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**Review of *Our Bodies, Our Crimes: The Policing of Women's
Reproduction in America*. Jeanne Flavin. Reviewed by Debra
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Jeanne Flavin, *Our Bodies, Our Crimes: The Policing of Women's Reproduction in America*. New York: New York University Press, 2009. \$36.00 hardcover.

The issue of women's reproductive rights is often discussed with reference to the framework of abortion rights but many scholars believe that this approach offers a limited framework for analysis. Responding to the challenge, this book adds to a growing body of literature that places women's reproductive rights in the larger context of human rights rather than the narrowly focused perspective of abortion rights. Exploring the issue from a human rights perspective allows the expansion of reproductive rights discussions to include legal and criminal justice policies regarding the reproductive rights of women who abuse substances, who are in abusive intimate relationships, or who are incarcerated.

The introductory chapter establishes the larger question of women's reproductive rights as a civil and human right that has been diminished by political and social construction of reproductive rights as a one-issue concern of abortion rights. Flavin sees this one-issue focus as limiting discussions of women's reproductive rights, thereby allowing the legal, criminal justice, and social service systems to undermine the full range of women's reproductive rights.

Flavin's first three chapters trace the history of abortion in the United States from the early 19th century when first-trimester abortion was basically unregulated, through the 1970 *Roe v. Wade* decision to legalize abortions, to current policies that undermine *Roe*. Politically and socially framing abortion as an issue of the rights of the unborn child has shifted the discussion away from a woman's right to choose when or when not to become a mother. The focus of the next chapter is the difficult subject of neonaticide and infant abandonment, an issue that disproportionately involves young women in their teens and twenties. Social and political pressure to eliminate comprehensive sex education and lack of access to contraceptives for teens are taken to task for creating an environment that causes young women who get pregnant unintentionally to experience fear and denial about their pregnancies. Safe haven legislation is discussed as an alternative for young women.

Chapters 5 through 8 deal with criminal justice policies and procedures and their effect on women's reproductive abilities and rights. Drawing on court cases, the discussion centers on legal proceedings that determine women's reproductive rights. From *no procreation* court orders for women who are involved with social services or the legal system, to custody decisions that remove children from their mothers because of domestic violence in their homes, the legal and criminal justice systems have become enmeshed in determining women's reproductive rights. Those rights are thus diminished by allowing these systems to determine who has the right to be a mother and to uphold socially constructed norms for motherhood.

Social biases against incarcerated women that label them as "bad" mothers are discussed in the chapters on incarcerated women. Drug addiction coupled with incarceration often results in their labeling as bad mothers who do not deserve to have children. The number of incarcerated women, many of whom are nonviolent drug offenders, has grown dramatically in the past twenty years. The majority of incarcerated women are poor, women of color, and mothers. More than 60 percent of incarcerated women have minor children. Many were the primary caretakers of their children prior to incarceration. Parental rights of incarcerated mothers may be terminated through provisions of the 1997 Adoption and Safe Families Act (ASFA) and in some states incarceration itself is grounds for termination of parental rights.

Another issue for incarcerated women is health care. Health care for inmates may not be a priority for correctional facilities, and women's reproductive health care, including Pap smears and breast exams may be neglected or ignored. Additionally, about 2,000 women give birth while incarcerated. Most state prison systems allow women to be shackled when they are in labor and giving birth. Babies are often removed immediately and placed in the custody of family members or social services. Because many women are incarcerated in facilities far from their homes, visitation with these newborns or with older children is often very limited, if not impossible.

The book is thoroughly researched and provides a review of criminal justice policies and a discussion of the social construction of the attributes that define *good* and *bad* women and

good and *bad* mothers. The book's liberal feminist perspectives are both thought-provoking and controversial, as they challenge prevailing policies and attitudes regarding the reproductive rights of *good* and *bad* women in a manner that will appeal to some readers and offend others.

Debra Durham, University of Louisville

Ellen Annandale, *Women's Health and Social Change*. New York: Routledge, 2009. \$45.95 papercover.

In writing about women's health and social change, Ellen Annandale spans several fields of study, including feminism, sociology, and epidemiology. This reviewer approached her work from a background in the epidemiology of women's health, as related to alcohol consumption.

Beginning in the 17th century and focusing on Britain and United States, Annandale discusses the relation between women's health and their position in society at the time from the perspective of women writers and feminists. The period from the 17th century through the early 20th century is characterized as a patriarchal society dominated by binary divisions—social/biological, mind/body, reason/emotion—in which men claimed the higher values of the social, mind, reason, and action, assigning to women the less valued attributes of biology, body, emotion, and passivity. This negative appraisal of women's capabilities served to justify limiting their access to societal resources. Poor health association with such deprivation was attributed to their weaker constitutions, a view challenged by women writers of the day who attributed women's illness to the oppression they suffered.

Although this binary view of men as employment-oriented producers and women as home-based consumers crumbled somewhat during World War II, it took on new life after the war ended, giving rise to a second, powerful wave of feminism in the 1960s and 1970s. In Chapters 2 through 4, Annandale reviews the various elements of this movement, its concerns with women's health, and its relation to the emerging science of medical sociology. She identifies formulation of the