

## **Book reviews**

### **Girls' Schooling, Women's Autonomy and Fertility Change in South Asia. Edited by Roger Jeffrey and Alaka M. Basu. New Delhi: Sage Publications, 1996. 339pp. Hardback. Rs 225.**

This absorbing collection of eleven papers, most of them originally presented at a workshop in New Delhi in 1993, attempts to explore the causal pathways (if any) behind the statistical relationship between schooling and fertility. In doing so, the book raises far more questions than it answers, which is fine; the answers themselves are often more problematic.

It has long been recognized that there is a powerful relationship between schooling and fertility and that women's autonomy is somehow involved. John Cleland and Shireen Jejeebhoy here present the census and demographic survey evidence for South Asian countries, and point out that the relationship is highly context-specific, varying by region, level of development and time as well as culture. They also suggest that where attitudes towards women make for indifference about their education, mass schooling policies are not likely to succeed in isolation. In a further paper Cleland, Nashid Kamal and Andrew Sloggett argue that the Bangladesh Fertility Survey has shown that exposure to formal schooling does give women greater independence and a greater role in family decisions, and that all this has an influence on fertility behaviour. They do however warn (p. 217) that underlying causality may be very different and that the more autonomous and 'educated' women may simply be in the vanguard of wider changes.

Disentangling the three key concepts in the book's title provides a major challenge in itself. The word 'schooling', as the editors point out in their stimulating introduction, covers a number of quite different pedagogic systems and time-frames. Moreover, schooling is not synonymous with 'education'; indeed the meanings of the two words pull in different directions. Alaka Basu's background paper which further expands the conceptual framework of the book expands on the schooling-education ambiguities, but adds explicitly (p. 49) '... in this paper I have been unable to always avoid using the two terms ... interchangeably'. Most of the other authors have also used the terms interchangeably, and without similar wariness.

Both Basu and Jeffrey also point out that different effects in 'fertility change' are highlighted by the use of different indicators. Completed family size was here the most commonly used variable, but some contributors chose children ever born, others desired family size and the remainder couple protection rates. Incidentally, even those variables commonly used to control for socio-economic conditions may be less helpful than they seem: Patricia and Roger Jeffrey (p. 153) and Sajeda Amin (p. 194) find that individual families often select certain daughters for education, while the rest, for various reasons, remain at home.

By far the greatest challenge, however, comes with definitions of and indicators for, women's autonomy. Dyson and Moore's (1983:45) construct was a popular starting point, but its inclusiveness offers almost endless scope for individual interpretations. Nevertheless, almost all the authors seem to have a Platonic picture of autonomy, as some sort of absolute independence, measurable by universal (conventionally feminist) standards.

The indicators which were chosen by the various authors to elicit degrees of autonomy or to establish mechanisms through which schooling and autonomy influence fertility frequently reflect this idealist approach. Questions about women's employment tend to assume that opportunities to do other than manual work and earn income actually exist, although evidence from several studies including those of Amin (p. 200) in two northern Bangladesh villages, and Leela Visaria (p. 246) using district-level data from surveys in Gujarat and Kerala shows that this was not always the case.

Where work is available, family poverty may be such that 'there is very little left to control after meeting the basic needs of existence in poor households' (Visaria, p. 240). In such circumstances, detailed questions about who decides on the use of resources are probably a waste of time. So too are questions about whether women retain or get any funds for personal use, which presuppose some sort of surplus disposable income.

Opportunities for schooling — especially for girls — in rural areas may also be limited, though seldom as deplorable as in Pakistan, which Zeba Sathar (p. 1330) describes using both survey data and rural fieldwork. Where health facilities are absent, or women may not travel to those which exist, neither schooling nor gains in autonomy will show a relationship to contraceptive use.

Faced with confusing, or even contradictory, results in their studies, most of the authors concluded that future investigations needed to be more flexible and culture-specific. Thus, for example, Rajan, Ramanathan and Mishra's assessment of a recent Kerala fertility survey found (pp. 275-276) conventional measures unsuitable for the assessment of autonomy among sections of the population with matriarchal traditions.

Nevertheless, the overall vision of 'autonomy' leaves most authors curiously unsympathetic to subtle degrees of change. Karuna Chanana's study of Punjabi women, refugees from Partition in New Delhi, and their daughters shows considerable differences between the generations in many aspects of their lives, including levels (and types) of schooling, in husband-wife communication and in decision-making. yet she concludes (p. 132) that 'the ideological underpinnings of the seemingly altered family structure have barely been touched. The fact that women fail to perceive this ideological frame as a restricting straightjacket ensures that there is no questioning...' In other words, if women are still subordinate, any gains are irrelevant.

Even a study as careful as Patricia and Roger Jeffrey's examination of Jat and Sheikh communities in north India, reporting (pp. 157-161) both Jat and Sheikh women's exclusion from marriage consultation, disregards the almost universal use by the women themselves of phrases like 'in those days...', 'Previously ...'. Yet surely such language suggests that changes are taking place, or, at the very least, are now envisaged as possible.

Similarly, the Jeffreys' work (p. 152) and that of Carol Vlassoff (p. 230) among others indicate that women believe their schooling helps with child rearing; it enables them to tutor their children and to share their knowledge and experience. The implications of such a role, both for the mother's sense of self-worth or her position in the family, and in terms of kinds and amount of attention devoted to individual children, remain unexplored. Several authors record that schooling leads to improved husband-wife relationships, but here too the effects on family dynamics or on the woman's confidence and ability to raise issues she believes important are not examined.

The issue of what Srinivas (1962) called 'Sanskritization', the adoption by the upwardly-mobile of the values and behaviour of higher castes or classes, is raised (though somewhat superficially) in a number of papers. With increasing schooling enabling them to marry into higher-income families, in much of South Asia it appears that women become more

circumscribed: more subject to purdah, less likely to have income-producing jobs, and so on, than their poorer and illiterate sisters.

How much real autonomy those less advantaged sisters have is, of course, debateable; even if they can get about more easily and earn what passes for a living. Bruce Caldwell's thoughtful contribution on Sri Lanka argues that motivations for fertility in that country's decline have differed considerably between different groups. Women of the tea estate population had little autonomy and less education but experienced early and dramatic fertility declines. The value of their labour meant that their parents tried to postpone their marriage and that, once married, they spent as little time as possible out of the workforce. By contrast, reductions in fertility amongst other Sri Lankan women seem to have resulted from wide social change (including education), and especially from alterations in the roles and functions of the individual and family within society.

There is, quite clearly, a great deal more work to be done before we begin to unravel the connections between girls' schooling, women's autonomy and fertility change, even at the micro-level. At this point it seems unlikely that the specific pathways identified in particular societies will lead to a single over-arching theoretical model: given the limitations of existing theory even on the single issue of demographic transition, perhaps that is not surprising. All the same, the contributors to this collection have helped to move the debate along, and none more so than the editors with their wide-ranging introductory papers. Readers will, one hopes, be unlikely to tolerate in future multivariate analyses masquerading as theses which triumphantly demonstrate 'education' as the simple key variable in fertility control.

## References

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**Human Ecology and Health: Adaptation to a Changing World. 1996.  
Maj-Lis Follžr and Lars O. Hansson, editors. Department of  
Interdisciplinary Studies of the Human Condition, Section of Human  
Ecology, Gšteborg University. Paperback, 229 pp. US\$20.**

This edited collection on ecology and health grew out of a collaboration between human ecologists at a Swedish university, Goteberg University, and the National School of Public Health/Fiocruz in Rio de Janeiro, Brazil. Primarily developed as a reader for university students, it will also be of interest to researchers and health professionals.

The introductory chapter stakes out the multidisciplinary territory of human ecology and health: that space where environmental health, public health (including epidemiology), medical anthropology, medical sociology, and medical geography overlap. It probably does not attempt enough of a historical and critical review to be really helpful to students. Does it make sense to speak of a discipline composed in turn of several interdisciplinary fields? What can the concept of discipline mean under these circumstances, especially across international boundaries? The introduction does successfully introduce the papers to follow and it has a useful bibliography.

The ten papers were invited and written especially for this volume; nevertheless, they are quite dissimilar in breadth and purpose, ranging from reports of original research to broad reviews. At the broad end of the spectrum are the review by Lindgren on emerging infectious diseases and the closing paper on systems theory by GYnther.

More interesting to most readers will be the reports on field research that combine an ecological approach to health with a heretofore unusual degree of attention to change in ecosystems. There are approximately equal numbers of biomedical scientists and ethnographers among the authors, but this division in their disciplinary origins is not prominent in the presentations, which share a biocultural perspective.

All but one of the papers are by Americanists, the only exception being Bernis's study contrasting reproductive patterns in Morocco and Spain. The papers by Freeman and McElroy on the Inuit partly overlap in ways that make it difficult to see why both were included. Freeman's main interest is the persistence of traditional foods; McElroy's, in all the health aspects of modernization, including dietary change. Freeman covers the Arctic from Greenland to Alaska; McElroy narrows her focus to the Eastern Arctic but is more systematic in looking at the history of contact.

Moving south to the Yucatan Peninsula of Mexico, we learn that the development of tourism at Cancun has brought wage labour to Mayan communities. Daltabuit's study of the community of Yalcoba indicates that transformation from subsistence agriculture to wage labour has not brought improvement in child nutrition or an epidemiological transition; high morbidity has the same causes as fifty years ago: infectious and parasitic diseases.

For the university teacher, the cluster of three papers from Amazonia afford an ideal set for comparison in classroom discussion and student papers. FollZr and Garrett show how the Shipibo-Conibo responded to the 1991 cholera epidemic in Peru: a new disease elicited both traditional ethnomedical responses and acceptance of new biomedical explanations and therapies. Local primary health care workers were key figures bridging the gap. Boischio and Henshel explore a similarly dramatic health threat to the indigenous population along the Madeira River in Brazil: exposure to methyl mercury by eating fish from waters polluted through goldmining. The ethnoscientific classification of fish and adherence to food taboos influence the intake of mercury. Finally, Santos, Flowers, and their colleagues follow change in subsistence and demography from 1947 to 1990 among the Xavznte. The changes were neither simple nor unidirectional; for example, the amount of wild food collected increased at the same time that purchased food increased. This complexity emphasizes the need for longitudinal studies of human ecology: a central theme of the whole volume.

This book fills a niche as a supplementary reader for courses in medical anthropology and public health. Such case materials for teaching are needed badly, and these are particularly current. Two limitations of the book may hinder its use: one is the Americanist bias, the other is the uneven copy editing. Those of us who attempt to teach writing along with our subject matter will find our efforts undermined by some poor models for composition here, though most of the papers are well written and the book is attractively produced.

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**Come Over and Help Us: A Doctor in Africa. By Leader Stirling. Dar es Salaam: AMREF Tanzania. 1995. 209 pp. Paperback. \$10.**

This new edition of the autobiography of Leader Stirling, the remarkable missionary doctor who became Minister of Health in independent Tanzania, will be of interest to Tanzanophiles and medical historians. Those prepared to search through the book will find much fascinating detail of Dr. Stirling's two careers, first as missionary doctor and then as politician. Born in Britain in 1906, he went to the then Tanganyika in 1935 and worked single-handed as a doctor for 24 years in remote areas in the south. Up to 1975, he continued practising in rural areas. His political career began in 1958, when he entered the pre-independence parliament as a representative of TANU, the nationalist movement. When Tanzania became independent in 1961, he took citizenship and remained in parliament, eventually becoming Minister of Health from 1975 to 1980.

Among Dr. Stirling's many achievements was the improved integration of church and government hospitals into a more unified health service. He was also much involved in training, first in pioneering education of basic-level health workers, and later developing an upgrading system. The national anti-tuberculous and leprosy service was developed through his efforts. In reading this book, one realizes how much mainstream health practice owes to the Tanzanian experience.

Dr. Stirling also documents the neglect of Southern Tanganyika by the British colonial government that pushed him into supporting the nationalist cause. It is a testament to the non-racism of that nationalism that he could be appointed health minister. Ironically, he had first obtained his parliamentary seat because of the British insistence on white representation.

One problem, possibly a virtue, with the book is that the author's modesty prevents us from gaining much insight into his character. His affection, however, for his fellow health workers and his devotion to his patients shine through, as does his strong Christian faith. But how did he cope as a single-handed doctor for 24 years and then emerge with the political skills to be a successful politician? His story cries out for a professional biographer. Likewise, many of the health policy issues would benefit from a more detailed and analytical treatment. One can only hope that historians have interviewed Dr. Stirling in depth.

As Minister of Health, he attended the Alma Ata conference on Primary Health Care (PHC). Coming from a country that had been practising it for years, he found it hard to accept the hullabaloo surrounding the adoption of the PHC philosophy. He laments the decrying of hospitals and doctors that advocates of the PHC philosophy sometimes indulged in. Of course, he was right. In the next decade, district health systems based on district hospitals were to become the new fashion.

What would Dr. Stirling think of the constantly changing fashions in international health policy in the past twenty years and the current fashion for health sector reform? Some answer comes in the Introduction by Julius Nyerere, first written to accompany the 1976 edition, and supplemented in 1995. The 1976 Introduction is full of optimism and rightly points out the enormous advances made in the Tanzanian health system. The 1995 supplement is sobering; Tanzania's health services have deteriorated under the pressures of economic structural adjustment, increased poverty, and a reversal of the emphasis on Health for All. The result of the new fashions for cost-efficiency and cost-sharing is that the poorest can no longer afford even minimum health care.

Together, the words of these two great men — one a builder of health services, the other a builder of his country — testify to the optimism in Africa in the 1960s and 1970s. It is salutary to read them, as in the 1980s and 1990s there has been a tendency to rewrite the history of that period. We cannot turn the clock back, but the values of selfless service expressed in this book and the assumption that all have a right to health are surely still valid.

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**AIDS and Society. By James Monroe Smith. Upper Saddle River NJ:  
Prentice Hall. 1996. Pp. 370+xiv. Paperback.**

This impressive new book is broad, though US-based, intellectually subjective, and carefully researched: a sterling introduction to myriad topics. Smith was trained as a scientist and then lawyer, is an AIDS activist, and gay and pro-feminist, so the book is multidisciplinary in scope and bibliography, if not fully interdisciplinary. Smith has 'attempted to tell the truth about HIV/AIDS issues, albeit with some passion and with a degree of subjectivity' (p. xi), the truth being about both 'our consistent failure to understand the intransigence of human nature' (p. xi) and our too great reliance upon organizational solutions to sociomedical problems. Smith discusses the psychology of discrimination, the political economy of biomedicine, and the structural contradictions of organizations. His thesis is that we need to be a bit sceptical of what our great institutions, such as medicine, the law, the Church, and our great organizations, such as government and corporations, can do for us, largely because these organizations and institutions promote the *status quo*. In promoting the *status quo*, these organizations and institutions avoid controversy and resist reform and innovation (p. xii).

*AIDS and Society* is accessible for non-specialists, though its signs of scholarliness (dense referencing and tiny footnotes) might turn away some 'lay' readers. Each of ten chapters concludes with a summary and a full bibliography, is broken up by boxed commentaries on timely, though again primarily US-based topics, and contains uplifting personal testimonies from persons who relate that HIV-related illness has *improved* their lives. Chapter 1 discusses the dynamics of HIV infection and transmission and the natural history of 'HIV disease'. Smith teasingly hints at the nakedness (the scientific validity) of the Emperor's (biomedicine's) fashion statements (the politics of AIDS-related research), but too skimpily discusses 'alternative' explanations, skims too lightly over Peter Duesberg and others, and omits altogether discussion of both the Group for the Scientific Reappraisal of the HIV/AIDS Hypothesis and Robert Root-Bernstein's *Rethinking AIDS: The Tragic Cost of Premature Consensus* (1993, The Free Press).

The second and third chapters illustrate diverse people and peoples affected by HIV-infection and HIV-antibody seroprevalence, and discuss theories about stigma regarding and prejudice towards homosexuals, prostitutes, pregnant women, intravenous drug-users, and racial and ethnic 'minorities'. The fourth and fifth chapters could have been reversed, the latter discussing 'Morality Issues', and the former, 'The Medical and Public Health Establishments'. Neither Medicine nor the Church (both highly reified) goes unspared in Smith's critique, in the former case for wielding power sociomedically over bodies and persons and ignoring what are also moral issues (the existence of sexism, racism, and classism), and in the latter for treating morally (i.e., in terms of promiscuity and heterosexism) what is at base a sociomedical problem.

Chapter 6, 'Discrimination and Other Legal Issues', is perhaps this book's best. Smith cogently marshals relevant case law relating to HIV/AIDS issues such as insurance benefits, privacy and quarantine (e.g., he refers to *Kirk v. Wade*, 1909, involving a leprous missionary in Brazil who returns to South Carolina), and deploys both hypothetical and actual cases. The next two chapters discuss organizational politics in clear detail, and evince the author's catholic reading habits and training, moving easily between political science, sociology,

organizational psychology, and political economy. Chapter 8 is an extended case study application of the lessons of the preceding chapters, carefully analysing AIDS organization politics in the US, particularly those of ACT-UP, Queer Nation, and WHAM.

Chapter 9 discusses 'Economic Issues' with respect to treatment, not prevention, and documents various Acts, programs, and debates and their rationale, again, by presenting interesting case studies and controversies. Chapter 10 discusses far too briefly 'International Issues' of HIV/AIDS, and presents sketchy HIV antibody seroprevalence figures and projections by continent, region, and country without enough critique.

*AIDS and Society* is impressively referenced, fairly argued, clearly written; it is lively, punctuated by some seriously positive people, attitudes, and ideas, and will thereby appeal to many different kinds of students, activists, and educators; I look forward to using it in an upper-division anthropology course. Too many points, though, are made more than once, sometimes even on the same page (e.g. p. 259), and Smith could have paraphrased more and quoted less.

The nominalistically fussy anthropologist in me has a few quarrels. 'African Americans' constitute a race, but 'Latinos/Latinas' are an ethnic group (e.g. p. 80). 'HIV antibody' should often have been substituted for 'HIV', and 'HIV/AIDS' is too often a lazy conflation precisely when clearer expression is called for. Both 'AIDS' and 'HIV' are taken to be singular, unvarying entities, as in 'HIV infection' and 'AIDS vaccines'. HIV is referred to frequently as a disease in itself, and the 'Syndrome' part of 'AIDS' too often drops out (e.g. p. 288). Many reifications obscure more than illuminate, such as 'the African-American community' (p. 43), 'Native American spirituality' (p. 171), 'heterosexual transmission' (*passim*), and 'The Latina Female' (pp. 44-45).

Some claims are too categorical, such as that the 'diagnosis of AIDS is not complicated' and that such diagnoses have already been 'standardized' by the Centers for Disease Control (p. 218). Gena Corea, Root-Bernstein, Duesberg, and others show that such is not the case, and that standardization owes often more to courageous, persistent activists (e.g., regarding diagnoses of 'AIDS' in women) and to scientific mavericks, than to adherence to scientific principles and magic bullet-type thinking. My understanding of 'HIV/AIDS' is very different from Smith's, in that I believe in far greater variation in manifestation of 'HIV/AIDS' across time, space, mind, and body, in AIDS' 'reality' as an empirical *and* constructed entity.

These minor criticisms aside, Smith's intellect, knowledge, and experience are each laudatory. He challenges us to think more carefully about empirical, medical, conceptual, social, and political issues raised by HIV infection, transmission, and antibody-seroprevalence, and has clearly done his homework. *AIDS and Society* is critical but non-ideological, scholarly without being dense, surprisingly jargon-free, and thoroughgoingly positive. Smith is right: *together*, though not necessarily from our desks and purse-strings in top-heavy, bureaucratic organizations, we can figure this one out.

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**Dorothy Broom (Ed.). 1994. *Double Bind. Women Affected by Alcohol and Other Drugs*. Sydney: Allen and Unwin.**

I was asked by the *Health Transition Review* editors to review this book anonymously as a member of Alcoholics Anonymous and other Twelve Step fellowships.

When I first read the book I was somewhat chagrined at the light mention of Twelve Step fellowships. However, this is a book which is mostly about people who drink or drug because they have pain whereas alcohol and drug related Twelve Step fellowships are more often about people who have pain because they drink or drug. The two states are not discontinuous and as various passages in the book point out we all must work with these problems in the context of a national culture in which the public opinion of people who have such problems is often very low. The point needs to be made that harm minimisation techniques generally do not work sufficiently for the drinker/drug user with alcoholism/addiction problems until these people cease drinking/using addictive drugs altogether.

Prior to the 1980s most research on drug usage and abuse focused on men. This book addresses the need for an Australian book, for general distribution, to examine gender related drug issues focusing chiefly on women. Its interesting title of *Double Bind* refers to the Catch 22 situation women who use drugs can find themselves: women are under pressure to operate in a way perceived to be feminine and this itself may cause the woman to turn to drugs to ease the associated pressure and pain, whilst abuse of drugs may cause behaviour which is not feminine, thereby causing more pressure to use them. The drugs include nicotine, alcohol, minor sedatives, heroin, and other potentially addictive drugs.

The book is divided into three parts. The first provides useful statistics on drug usage, patterns of drug usage and behaviour relating to drugs amongst women and often includes similar statistics relating to men. Although this book is for general distribution, even with some scientific training, I found the book, especially its first section which is very statistically based, heavy reading, as it was often so technical. Chang presents data gathered by the Commonwealth Department of Health following two campaigns aimed at reducing drug abuse. The first campaign, 'I'm a woman' in 1989-90 was directed at younger women and is inferred to have contributed to a figure of 25% of 12 to 15 year old women who intended to reduce their rate of smoking. Following a second campaign, started in January 1990, directed at young women, the figure for those women intending to reduce their rate of smoking increased to 41%. Stevens and Wardlaw compare the adequacy of female illicit drug use statistics gathered from drug treatment centres and the police criminal records in the Australian Capital Territory (ACT). They found drug treatment centre statistics to be the most legitimate statistic of women's illicit drug use. Elliott and Lowrey, in a survey of Canberra women, found that women often do not know the safe level of drinking alcohol but if they do know then they generally moderate their drinking accordingly. They comment that women's alcohol consumption increased (as has nicotine consumption) as the Women's Movement changed women's roles within society to a more traditional male oriented role.

Part two of the book examines social factors influencing women's patterns of drug use. I felt this part of the book, being far less technical than the first few chapters, and including more personal comments relating to drug use, to be more readable by the general public than the first. Brady considers alcohol in relation to Aboriginal women. In a survey of Aboriginal women in the Northern Territory, about 80% of them abstained from alcohol, often citing Christianity as the reason. Low socioeconomic status is often cited as a cause of alcoholism amongst Aborigines, but, this is contradicted by the evidence of abstinence just given.

In an interesting personal study, Davis comments about her own alcoholism in relation to the common denial of the problem and the portrayal of women in society by theatre. She also mentions other social factors, which may be involved in alcoholism, including childhood. Marsh and Loxley in a survey where half of their respondents were obtained from non-treatment sources, found there were two major female groups of injecting drug users. The group of women over 24 years old, especially over 30 years old, were much more likely to have been in treatment and use opiates daily, compared to the women under 24 years old. Dance, in a study which includes amongst others, the homeless and sex industry workers,

considered both dependent and non-dependent drug users of legal and illegal drugs, concerning minimising users' infection with HIV. The research includes interesting personal accounts by the drug users. The study concludes different causal factors for drug use exist for women compared to men, different associated health problems and the need for different services. Watson et al. discuss intoxication in relation to sex and risk taking behaviours, including HIV/AIDS. Zajdow, looks at the problems of the wives of alcoholic men, the culture in which men drink and families' problems with men's drinking which are mostly ignored in the drug and alcohol field.

Fraser, in her comprehensive and informative article, explores the issues surrounding codependency, briefly defining it as 'accepting the unacceptable'. She describes the rules of the dysfunctional family, and the very limiting roles of children in dysfunctional families. She also describes the attitudes of children and adult children of dysfunctional families summarized as: 'Don't talk, don't trust, don't feel'. She discusses the types of abuse including acculturation which includes race shaming and is defined by Diazo as 'a process of progressive adaptation to the dominant culture for the purposes of economic survival and mobility'. This is very relevant to an Australian audience with its multicultural and Aboriginal composition. She also includes discussion of shame - class shame, race shame, homophobia and homosexual shame, incest shame, rape shame, abuse shame and gender shame. This article is also very relevant to men who have been similarly abused.

Part three researches treatment options for women with a drug history, and again is quite suitable for general reading. It includes an introduction to a couple of the valuable services in the drugs and alcohol field which assist women in Canberra. Women's Addiction Recovery Service (WARS) provides counselling and informative services for women and children and accommodation for women with a drug/alcohol or mental illness problem. Karralika Therapeutic Community offers treatment for parents and their children including accommodation, that scarcest of commodities, treatment for both women and men with drug problems, and their children. The book advocates more treatment services targeted at women and gives statistics showing the limited involvement of women in the provision of drug and alcohol counselling services. There was a large increase to about 50% participation of women at the Karralika centre after the provision of childcare facilities and this increase also included many women who did not have children. Crawford and Elliott present research concerning women's, and also their children's requirements, of drug and alcohol services, and the needs of drug and alcohol workers and make recommendations concerning them aimed at improving drug and alcohol services. Bowler and Lea give an historical description of the National Campaign Against Drug Abuse (NCADA) and how it develops and operates its campaigns targeted at harm minimisation and sometimes prevention of drug usage.

Whilst this book is a valuable contribution to the neglected field on women and drugs, it may have benefited from having more material on methods of dealing with addiction and, given the limited resources, those methods found most useful in treating both female and male sufferers of addiction. Woden Detoxification Centre at the Canberra Hospital (Canberra's only medicated detoxification centre) send their patients to Twelve Step fellowship meetings, apparently because they are perceived to be the most likely route to realising abstinence, which is the only thing that seems to work for what Twelve Step fellowship members normally consider themselves to be: true addicts or alcoholics. On our side, it is common to hear an alcoholic/addict who has finally made it to treatment say that in the end they used alcohol/drugs for any reason under the sun but the reality is they used them because they were addicted to them.

Addiction is a primary illness and needs to be treated before addressing related problems such as causes, if, indeed, causes even exist. Despite that limitation and due to its scope, strong emphasis on women's needs, and useful statistics, the book should prove a valuable

resource in the study of women and their drug and alcohol use. It is well sourced with very a useful index and bibliography and so should prove to be of much benefit to the drugs and alcohol field.

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