

Book reviews



Children of the Urban Poor: The Sociocultural Environment of Growth, Development, and Malnutrition in Guatemala City. By Francis E. Johnston and Setha M. Low. Boulder: Westview Press, 1995. Paperback 189pp \$US40.

What are the effects of the environment on child growth, cognitive development and ultimately academic achievement in a poor community? These are the key questions raised in this book, which describes a comprehensive longitudinal study of young children living in a poor community in Guatemala City in the early 1980s. As explained in the appendix, although it would perhaps have been better placed as an early chapter, the study was initiated by the belief that

in lesser developed countries, and especially their urban centers, success in life is defined increasingly on the basis of educational achievement; consequently, the effects of components of the environment on academic achievements represent an important area of study.

The scope of the study was broad, the research methods included both quantitative and qualitative approaches, and the book widens the picture still further by setting the project within the social context of Guatemala with a couple of introductory chapters on the historical and political situation. In fact, the overview expressed throughout the book emphasizes the importance of a 'contextual' approach to the interpretation of any determinants of child development, and the need to be aware how complex is the ecosystem within which children develop. Considering the nature of this book, which is essentially a description of one study, the context is well described.

The book progresses from the wider context to focus on a poor community in Guatemala City, in a new area set up to house people displaced by the devastating 1976 earthquake. Most of the parents of the study children were of rural origin and the families are undergoing a process of 'ladinoization, that is, their transformation from rural peasant to urban worker'. The idea of families coping with the double stress of rapid cultural change as well as poverty is another continuing theme of the book, and is supported by a vivid picture of the community in the ethnographic chapters, which are studded with personal experiences of members of the community.

The quantitative part of the study includes recording the growth of children, anthropometric measurements being used as quantitative indicators of the children's nutritional status and general health. In fact, other indicators of health are not included in the book, although passing comments such as '40% of mothers ...have experienced the death of one or more of ...[their] children' suggest that a section on mortality and morbidity would have been illuminating; perhaps the notion of pursuing academic achievement as the major point of interest would be better considered in the light of other health issues. More detail about nutritional status at an early age would also be enlightening, since growth is considered here as an outcome measure in its own right, as well as a determinant of intellectual development and achievement. The youngest cohort studied is from three years to eight years old, an appropriate time to be looking at academic achievement, but late for studying the

determinants of nutritional status. It is likely that very early feeding practices and infectious disease play a major role in the poor level of attained growth observed in the preschool and school children in the study, but despite one baseline measurement of a group of 12-month-old infants, little attention is paid to the deterioration of nutritional status in the first two years of life. If the growth status of school aged children is considered a determinant of academic performance, then these causes of poor growth are surely relevant and worthy of discussion, even if quantitative data are not available. In effect, the idea of contextual analysis is not fully explored in determining the cause of poor growth.

Socio-economic status in general is found to be important in determining height and weight of children within this community. However, the conclusion that mothers' education has minimal bearing on height for age is based only on findings from seven-year-old children in the study. The contrast drawn with the strong effect of mothers' education in reducing the mortality of children is not really valid, as the age groups are obviously different; we are not given the effect of mothers' education on height for age of children under three years, the age group of most concern for mortality risk. The interaction of age and sex differentials displayed in the data cries out for explanation; and the statement that the more recent cohorts achieved better nutritional status at each age, leads the reader to ask questions about topics not followed up in the book. Why is there a sex differential? Why was there a progression over time? The authors themselves pointed out that the ecosystem of child growth and development is complex, but insufficient attention is given to the microsystems within that ecosystem.

Cognitive development is measured by IQ, and the concerns about using this instrument are dealt with adequately in the text. The results indicate a clear association between IQ and socio-economic status, which increases with age, and a strong relationship between IQ and home stimulation which is especially important in younger children. As a means of intervention, promotion of stimulating interaction between mother and child is seen as a method to improve IQ, and as an alternative to improving socio-economic status, which is put in the too-hard basket. However, one can only wonder if the long-term modification of such maternal behaviour may not be equally difficult to achieve.

The ultimate outcome studied was school performance. A pathway of causation is proposed, with socio-economic status, home stimulation and nutritional status all contributing to IQ, which in turn influences academic achievement, as assessed by specific school grades and basic skills tests.

Although the quantitative analyses are somewhat limited in terms of possible potential, they clearly point to poorer socio-economic status as a primary cause of poorer nutritional status and academic performance among these children from a disadvantaged settlement in Guatemala City. The book combines the dual quantitative and qualitative approaches well; key socio-economic factors that influence child development are drawn out from the qualitative findings, and are discussed as possible points of intervention. Poverty is seen as the basic issue, but the authors, perhaps realistically, avoid the issue of changing an iniquitous society which has grown up within a historical context; instead they propose intervention strategies that protect against the harmful effects of poverty. Buffers include means to avoid large debt, strong social networks and an interactive and stimulating relationship between mother and child.

Overall the case presented in this book is convincing and comprehensive, and despite a perhaps rather hurried final presentation, it holds together well. It is good to see that the outcome of this study is available for all and that the experience is not confined to the bottom of a filing cabinet.

Gillian Hall
Health Transition Centre

Australian National University

Being Pregnant in Rural South India: Nutrition of Women and Well-Being of Children. By Inge Hutter. Amsterdam: Thesis Publishers 1994. Paperback 39.50 guilders or US\$26.50.

This book provides a model for micro or anthropological demographic studies. The author spent almost two years in 14 villages of northern Karnataka, South India, carrying out meticulous fieldwork. She learnt the language and became deeply interested in the culture. She had a clear objective, researching some of the medical attitudes which were to be encapsulated in the 1993 resolution of the World Health Assembly calling for the 'elimination of harmful traditional practices and other social and behavioural obstacles affecting the health of women, children and adolescents... such as child marriages, dietary limitations during pregnancy and female genital mutilation'.

The Nutrition of Women and Well-Being of Children should be a subject of almost cosmic importance, but so much knowledge, expertise and effort could have been employed in a somewhat broader study of society.

Hutter describes how women and children get less food than men, partly because they eat last and the supply tends to run out. Eating, especially among better-off women, declines through pregnancy, especially steeply in the final months. There is some belief in tabooed foods but this has little effect on eating patterns. Hutter found little evidence to support anthropological findings that Indian women eat less during pregnancy in order to have a smaller baby and hence an easier birth or conversely to leave more space in the body for a larger baby. The women told her they found it increasingly hard to eat during pregnancy, and she reports this as one of her main findings. One has a faint suspicion that this was caused not merely by nausea and lack of appetite but also by lingering folk memories that the culture was not very enthusiastic about pregnant women eating heartily through a wide range of foods. P. H. Reddy has reported a similar situation in Karnataka.

Hutter reached two other important conclusions which contradict many of the beliefs in these matters. She found that a woman's total weight gain during pregnancy turned out to be the best predictor of the baby's birth weight; and that there are important limits to the statement that, irrespective of the mother's food intake, the foetus will take all it needs. In fact, in the important and critical situation of badly nourished women eating relatively little during the last trimester, it is the mother's bodily needs which win the battle over the needs of the baby.

Certainly, the pregnant women are somewhat cautious about certain 'heating' foods during pregnancy and even more cautious of sexual activities because of their heating effect. Fortunately, it is the better-off and better-fed women whose food intake declines most rapidly during pregnancy. Indian women have little room for error as Indian babies at birth are the world's lightest, averaging only 2700 grams, or 8 per cent above the WHO criterion for critically low weight usually associated in the West with prematurity. She confirmed previous research that light Third World babies usually gain weight faster in the first month than heavier Western babies.

Finally, a few details should be recorded about the research methodology. Two hundred pregnant women were followed with food intakes being measured by a 24-hour recall. Babies were weighed at birth and again one month later. Interestingly, Hutter reports that it was her participant research and her one-on-one interviewing which obtained good information in contrast to the rather inhibited responses she obtained when using focus groups. See Forum, *Health Transition Review* 4 (1), April 1994, for a discussion of these issues.

Pat Caldwell

Health Transition Centre
Australian National University

Victorian Families in Fact and Fiction. By Penny Kane. London: Macmillan 1995. xiii + 172 pp. Hardback.

This interesting book would doubtless be reviewed at greater length in a fertility journal than in a health one. There are, however, health implications. The author points out that British families were earlier kept to a moderate size not only by late female marriage but also by child mortality. Slow decline in the latter was a necessary precursor of fertility control. Subsequently, the controlled small families were to experience ever less erosion by mortality. Nevertheless, as Penny Kane points out, the nineteenth century family, although subject to high parental mortality, was no more disrupted by it — at least in a quantitative sense — than is the late twentieth century family by divorce.

The book has two striking strengths. The first is its exhaustive use of Victorian and other nineteenth-century literature, autobiographies and biographies to make up for the lack of survey findings in delving into attitudes towards children and reproductive behaviour. The second is the concept of 'family fluidity' in a period before the sanctification of the nuclear family. Orphaned, and a surprising number of non-orphaned, children were fostered; maiden aunts did not go off and live in their own flats; widows, widowers and other relicts of high mortality were suddenly attached to the families. The Victorian family had many similarities to families in the contemporary Third World. Changes were brought about by declining mortality, but the real genitor of the modern nuclear family was the mobility induced by the Industrial Revolution, and the modern family began to crystallize out in the vast dormitory suburbs growing up around the new cities.

Let us turn briefly to the much more copious material on fertility. The book is convincing in its assertion that, by the early nineteenth century, really large families were regarded as comic and were often accepted by their parents with gloomy fatalism. They were usually avoided by periodic abstinence. Such high fertility would not last forever. The Industrial Revolution brought enormous material change and an explosion of radical social thought. Literacy and education led to an appetite for new ideas and new ways, and schooling meant that children were increasingly expensive.

What probably needs explanation is why this educated, urbanized industrial society retained unchanged moderately high fertility for so long. Kane believes that part of the problem emerged from the increasingly affluent Victorian society itself, namely the cult of female purity. Spouses did have trouble discussing sexuality and fertility control, and husbands who suggested the use of condoms were suspected of becoming familiar with them in brothels. But, when the change did come, it was rapid, and fertility fell more steeply through the whole interconnected English speaking world than was the experience of continental Europe.

And who were the chief chroniclers of the Victorian attitudes to children and large families? The most often cited sources are a familiar bunch: Jane Austen, Charlotte Brontë, Samuel Butler, Charles Dickens, Benjamin Disraeli, George Eliot, George Gissing, Henry James, and above all, Mrs Gaskell and Anthony Trollope. In addition, there were the autobiographies of William Lovett and Moberly Bell. The literature bears witness to tremendous change and increasing secularization and scepticism in thought. Most of us do not realize that the outrageously funny children's poetry written by Hilaire Belloc at the turn of the century was changed but little from the serious moral admonitions to children half-a-century earlier. As we treated children with more levity and allowed them more freedom, we had, for our own sakes, to have fewer of them.

A Field of One's Own: Gender and Land Rights in South Asia. By Bina Agarwal. Cambridge University Press, 1994. xxii + 572 pp. Hardcover 395 rupees.

Health Care Expenditure by Government in India: 1974-75 to 1990-91. By K. N. Reddy and V. Selvaraju. New Delhi: Seven Hills Publications, 1994. x + 199 pp. Hardcover 275 rupees.

Bina Agarwal's book is a definitive one, the product of great erudition. It will long remain a source book for information on customary and legal land rights and on gender discrimination. This review, in accordance with the policy of this journal, will, however, address only those aspects of the book which have health implications.

The author argues for greater land rights for women as part of a broader case for their access to economic resources and for a reduction in systematic bias against females. In a country that is still overwhelmingly agricultural the emphasis on land rights is appropriate. The lack of women's access to land ownership through inheritance is not merely a matter of governments and laws, because there are laws dictating equal inheritance for children, but they are not observed. One reason they are not observed is that substantial dowries are paid out at daughters' marriages. The problem is that dowry is rarely in the form of land and most of the dowry passes effectively from her control to that of the family into which she has married.

Yet there is a strong social welfare case for women owning resources in their own right and earning income. One reason is that women spend their money better than men. Research in very different parts of India has shown that a wife's earnings are spent almost entirely on household food and on other such expenditures as clothing and health care for her children and herself. Men fritter away much more of their income, typically between one-quarter and one-third, chiefly on alcohol and tobacco. The result is that increases in wives' incomes show up much more strongly in family nutritional and health gains than do equal increases in husbands' incomes.

Another reason why women's possession of income or land has a health impact on their children is the extra confidence and right to make decisions that flows from the possession of such economic resources. It empowers them. This is important because mothers usually notice children's illness first and are the earliest to want treatment. In fact, in the case of daughters' sicknesses, they may be the only ones who feel that the expense of treatment is justified. They are ceded more right to use their own incomes for these purposes than their husbands' incomes. The benefit of owning some land, or having usufructuary rights in public land is even more obvious in the case of widowed, divorced or separated women. This is not a trivial problem, for one-fifth of Indian and Bangladeshi households are female-headed.

The thrust of Agarwal's argument is irrefutable, but she, like the rest of us, falters when offering solutions. Female children are discriminated against because their parents will be faced in a few short years with paying an impoverishing dowry and thereafter will lose their daughter to another family and receive no support or help from her. This reaches its most extreme in northern India, embracing the full length of the Gangetic Plain, except West Bengal, as well as the states to the southeast of the Indus, Rajasthan and Gujarat.

Admittedly, even in these areas of extreme patriarchy and village exogamy, sons usually do not have to wait until their fathers' deaths to inherit land, but may receive it when the household is partitioned after they have married and perhaps fathered one or two children. But they still live near their parents and their land is also either beside that of their parents or in the same area. Labour is often pooled and tools lent, and physical or material help can be

given immediately. If a newly married woman were given an equal share of the land, she could hardly take it to her new abode. Where there is a fully developed land market, she could sell it and buy an equal quantity of land in her new village. But in rural India this would mean the erosion of a family's land every time a young woman married, and this would make the birth of a girl no more welcome an event than in the present dowry system. The author rather lamely suggests that the solution might lie in greater flexibility of post-marital residence. On the other hand, if a girl survives childhood and possesses land or income after her marriage, there is little doubt that both she and her children will benefit in health and other terms.

In spite of all its problems, India does comparatively well in health terms. It now enjoys a life expectancy at birth of 60 years although its annual per capita income is only US \$310. It records the highest life expectancy of the world's 20 poorest countries, and it is one of only four countries with incomes below \$500 which has reached 60 years. The distribution of expenditure which has allowed this, and the planning involved, is set out in great detail by K. N. Reddy and V. Selvaraju's *Health Expenditure by Government in India*: India's health difficulties are less an unwise use of resources than sheer poverty.

Women's Health Issues in Nigeria. Edited by Mere Nakaterregga Kisekka. Zaria, Nigeria: Tamaza, 1992. xix + 234pp. Paperback 60 Naira .

Good, thoughtful and informed collections of studies of Nigerian health are rare and fortunately this is one of those rare exceptions. It is a credit to Mere Kisekka, the Women's Health Research Network in Nigeria and to the various funding agencies that support them.

This review will necessarily focus on the chapters which are more social or behavioural than medical in their content.

This reviewer increasingly inclined, as he read the book, to the conclusion that traditional medicine and popular belief contained much that was dangerous and there was a great deal to be said for the spread of modern medicine in Nigeria and probably all over Africa.

Christine Adebojo presents a clearer picture of the distribution of clitoridectomy than any previous study of Nigeria, and I was astonished to learn that one-third of female circumcisions in Ima and Bendel states are of the pharaonic type. Given the patchwork of ethnic groups in Nigeria, one wonders whether a research and statistical approach based on states was the best one. Another chapter, that by Dora Shehu about Sokoto, adds to the reasons given for the practice. In international literature it is often explained by men wishing to control their wives' desire for sex, especially extramarital activities. In southwest Nigeria the usual explanation given by women is that it is done to prevent the clitoris touching the baby's head during birth and so killing the child. In Sokoto, perhaps because girls are married at puberty and perhaps because of a difficult relationship between the sexes in a purdah society, Shehu found that men favour incision for faster and easier penile penetration.

Several authors report on the geographically widespread traditional practice of the 'salt cut' of the vaginal wall in an attempt to overcome a range of reproductive disorders. Traditional maternity practices offer other threats. Many healthy foods are tabooed during pregnancy, mothers after birth are bathed in scalding hot water and they may be induced to swallow dangerous quantities of potash. Mairo Alti-Mu'Azu reports of Northern Nigeria that traditional birth attendants (TBAs) make women squat for birth, with the result that large numbers of women refuse to go to hospital for birth because they fear the dorsal position. When TBAs were confronted by obstructing labour they traditionally resorted to either prayer or the salt cut, but, where a modern hospital exists in the neighbourhood, they increasingly attempt to get the unfortunate woman to it.

Bridget Onah reports on childlessness in Anambra State, although her analysis would probably be equally appropriate to much of West Africa. Childless women are usually blamed

for their condition on the grounds of abortion, STDs or association with witchcraft. Not only is the woman castigated but so is her husband, and there is constant conflict with his mother who usually wants to see him remarry and cast out the offending woman. Most of these wives sensibly tried secretly to become pregnant by other men. The situation is said to be improving.

In contrast, Francisca Omorodion concludes from Benin City Welfare Office case files that wife battering is on the increase. Younger wives are in greater danger, and two-thirds of the files refer to women under 25 years of age. The files also contain a disproportionate number of reports of wife battering among the poor, but this may merely prove that the better-off find it easier to keep state intrusion at bay.

Mere Kisekka's chapter on women's organized health struggles and the challenge to establish women's associations with an effective impact in the health area certainly shows the way to go. Unfortunately, nearly all her successful examples are drawn from outside Nigeria, indeed from outside Africa, but this book may hasten Nigerian change.

John C. Caldwell
Health Transition Centre
Australian National University