

Culture



Penny Van Esterik, *Beyond the Breast-Bottle Controversy*, New Brunswick, New Jersey: Rutgers University Press, 1989. 242 pages, U.S. \$13.00 (paper), \$30.00 (cloth)

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ates the effectiveness of the current system of health-care delivery. It represents a philosophical statement, rather than a practical plan for implementation. Young draws attention to the paradox of persistently poor health in aboriginal communities in a context of health services that "are comparable to those received by most Canadians and, in many respects, are superior in terms of the accessibility to and availability of basic services" (p.126). Post WW II health improvements in aboriginal communities, he contends, are tied to changes in the standard of living, not better health care, and the traditional medical model of health care delivery is simply inappropriate. Rather than relying on externally furnished physician services, a primary health care system made up of local people acting as health auxiliaries is more suitable, culturally relevant, and efficient. Stressing the link between social justice, health, and community control of health care, he proposes a broad strategy involving increased funding for community development and local primary health care workers, and continued support of the extant medical-care system. Without such an initiative, he warns, the current trend toward reduced infectious disease rates will curtail, chronic lifestyle disease rates will continue to rise, and the overall health status of indigenous communities will worsen.

This carefully researched study, emanating from the heart of the Euro-Canadian health care system, should be required reading for medical anthropologists, health workers, policy-makers, and students of contemporary aboriginal societies. It offers substantive material and ideas, a refreshingly candid "view from within", and a strong argument for self-reliance and self-determination in the health domain.

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Penny Van Esterik's volume is pitched at several audiences. It speaks to the development industry and to the anthropologist involved in it, prompting them into a consideration of issues many of them may have ignored as minor ones in comparison to those usually deemed their proper domain. It also speaks to women in their various feminist and politi-

cal persuasions, as well as in their domestic and private lives. It addresses the field of medical anthropology in its ongoing eagerness to rework the biomedical model into a committed social science understanding. It satisfies the search by applied and advocacy oriented anthropologists for cross-cultural data. For those still busy exposing the evils of oppression by multinational corporations, the volume offers broadly based, and pointedly analyzed information. Perhaps most significantly, however, this volume robs most of us involved in the passionate criticism and boycott of Nestle's products in the late 1970s and early 1980s of our complacency. The title *Beyond the Breast-Bottle Controversy* heralds the convincing argument that the problem is more complex than the activists could possibly envision. Moreover, it is far from its solution.

The work itself addresses "submerged discourses." This positions it in a different arena than the visible and public discourses which inspired the largest grass-roots consumer movement in North American history. Working within a sociology of knowledge frame - or more properly an anthropology of knowledge frame - the author sets as her task the unpacking of the social epistemological factors that determine these familiar discourses. She permits herself a political economic, feminist and interpretive analysis in fulfilling this agenda. With these theoretical imperatives in hand, Van Esterik reveals how extraordinarily complicated the breast-bottle controversy actually was and how entangled it remains.

The work of explication has a strong empirical base which connects the work of research teams in four countries - Kenya, Colombia, Thailand and Indonesia. The data on infant feeding ideologies and practices consist of surveys of low and middle income areas, information on the marketing practices of North American industry, and on the nature of medical intervention, and finally, ethnographic work in all four countries. The author chooses a case study of mothers in each of the four countries to give her analysis ethnographic richness.

When this stage is set the author weaves her analysis over areas of ideology and practice which specifically concern her. Firstly, she evokes the discourse of development and "poverty environments." Reasoning within the theme of world systems and the domination of multinationals, she asks "what are the consequences of replacing a perfectly adaptable renewable resource (breast-feeding) with a non-renewable resource requiring high energy expenditures and producing wasted products, wasted energy, wasted money and wasted lives (p.18)?" She

uses the power of ethnography to reveal the difficulties faced by poor women in developing countries, at the mercy of both competitive marketing and distribution, and of a conspiring hospital and clinic system. Secondly, she turns her attention to the many paradoxes which surround the bottle-feeding syndrome as they appear in the attitudes and ideological commitments of women themselves, in both developing and developed countries. There are ideological divergences among women who view bottle-feeding as an aid to emancipation, those who view such a decision as a surrender to male-dominated corporate marketing and profit making, and those who, ironically enough, are emancipated by bottle-feeding in developing countries so that they may serve the needs of women in developed countries. In addition the feminist arguments lack unity. Conservative, liberal, radical and socialist feminist discourses are surveyed to reveal these contradictions. In short gender is portrayed as a significant political influence.

Thirdly, the hegemony of medical cultures and the social costs of medicalizing everyday life at home and in other parts of the world are to be considered. The biomedical model, already under criticism, is put on trial again. The question of who funds medical research is raised, as is the selective choice and assembly of evidence. Finally, the focus is turned on the hidden agendas of the commodification of infant feeding and its partnership with medicalization. Using the knowledge that goods are bought for their symbolic meaning, for what they project about status and about being a desired western-type consumer, industry sets as its major task that of "taste transfer", and following that, technology transfer. The author describes specifically how advertising

disseminates and creates a need for infant feeding bottles. After attending to these submerged discourses, Van Esterik reminds the reader of their interconnectedness and cautions against limiting an analysis to just one.

Every reviewer is given the duty of formulating suggestions and imagining regrets potential readers may experience. My contributions here would be to note that any holistic expectation of having all the data and analysis between one set of covers cannot be satisfied. The survey and ethnographic materials from four countries are of such mammoth proportions, and amassed by numbers of researchers, and therefore are presented elsewhere. The reader must console herself with the author's decisions to synthesize them. Furthermore, it is probably only the romantic yearnings of a committed ethnographer to wish to hear the voices of the mothers enlightening us on why they choose as they do and what hope by it.

Penny Van Esterik's work speaks to all political beings - whether their activity is on the streets or on the printed page. In helping the reader draw some activist conclusions she strikes a feminist and an anthropological chord. She proposes that "empowering women in developed and developing countries to recognize their interconnectedness with these broad issues becomes a consciousness-raising experience that is both immediate and personal (p.197)." For anthropologists there is a clear call for responsibility, for practicing what we are trained to do, namely to make linkages between the macro-structure and everyday life. In doing this we shoulder the responsibility of the advocate.