

public and private forces on personal growth. Describing each woman's childhood, family, the society in which she grew up, and her education, Levy focuses particular attention on those decisions, factors and events that shaped the development of each woman's career. Hence, the reader finds out how Hasina Khan became actively involved in non-formal education and integrated rural development with women in rural communities of Bangladesh; why Elvina Mutua decided to establish a network of women's groups engaged in small business enterprises in Mombasa, Kenya; how Reyna Calix de Miralda, mother of seven and member of the lowest class of peasants, helped to form the Honduran Federation of Peasant Women (FEHMUC); why Aziza Hussein became an international spokesperson for women struggling to improve family law and family planning in Egypt; and what choices and challenges link Elizabeth O'Kelly's involvement in the initiation of the Corn Mill Societies of the Cameroon and the establishment of Women's Institutes in Sarwak.

In line with a socialist feminist conception of women's oppression, Levy's biographies illustrate how social, political and economic, reproductive, and psychological forms of oppression can combine in ways that together result in an oppression that is even greater than the sum of its parts. Hasina Khan's dreams of expanding Save the Children's women's programmes are silenced through personal attacks by her own family. This indicates the extent to which the uneven division of labour within her family is reinforced by deeply ingrained gender ideology and identity. Unable to accept that Hasina was able to arrange satisfactory care for her two daughters when she was away from home, members of Hasina's family accused her of "saving the children but killing her own" (p. 57).

Since each of the five leaders attempt to change the status quo as it relates to women, the book provides its reader with the opportunity to learn about planned processes aimed at changing gender relations, and to observe in the context of specific circumstances what factors appear to have influenced change. Whether attempting to create a political power base for women, to increase their economic opportunities or legal rights, to eliminate some of the time and burden of their work, or to increase women's control over reproduction, all the leaders seem to have encountered formidable male resistance to their activities. In one village she visited, for example, Hasina Khan was informed by an important male leader "that the last time a delegation of women had come to the village, 'we had floods and a plague of frogs. We don't want to suffer more by the arrival of women and women's development in our village'" (pp. 47-48). In the face of opposi-

tion voiced by male family members, colleagues or community leaders, the women in Levy's book respond with creativity and persistence.

One of only a "few studies of female leaders below the highest level of media prominence" (p. 26), Levy's work stands out as valuable for both the study and practice of women and development. In the variation of leadership styles, goals and objectives that it documents, the book communicates the richness of international feminism while actively stimulating discussion around a series of important and topical development issues. As Sue Ellen M. Charlton clearly points out in her introduction to the book, the biographies

...raise a number of questions about effective leadership, the strengths and weaknesses of women's organizations, and the contradictory effects of state institutions on the efforts of women to participate fully in the search for life-enriching development strategies. (p. 3)

Moreover, by making otherwise invisible efforts visible, Levy's work opens up the opportunity for its readers to learn from the lives of these women. In particular, the women's successes, trials and tribulations are experiences from which other leaders, who are actively engaged in women and development activities, can draw inspiration and solidarity.

While, on the one hand, highlighting the courage and stamina of unique individuals faced with numerous obstacles, the book, on the other hand, leaves its reader with hope and optimism that women's organizations, such as those used and built by the five leaders, can provide women throughout the world with new space in which to analyze their situations, articulate their needs and interests, and act with the power to change gender relations. Levy's book is a well-written, interesting and informative piece of feminist literature.

Valerie du Plessis
University of Guelph

Social Change and Women's Reproductive Health Care: A Guide for Physicians and Their Patients. Nada Logan Stotland, M.D. *New York: Praeger Press, 1988, Pp. 253 hardcover.*

Feminist writing has typically emphasized the oppressive nature of childbearing and childbirth. The ideology of coercive motherhood, the medicalization of pregnancy, the dependency on hospitals and male professionals are a

standard part of the literature on women and health. Indeed, the critique of medicine as an "objective" science, the bias of medical textbooks, and the misogynist practitioners have become symbolic of the victimization of women generally in a patriarchal society. The impact of this on the women's movement and its mobilization is significant; the impact of it on the medical system is more problematic.

Nada Logan Stotland is a physician and professor of clinical psychiatry, a woman accustomed to hospitals and medical discourse. Her book is intended to help health care workers in obstetrics and gynecology understand the psychology of reproduction and some of the changes in society that have made the experience of female sexuality and reproduction more ambiguous, if not ambivalent. Dr. Stotland is aware of feminist commentary and frequently refers to it in her discussion, but she is not convinced. Furthermore, in a friendly way, she sometimes points out that feminist thinking may be part of the problem.

To begin with, we insist that our female reproductive experience has been ignored by male-centered medicine, but also complain that we are seen too often as nothing but reproductive systems. According to Dr. Stotland, we not only devalue and envy motherhood, but we also do not help a woman who has just had the trauma of a caesarean section, let alone start worrying about whether the surgical intervention was really necessary. Pregnancy, she says, has its own imperatives which may conflict with a full-time career, and the resulting stress may itself compound the problems.

Have we gone too far in demedicalizing pregnancy? We certainly have, according to Dr. Stotland, in normalizing parturition. Turfing women out of hospitals a day after delivery may serve hospital economics and our romantic images of peasant women delivering in the field, but it contributes to the anxiety of women who are cut off from immediate access to advice and reassurance, and sends physically and emotionally exhausted women home often to households with other children.

Dr. Stotland's discussion of postpartum depression is a good place to re-examine our feminist thinking about reproduction and our analyses of the relationship between patient and professional. Bear in mind that some form of depression is characteristic of sixty to seventy percent of women after childbirth, and that the highest rate of admission of women to mental hospitals is within the first six months following the birth of a child. Is it a hormonal phenomenon? There are good biochemical reasons for

mood swings in this period, yet it is not found in all cultures. Is it organizational, an iatrogenic side-effect of the hospital system? The abrupt discharge is an example. Is it a reaction to stress that triggers latent psychiatric problems? Or is it specific to the birthing experience? For example, is it a grieving process for the separation from the fetus and a regression to infantile fantasies? Is it a form of role conflict? (My god, after all this struggle to be different, am I going to become just like my mother?) Or is it a manifestation of a more general gender oppression? Dr. Stotland discusses all these ideas except the last and cites case histories where, thanks to the intervention of specialists, the problems were successfully resolved.

Social Change and Women's Reproductive Health Care will be read by nurses, physicians, students, social workers and others connected with obstetrics and gynecological services, and who have become aware of the confusions and misunderstandings that women have in a modern society where there are fads (How much weight should a woman gain?), religious beliefs (concerning contraception and abortion), and political theories (doctors depicted as the self-interested agents of capitalism) competing with the imperfect and incomplete scientific knowledge. I found the book gave me a useful perspective on feminist thinking and our blindspots. It should help to correct some of our dogmatism about childbearing and childbirth that is often far removed from the clinical experience of women. It does not help to tell a woman vomiting her way through the first three months of pregnancy that the personal is political. However, having said that, the limitations of this book are serious and I look forward to something similar that would bridge the feminist critique with the insights of the professionals who, like Dr. Stotland, are in the system and who are, in their own way, humanizing it while still having to feminize it.

Thelma McCormack
York University

In the Business of Child Care: Employer Initiatives and Working Women. Judith D. Auerbach, *New York: Praeger Press, 1988, Pp. 171 hardcover.*

"Given the salience of child care in the contemporary period — especially in the lives of working women — it is surprising that it has received relatively little attention in the sociological literature, including feminist literature" (p. 3). The aim of this book is to examine the phenomenon of child care and to begin to fit it into larger sociological questions about the links between gender, family and