1974 support the Foundation's claim, disputed by its critics, that the birth rates in Louisiana had declined and infant mortality had decreased. One of the most important of these statistics is a decrease in maternal deaths of 51.5 percent and, as Ward notes, many black women saw the program as a life saver; it decreased not only the threat of death for mothers and infants but also gave them the opportunity

to limit fertility. Ironically, the support that such women gave to the Foundation and Beasley may have played a part in the fight to close the Foundation. At least some local politicians saw women as a potential political power base for Beasley who, they feared, could become politically ambitious. One prominent state politician said: "Dr. Beasley was too political. Through the program, anyone could mobilize as many as 70,000 women. After all, they had staff members out knocking on people's doors. It was too powerful a built-in constituency."

Yet women did benefit from the rise of the Foundation, and its decline did not eclipse all of those gains. The Foundation's impact was to make family planning part of medical services in Louisiana. As Ward notes, the Louisiana Medical Society, practicing collective amnesia, came to believe that it had favored family planning and contraceptives all along. The Foundation also changed the rules which governed patient-physician relations, and created new expectations of high quality health care and the rights of women to their bodies. Abortion became legal in 1974, and as Ward argues, family planning paved the road for it. The Foundation's example showed that it possible to reach those poor women who, in many other states, remained outside of family planning programs. And its success challenged the myth that poor women were "baby machines." It gave women a right over their bodies and an opportunity to make reproductive decisions: to space pregnancies and limit their family size.

While Simonelli's book, unlike Ward's, is not about the political aspects of family planning, she raises similar issues about women as actors who make reproduction choices. Baviácoran women respond to various social and economic changes and make choices to limit their family size, Simonelli observed. Baviácora's proximity to the American border exposes it to another culture and promotes modernization. She describes the effects of modernization on the lives of women and examines the decline of fertility in Baviácora.

Simonelli uses economic and sociobiological theories to analyze women's reproductive behavior in Baviácora. She uses a theoretical framework to argue a relationship between the type of economy and family size: in subsistence economies where wealth goes from child to parent, the rational reproductive choice is to have many children; in cash economies, wealth goes from parent to child, and so the rational choice is to have a small number of children. Contemporary Baviácora is now part of the latter economy and shows a decline of fertility. Simonelli also uses sociobiological theories which suggest that human beings act to maximize their fitness and will do so by having as many children as possible. Simonelli argues that there are gender differences in reproductive interests: men in traditional societies act to maximize their fitness, forcing women to reproduce, but this is not necessarily in women's best interests. Moreover, men's investment in their children is less than women's. Modernization and access to contraceptives enable women to act according to their own interests. Modernization is seen, by those who use a sociobiological perspective, to give women greater control over their fertility so that they do not need to over-reproduce. Demographic transition is seen as an outcome of, among other things, women's greater power to control their fertility and the decreasing power of their husbands and older women.

Both sociobiological theories on changes in fertility and economic theories which suggest a relationship between fertility and the direction of the flow of wealth between parents and children provide Simonelli with explanatory models of high

and low fertility rates in terms of rational decisions. Yet, she also argues that to understand the impact of modernization on fertility decisions of Baviácorans, it is important to understand the environment and history of the area of Sonora to which she devotes an extensive discussion.

The unintended and problematic effects of modernization on a community like Baviácora is one of the most interesting issues Simonelli raises in this discussion. On the one hand, she notes modernization brought improved transportation and communication systems to Baviácora, introducing it to new ideas, and connecting it with the urban centers in Mexico and the United States. It brought clean water and medical care which contributed to reduce infant mortality. However, the infrastructure which supports such improvements in technology was poor. Electricity failures, for example, were frequent, and these in turn brought about failures of water pumps. Poor sewage technology caused it to flow back into the traditional water supplies which were used when the pumps failed. Electricity failure turned into a health hazard: refrigeration did not function, food spoiled and caused food poisoning.

Television introduced urban values and ideas to Baviácora and changed traditional ways of life. In less than a decade, Baviácorans became exposed to American popular culture as well as to urban Mexican culture. Television introduced new images of women: professional, slim, elegant, unburdened by many children. The Mexican government encouraged family planning and showed sophisticated, successful women who used birth control and had only two or three children. Success for women became associated with a small-size family.

Judged by health patterns and technology, Baviácora in the 1980s can be seen as a late-developing rural region. Despite a decrease of mortality from infectious diseases, Baviácora is still plagued by typhoid, hepatitis, gastroenteritis, pneumonia, and bronchitis. While modernization has brought about a decrease in mortality in children up to the age of 15, it has also introduced an increase in traumatic deaths in the 16 to 26 year olds. These include deaths caused by driving under the influence of alcohol, and suicide.

The opening of local schools and exposure to urban ideas resulted in a new emphasis on education for Baviácoran children. Households now send their oldest child to the city to get an education, and the child, in turn, is expected to help the family. Education has become an important part of women's lives. Simonelli notes that almost half the females between the ages of fifteen and nineteen attended secondary school, whereas their own mothers attended primary school only.

Education has also changed job opportunities for Baviácoran women. More women in the 1980s enter the public bureaucracy in Mexico, and others follow the traditional male path of seeking employment in the United States. Women with small children who stay in Baviácora do not rely only on wages of men. Women engage in small money-making ventures which include making food items. Women operate small restaurants and mini-stores out of their home; they sew, become hairdressers, and learn to give injections. Women's productive activities have to be combined with care for small children. They no longer have the help of older children in caring for small siblings. The older ones are in school or at work.

An economic crisis of the 1980s has had serious implications for women. Men are away and women do domestic tasks and engage in production, supplementing

men's wage labor. As a result, women are slowly gaining greater control over the household, which in terms of women's rights over resources, creates matrifocal households (Tanner 1974). Women see two routes to success: one is education for their children and the other is family planning for themselves and their daughters. Simonelli notes that there was no change in the age of marriage and first and second births, but there was a change in family size and a decline in fertility levels between 1970 and 1980. Baviácoran women say that they want small families and end their reproductive careers early. The Mexican government, since 1974, has been active in promoting family planning programs; it provided a constitutional amendment to give people the freedom to control their own fertility. Baviácoran women take advantage of these programs, and a pattern of small size families can be discerned.

How do these Catholic women reconcile birth control and Church doctrine? Simonelli points out that the Church in Mexico is not monolithic in its approach to family planning. Priests hold different views, some follow the orthodox view unwaveringly, others accept the reality of social life. Baviácoran women separate Church from family planning and the government's policy of "a smaller family lives better" (p. 160) coincides with women's own ideas. Women who have large families may advise their daughters to limit their families and be devout Catholics at the same time. Women do not discuss family planning with priests who do not approve of it, and the Mexican government tries not to challenge the Church. It presents family planning in a nonoffensive manner and government run clinics provide contraceptives for small fees. Women's reproductive choices, Simonelli argues, show that, contrary to some theories on "peasants' inertia," Baviácoran women "do not possess the ignorance of cause-effect relationship once attributed to peasant decision making" (p. 172). Simonelli argues that "faced with economic crisis and the social consequences of modernization, women will elect to reduce fertility" (p. 172). Baviácoran women take advantage of family planning clinics. Three children, Simonelli observes, is the ideal size; and, as the title of her book suggests, the preference is for two boys and a girl.

Simonelli notes that by 1984 the local economy in Baviácora was in a crisis which reflected the larger Mexican economic crisis. The mines were closed, agriculture was no longer an option, and jobs had to be found outside Baviácora. Men left to seek wage labor and women continued a tradition of day-to-day earnings. Baviácorans, Simonelli shows, have a long history of flexibility and diversity in the face of social and economic crisis. Women, like men, act in a tradition of finding strategies to cope with adverse conditions. Women seek to limit the size of their families because large families are not economically viable, and they can limit the size of their families because they now have easy access to birth control. Women's roles in the household have changed and in their new roles they are involved in small-scale production, manage the household and socialize their children. Women, Simonelli suggests, are empowered to limit their families because they assume new responsibilities.

"Women, taking control over their lives, are no longer forces of conservatism and 'ignorance.' Instead, they are able to make rapid changes in behavior and reproductive strategies—they are 'empowered' by unique historical conditions in Sonora, in which male migration and female access to the resources of modern medicine combine to facilitate change. Women are acting rationally and strategically to promote the survivorship and well-being of their children." (p. 187)

Baviácoran women's reproductive choices have a larger social significance. Mexico's economic future depends, argues Simonelli, on its ability to decrease population growth, and Baviácora provides an example in which family planning is successful. Simonelli emphasizes that for family planning to succeed, women have to have easy access and the means to limit fertility. Despite traditional opposition of the Church to family planning, women find ways to reconcile religious beliefs and birth control practices. A 37 year old Baviácoran woman said to Simonelli "We sacrificed so that oldest one can go to comercio. I am Catholic; I know God understands, no more children" (p. 171). Government support for family planning is obviously crucial for women who wish to control fertility. Read together, Simonelli's and Ward's books illustrate that it is vital not only for Third World countries but for industrialized nations as well.

REFERENCES

- Bellow, Saul
 1982 *Humboldt's Gift*. New York: Penguin.
- Gabriel, Ayala, and E. R. McAnarney
 1983 *Pregnancy and Parenthood in Two Subcultures: A Comparison of White Middle Class Couples and Black Low-Income Adolescents in Rochester, New York*. *Adolescence* 18(71):595-608.
- Gabriel, Ayala, K. R. Gabriel, and Ruth Lawrence
 1986 *Cultural Values and Biomedical Knowledge: Choices in Infant Feeding*. *Social Science and Medicine* 23(5):501-509.
- Hahn, Robert A., and Marjorie A. Muecke
 1987 *The Anthropology of Birth in Five U.S. Ethnic Populations: Implications for Obstetrical Practices*. *Current Problems in Obstetrics, Gynecology and Fertility* 10(4):133-171.
- Niegorski, Walter, and Ronald Weber
 1976 *An Almost Chosen People: The Moral Aspirations of Americans*. Notre Dame: University of Notre Dame Press.
- Rosaldo, M. Z.
 1980 *The Use and Abuse of Anthropology: Reflections on Feminism and Cross-Cultural Understanding*. *Signs* 5(3):389-417.
- Strathern, Marilyn
 1981 *Self-interest and the Social Good: Some Implications of Hagen Imagery*. In *Sexual Meanings: The Cultural Construction of Gender and Sexuality*. Sherry B. Ortner and Harriet Whitehead, eds. pp. 166-191. Cambridge: Cambridge University Press.
- Tanner, Nancy
 1974 *Matrifocality in Indonesia and Africa and Among Black Americans*. In *Woman, Culture, and Society*. M. Z. Rosaldo and L. Lamphere, eds. pp. 129-156. Stanford: Stanford University Press.