
Gender and Health, published in 1996, is a collection of essays gathered by Carolyn F. Sargent and Caroline B. Brettell. Sargent, currently Professor of Anthropology and Director of Women's Studies at Southern Methodist University, received her Ph.D. from Michigan State University and a Master's degree from the University of Manchester, England. Focusing on health, child survival, and medical ethics, she has conducted fieldwork in Africa and the Caribbean.

Brettell, who is author and co-editor of several books and articles, currently is Professor and Chair of Anthropology at Southern Methodist University. Her most recent works include, We Have Already Cried Many Tears: The Stories of Three Portuguese Migrant Women; Men Who Migrate, Women Who Wait: Population and History in a Portuguese Parish; International Migration: The Female Experience and Gender in Cross-Cultural Perspective, and When They Read What We Write: The Politics of Ethnography.

The papers included in Sargent's and Brettell's Reader are by professionals from the Social Sciences, Health Sciences, and the field of Law. Most contributors have conducted or participated in primary cross-cultural studies, using both qualitative and quantitative data. The underlying premise of all authors is that 1) medical patients should be conceptualized as gendered individuals functioning in a given socio-economic environment, and 2) class, gender, and ethnicity as social constructs control the Health Care System and the production of health. According to Sargent and Brettell, this Reader appeals to students in the fields of women's studies, anthropology, and the health sciences, and to a general scholarly audience.

"The enslavement of the female to the species and the limitations of her various powers are extremely important facts; the body of the woman is one of the essential elements in her situation in the world. There is no true living reality except as manifested by the conscious individual through activities and in the bosom of a society. Why [and in what ways] is Woman the Other?"2

Sargent’s and Brettell’s Reader, using the lines of inquiry in medical anthropology, looks at the relationships between gender role, ideology, and 1) the language of science and medicine; 2) the cultural construction of health and the life cycle; 3) the impact of new reproductive technology upon the family; 4) medical ethics and personhood; 5) healing and the socio-cultural production of health; and, 6) health policy.

In traditional Marxian terms, language, a sub-element of society’s Superstructure, colors and reproduces our perceptions of reality. Respectively, both Emily Martin and Helena Michie analyze the epistemology and language of biomedicine as it pertains to women’s status.

The biomedical literature, so Martin, portrays menstruation as failed production but, describes the process of male spermatogenesis with great enthusiasm. "[The egg] is a sleeping beauty patiently awaiting the arrival of her charming prince/hero [the sperm] who must endure a perilous journey to achieve his mission" (italics added).\(^3\) Michie focuses on the Cesarean as a mechanism by which mind and body are divorced. In equating cesarean birth with failure, language denied women agency in reproduction. Consequently, nature and culture are juxtaposed, setting limits in what it means to be female.

Following the comparative approach, Dona Davis explores the literature on premenstrual and menopausal syndromes to tackle two commonly held assumptions, that 1) biomedical constructions of either syndrome are universal; and that 2) they are a-cultural, purely scientific facts. Menstruation and menopause, as pointed out by Davis, are cultural constructs -- they are experienced differently in a range of societies around the world. In Western industrialized societies they are defined as source of stigma, depression, and emotional stress; other cultures either do not emphasize them biologically or socially, or associate them with women's creative spirituality, freedom, and youth (i.e. The Maya, traditional Samoans, and the Lusi of Papua New Guinea).

Age, like gender, is an artificially, culturally constructed phenomenon, as illustrated by Maria Cattell's contribution to this Reader. Cross-culturally, women face health threatening discrimination, ranging from religious practices to intentional malnutrition of undesirable infant daughters. Aging adds additional burdens to gender discrimination. "Inequalities between the sexes in old age are not unique to that life stage but are continuous, with patterned inequalities throughout the life course."\(^4\)

Worldwide, women are likely to have poorer access to education, lower status, and less power than men. They have lower participation in the labor force, and face severe economic hardships that continue into old age. In developing nations, the elderly are at higher risk of poverty than young adults; women, as a group, are worse off than men, and elderly women, worldwide, are the fastest growing segment.

In the 1960's the natural childbirth movement encouraged women to give birth consciously, awake and aware, and to reject technocratic intervention. Cross-culturally, the cesarean rate is now at 24 percent, the epidural rate at 80 percent, the episiotomy rate at 90 percent, and use of electronic fetal monitoring is near-universal. In the United States, 98 percent of all women give birth in hospitals, most with medical intervention.

Robbie E. Davis-Floyd's micro-level oriented research compares and contrasts "technobirth," practiced by a majority of women, and organic birth, favored by a minority of homebirthers. Her study focuses upon the correlations between self- and body images and the world view of 40 women. The first data set includes 32 professional, career-oriented technobirthers; the second data set consists of eight homebirthers (four professionals and four stay-at-home mothers).

Based upon her non-representative, a-scientific study, Davis-Floyd argues that technobirthers subscribe to Descartes' concept of science: the world is orderly and

\(^3\) p.2

\(^4\) Hess cited by Cattell, p.92
understandable; truth can be both codified and manipulated. "The self should control the body" thus, technology and medical knowledge are important. Homebirthers, in contrast, believe in normative dualism: mind and body are inseparable; they constitute one entity. The body is uncontrollable thus, scientific intervention is unnatural and not valued.

Technology and biomedicine have been misused to create fear; and fear makes profit. Patricia A. Kaufert explores the mammography campaign in North America. The Canadian National Breast Screening Study (CNBSS) in November 1992 showed that among women aged 40-49 when they entered the study, the death ration of those with an annual mammogram to those without one is 38:28; among women aged 50-59, the death ration of women randomly assigned to an annual mammogram plus physical examination to women with physical examination alone is 38:39 (values non-significant; N equals 90,000). But, blind confidence in technology and its profitability, so Kaufert, are central to the success of the mammography campaign in North America. In creating more and more fear, efforts to routinize mammography screening have made breast cancer a social issue.

In creating more and more fear, efforts to routinize mammography screening have made breast cancer a social issue. Thomas J. Csordas, Patricia A. Marshall, and Susan Sherwin illustrate that biomedical ethicists have mostly ignored the roles of health-care practices, class, power, and gender issues in perpetuating oppressive political systems. Thus, medical education has used male experiences as the norm; clinical studies have focused on White males, and studies on reproduction, so Sherwin, sought to manipulate and control women's fertility.

The concept of self, and the moral debates surrounding it, are shaped within the domains of culture -- they are created, controlled, and manipulated by us. One point in case is Csordas' essay on abortion, comparing the definition of fetal personhood held by American Catholic Charismatics and Japanese Buddhists. Likewise, health and health policy are socio-cultural products. Gender ideology and the class-based control to access of health care sways a patient’s experience of sickness, sense of empowerment, and relationship with family, physician, and other health care providers. In both the industrialized and less industrialized world "[socio-political] systems place a low value on health care needs of [socially disadvantaged groups]."

Sargent's and Brettell's Reader, clearly written and well-understood, sheds some light upon the world's inequality-stricken socio-political systems. Both primary and secondary, qualitative and quantitative data, and historical records were used to unravel women's oppression and exploitation in Western societies. As presented, the health system is one socio-cultural institution shaped by economic forces -- forces seeking to manipulate and reproduce a society's social structure.

Although Sargent's and Brettell's Reader successfully delineates women's inferior status and its consequences in "developed" countries, it hardly is of superior scholarly scientific quality. Theory, operationalization, and observation are the wheels of science. This book lists an immense amount of data yet, it lacks a deep-reaching theoretical basis. Theory is the systematic explanation of data -- data which are meaningless otherwise.

Like Feminist theory, the contributors to this Reader recognize that, 1) gender penetrates and manipulates society; 2) society splits its material and non-material resources based upon gender; and 3) women, from a nomothetic perspective, are a subordinate group. Unlike Feminist theory, however, Sargent's and Brettell's Reader neither looks behind the
appearance of things, to offer an explanation for social phenomena, nor makes any reasonable proposals for change.\(^6\)

The world, so Hegel's idealized dialecticism, is a totality of inter-acting social elements, that are in constant opposition to one another. An event (thesis) creates its opposite (antithesis) leading to a temporary reconciliation of both (synthesis). Hegel, unlike Kant, analyzes the world from a dynamic rational point of view.

Marx's dialectical materialism rejects Hegel's focus on the ideal realm, and emphasizes the material conditions of humans. Whereas Hegel argues that the social construction of reality is based upon our consciousness, Marx reasons that mind and body cannot be divorces (normative dualism). Mind cannot exist without body; what is in our mind is a reflection of the real, material world.

A society's social system has three components, the 1) Forces of Production (FOP); 2) Social Relations of Production (SRP); and 3) Superstructure (SUP). The FOP and SRP combined make up the Economic Base, which determines the Mode of Production (MOP).

The FOP are defined as the available degree of technology, including both material and non-material aspects of labor. The FOP seeks to increase productivity and creates Kapital (surplus). The SRP are the system of social relations that govern production, and involves decisions over who decides what is produced, for what reasons, how it is organized etc. It implies social differentiation and classes with antagonistic interests. The SRP changes over time but, less slowly than the FOP (fundamental contradiction).

The SUP, a reflection of the Economic Base, includes a society's institutional and ideological elements, such as the educational, political, religious, and health unit. The state, so James O'Connor, fosters conditions leading to the rapid accumulation of Kapital ("capital expenses"), legitimizes the Economic Base, and maintains social stability among conflicting groups ("social expenses"). Ideology, so Antonio Gramsci, strengthens people's belief in hegemony and meritocracy.

Production is the nexus of society. Production requires cooperation and organization thus, the division of labor is inevitable. Changes in the FOP creates Kapital, forcing the decision over whether to have production for social needs or production for profit. In the [Western] capitalist MOP, the latter results in the privatization of communal property.

According to Erik Olin Wright, capitalism divided [Western] societies into three classes whose bases of antagonism are exploitation and oppression. [Western] capitalist societies are demarcated between those who have 1) control over Kapital; 2) control over the physical means of production; and 3) control over labor power. Thus, Capitalists are those who have control over Kapital, the physical means of production, and labor power; the Proletariat includes those who have no control at all; and the Petty bourgeoisie includes those who have control over Kapital and the physical means of production but, no control over labor power in general.

"The social and political struggles over health and health care have become major social issues [in Western capitalist societies]."\(^7\) Marxist thought provides one rational

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\(^6\) Tong, Rosemarie. Feminist Thought (1989), pp.1-9

\(^7\) Conrad and Kern IN From The Left Bank To The Mainstream: Historical Debates and Contemporary Research in Marxist Sociology (1994), p.207
explanation for Sargent’s and Brettell’s data collection manual -- a theory which should have at least been mentioned.

Sargent’s and Brettell’s Reader fails to realize that inequality is a social fact -- “manner of acting, thinking, and feeling, external to the individual, which are invested with a coercive power by virtue of which they exercise control over [us].” Sargent’s and Brettell’s Reader rightfully makes historical references yet, it discusses the Health System in isolation to society, and does not project it onto the screen of society.

In the late 19th century US, the concentration of wealth and power triggered social conflicts that extended to public health. US industrialists sought to secure their status by means of repression and reform. Medical research, theories, and literature, supporting upper class interests were glorified; dissenting views were filtered out. The Flexner Report (1912), proposed by Frederick T. Gates and funded by John D. Rockefeller, attests for the interplay between class, ideology, medicine, and public health.

The Flexner Report illustrates how socio-cultural elements in Western societies are shaped by economic and political forces. Gates’ Flexner Report is but one example showing that the SUP is a reflection of the Economic Base -- production is the nexus of society. Inequality helps to perpetuate the social structure -- a system which, by looking at the US, is composed of Capitalists (1 percent), Upper Middle Class (14 percent), Middle and Working Class (60 percent), and Working Poor and Underclass (25 percent). Sargent’s and Brettell’s Reader, either sub- consciously or not, claims inequality a women’s issue. Is the US system oppressive and exploitive only towards women?

Comparing income mobility from 1979 and 1989, the top 20 percent increased from 55.2 to 58.8 percent; the bottom 20 percent decreased from 61.5 to 60.0 percent. For 1992, the US Bureau of Census recorded that 22.4 percent of low-income families ($19,999 or less) have children attending college; less than four percent graduate. Sixty percent of high-income families ($50,000 or more) have children attending college; over 90 percent graduate. Coincidence?

Of the bottom 25 percent, only 28.1 percent of children are enrolled in preschool; of the top 25 percent, 75.7 percent of children are enrolled in preschool. On average, children of the bottom 25 percent achieve a grade level of 2.6 (on a four pt. scale) and a standardized math-reading test score of 44.8 percent in secondary school; children of the top 25 percent achieve a grade level of 3.2 (on a four pt. scale) and a math-reading test score of 56.4. Circa 44.3 percent of children of low-socio-economic groups and 9.3 percent of children of high socio-economic groups have math scores ranging in the lower 25 percent; the reverse is true for the top 25 percent of math scores. Circa 32.6 percent of students of the bottom 25 percent and only 16.9 percent of students of the top 25 percent perform below their capacity. Coincidence?

In 1980, the top fifth quintile held 74.7 percent of all US capital; by 1990, the numbers had increased to 77.5 percent. In 1980, the lowest fifth quintile held 1.5 percent of all US capital, by 1990, the numbers had decreased to 0.9 percent. Five years ago, the top 10 percent

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10 Mishel, Bernstein, Schmitt (1996), p.97
claimed 88.0 percent of all US assets, and the remaining 90 percent had a meager 12.0 percent. Between 1962 and 1992, the top 20 percent had 82.7 percent of all US wealth (increasing) whereas, the other 80 percent only had 17.3 percent (decreasing).\textsuperscript{11} Coincidence?

From 1980 to 1990, the percent change in income (1990 dollar) was minus 4.9 percent for the bottom 80 percent, plus 45.2 percent for the next 19 percent, and plus 62.9 percent for the top one percent. Controlling for ethnicity, the percent change of total family income, earnings, property, and transfer income, 1980-1995 (1995 dollar), increased for both White and Black non-Hispanics, and decreased for Hispanics. Moreover, White non-Hispanics were better off than Black non-Hispanics. In 1973, 34.3 percent of Hispanics, 36.6 percent of African Americans, and 21.3 percent of Whites claimed poverty-level wages; by 1995, the figures had increased to 48.1 percent for Hispanics, 39.0 percent for African Americans, and 26.0 percent for Whites.\textsuperscript{12} Coincidence?

Available data are abundant, all suggesting that socio-cultural elements, such as education and the Health System, function to preserve the myths of egalitarianism, equal opportunity, and free will -- illusions created and manipulated by those in power. As Marxism puts it, “[they] are the puppets of the industry.” All forms of inequality are interwoven; they have to be discussed in relation to society as a whole. This is not about the discrepancies between men and women, this is about power. When do we start realizing that a social fact cannot be discussed in isolation to others -- over-specialization cannot give us any meaningful answer to our inquiries. As expected, the contributors to this Reader, except for Linda M. Whiteford’s outstanding essay on, “Political Economy, Gender, and the Social Production of Health and Illness, have failed to create a sound analysis.

“\textit{Everywhere}, women suffer from inequities such as low status, devaluation of women’s work, lesser opportunities to acquire valued resources, and other socio-economic disadvantages” (italics added).\textsuperscript{13} Sargent’s and Brettell’s Reader apparently regards women’s low socio-economic status a worldwide phenomenon.

Sargent’s and Bretell’s Reader either is ignorant of or intentionally withheld the fact that 84 (15 percent) of 564 known cultures are matrilineally organized. The Iroquois tribes in the American northeast consisted of five culturally related tribes, the Cayuga, Mohawk, Oneida, Onondaga, and Seneca. The pre-European Iroquois lived in 12 or 13 villages of between 300 and 600.

The household, a cluster of matrilineally-related nuclear families living in a long house, made up the core of Iroquois kin groupings. The men engaged in hunting and fishing whereas, the women collectively owned tools and garden plots, and cultivated the fields. A cluster of households comprised a matrilineage, which in turn were grouped into exogamous matriclans. Matrilineages were strongly corporate; membership in the same matriclan entailed kinship ties and obligations.

Matrilineages were localized in a village section, and each village counted Matrilineages from several clans. The matriclans of the Western Iroquois were further divided

\textsuperscript{11} Ibid, 278+281 and EPI (1993), p.62


\textsuperscript{13} p.92
into tribal moieties. Each moiety was represented in each village, and both moieties had important and complementary roles in ritual contexts.

The Iroquois Confederacy had a council of 50 sachems -- male chiefs, who sought to maintain order and peace. They assumed titles that belonged hereditarily to particular tribes, and within tribes to particular matriclans. Senior women held the chiefs’ names in their clans; they had the power to appoint or depose chiefs. Women were responsible for death feasts and mourning. Women kept the wapum belts which signified the chiefly names. Women could hinder and disapprove of any decisions the council had made. Women could hinder and prevent a war by withholding the necessary material resources. At last, women decided over the fate of captives in times of warfare.  

Should women’s oppression nevertheless be universal? In Hawaii, women’s ritual inferiority is juxtaposed to their active, independent ethos in society. Even if women, traditionally, were excluded from male rites; even if women were prohibited from eating the ceremonial foods -- pork, turtle, and certain varieties of fish, banana, and coconut, -- they did participate in political affairs, and they did engage in the manufacture of esteemed commodities for use and exchange.

Perhaps nowhere else in Polynesia were women as politically active as in Hawaii. Because rank was bilaterally determined, chiefly women became important to men’s dynastic aspirations. Through affinal ties, they were the means of alliance between male ruling chiefs. Thus, for Hawaii, there is not necessarily an isomorphic relationship between ritual status and socio-economic status.

In Samoa, women are subsistence producers: they cultivate the fields, raise pigs, manufacture *siapo* (barkcloth), and weave pandanus mats. Finely woven mats, which take months or even years to finish, are considered more prestigious than cash or trade store goods, and are used in ceremonial exchanges. Besides their active contribution to subsistence; besides their active role in the production of status markers, Samoan women regulate the exchange of wealth in public distributions.

"Women in developing countries tend to hold low-wage, low status occupations..." Cash and trade goods are associated with power and prestige in our society -- it is ethnocentric and a-relativistic to assume that all cultures follow our capitalist values. At least, traditional Hawaii and Samoa do not seem to follow us.

Sargent’s and Brettell’s Reader complaints about women’s work and health in non-Western societies. MacCormack, after “studying” Sierra Leone, concludes that “seldom, especially in societies with an ideology of patrilineal descent, is infertility attributed to the

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14 Keesing, Roger M. *Kin Groups and Social Structure* (1975), pp.66-8


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husband.”

“Forced” marriages and polygyny, eating customs, and food taboos are also being viciously attacked.

In general, non-Western cultures had been in a state of equilibrium and harmony until we, the Westerners, arrived with “the hands in our pockets, and told them what to do.” Their societies have effectively worked for centuries; it is ours that does not function. Do we have the right to manipulate another culture? Do we have the right to tell others how to behave? Do we have the right to play the role of “world police”?

Customs and traditions have their particular meaning in their particular context. Among the Tiwi of north-coast Australia, the father has the right to bestow his infant daughter to whomever he chooses. The choice is usually based upon economic factors: the father chooses his son-in-law; thus, he secures his own economic interests. The husband-to-be is often older than the wife-to-be but, they only get married when he reaches the late 20’s or 30’s -- a custom which serves as indirect population control mechanism.

In Vasilika, rural Greece, kinship groups are exogamous and patrilineally organized. Marriage is arranged by the father, and often takes place between two commercial partners. According to the dowry custom, money and land are transferred to the man’s family to ensure the daughter’s and her children’s well-being. Henceforth, the dowry is indirectly given to the daughter. Once an agreement is made the couple is considered engaged, and expected to get acquainted before marriage.

Sargent’s and Brettell’s narrow-minded Reader complains about women’s role in society; what are the solutions? Forming more organizations, or more parties, cannot be a reasonable, long-term solution. Humans are individualistic in nature; they are greedy and selfish, so Ferdinand Tonnis. “If [we] want organizations, then we conjure up oligarchy.”

We cannot speak for ourselves: Once we form parties, we are controlled and blinded by a minority of delegates and bureaucrats. Organizations are, and would be, misused as power base, as gateway to the Top, and as opportunity for a minority to make a living through state and federal grants. Kasinitz’ study of Caribbean New York, although it deals with ethnicity, serves as example.

Are the contributors to this Reader looking for utopia? All utopian communities have or are doomed to fail. On December 17, 1917, the former USSR started its assault on kinship. The family code, as of October 22, 1918, restrained the church from its power. Formal wedding ceremonies were abolished, marriage was made insignificant, and divorce could be filed without reason. Family laws disappeared, and inheritance was abolished. Children were separated from their parents at birth, and kinship terms were taboo.

The family code of 1926 substituted the institution of registered marriages with the institution of non-registered marriages. Coupling was forbidden, and intragenerational ties were further cut off through age segregation. Abortion was legalized, and emotionality was suppressed. But, in 1934, the program failed because of negative population growth, juvenile delinquency, and dissatisfaction. The division of labor, thus, seems quintessential for the working of society. The USSR is but one example;

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the Oneida commune (US; 1969-79), China (1958-67/8), and Twin Oaks (US; 1980's) are another three cases in point. Are there any solutions? Marx’s theory uses Hegel’s idealized dialecticism — a thesis (A) cannot exist without its antithesis (B). Our system will always bear a fundamental contradiction; our system will always consist of groups, competing with one another. Thus, it is a utopian idea to have a utopian society. But, what about socialism and communism? First, socialism has failed; second, to-date this world has never seen a true communist society. Marx never clearly analyzed the utopian-communist model either.²¹ Marx’s Proletariat does not even want to radically change the system, as illustrated by Dahrendorf. Why should they strive for a society, an artificial world, which they, themselves, cannot describe? As Dahrendorf claims, utopias are paternalistic illusions created by intellectuals to direct the attention away from reality.²² Despite my criticism, Sargent’s and Brettell’s Reader is thought-provoking, informative, and worth reading. At least it keeps us awake; equality in our society is an illusion -- most people do know this yet, who has the courage to speak up? If there are solutions, as unlikely as it may sound, then we should act and not just talk. “Philosophers have only interpreted the world differently; it is necessary to change it” (Marx; trans). But, we should also ask ourselves: would our system be any different if women were in power? Would our system not stay the same -- just reversed? A cannot exist without B -- how could our system ever be truly egalitarian?
