

Further Readings

- Hardgrove, A. (1999). Sati worship and Marwari public identity in India. *Journal of Asian Studies*, 58, 723–752.
- Hawley, J. S. (1994). *Sati, the blessing and the curse: The burning of wives in India*. New York: Oxford University Press.
- Mani, L. (1998). *Contentious traditions: The debate on sati in colonial India*. Berkeley: University of California Press.
- Rammohun, R., & Anand, M. R. (1989). *Sati, a writeup of Raja Ram Mohan Roy about burning of widows alive*. Delhi, India: B. R. Pub. Corp.
- Spivak, G. C. (1985). Can the subaltern speak? Speculation on widow sacrifice. *Wedge*, 7/8, 120–130.

SCIENTIFIC MOTHERHOOD

Scientific motherhood refers to a practice of mothering informed by expert knowledge. The practice evolved as medicine and science replaced other traditionally feminine domains of knowledge including practices related to fertility and birth. The movement to scientific motherhood redefined the child and child raising. The movement also altered women's identities from producers to consumers of mothering knowledge.

Industrialization and urbanization in the late 1800s reorganized the Western family from a site of production to a site focused on consumption. An educated, white, male upper class drove the rise of positivism and modern medicine. Women, as the keepers of the private sphere, were confronted with elevated expectations regarding household maintenance and child rearing.

Before industrialization, children were conceptualized as miniature, untamed adults. From an early age, each child made significant contribution to the family as she or he worked alongside siblings and adults. In the postindustrial period, the child became a project, a work site, and a vocation for women.

Scientific motherhood developed in parallel with the rise of domestic science. Although germ theory via domestic science education elevated the expectations for housework, science and medicine replaced a long history of women's knowledge in relationship to mothering. New levels of intensity developed around researching and enacting "the good mother." Expert knowledge became the domain of men in white coats.

Psychology's efforts to be recognized as a science played an important role in transforming the field of raising children into a science. By the end of the 19th

century, early psychologists, mothers' movement leaders, and leaders in domestic science began to frame childhood as serious business requiring professional training. Research institutes and government conferences became centers for studying and doing something about the child. Women's magazines and child-raising books and manuals became central mechanisms for spreading the new behaviorist theories on the subject. The early tone was one of restraint and regularity.

The orientation of the expert advice changed when Benjamin Spock popularized a child-centered approach with the publication of *The Pocket Book of Baby and Child Care*. Against the backdrop of behaviorism, Spock's ideas were revolutionary. If sales are an indicator of reception, it appears that parents around the world were pleased with the new message from the science of child development. The book went through seven editions, was translated into 39 languages, and sold more than 50 million copies. Earlier parents had been told that holding a crying child only spoils him or her. Spock encouraged parents to go with their instincts, cuddle the crying child, be flexible, more focused on the individual needs of each child, and have fun parenting.

The struggle between child-centered, permissive parenting and more restrictive parenting did not end with Spock. Parents today often find themselves caught between experts and the politics of gender and science. They might read attachment-oriented books such as *The Baby Book* by Martha and William Sears. This approach draws on non-Western child-rearing practices such as the "family bed" that emphasize physical and emotional closeness between parent and child. At the same time, parents may reference Richard Ferber's *Solve Your Child's Sleep Problems*, which emphasizes child independence and self-comfort. This formula provides for progressively increased lengths of letting the child cry to train the child to fall asleep on her or his own.

The politics of race, class, and gender marked the discourses around scientific motherhood. Jacquelyn Litt in *Medicalized Motherhood* (2000) chronicled the experiences of African American and Jewish women born between 1894 and 1930. Socially respectable, good parents relied on physicians for expert advice on child health and education. Although the social networks of Jewish women afforded them multiple avenues to expert knowledge, African American women's access was restricted. As African American

women continued to rely on informal networks and traditional knowledge, they framed their barriers to expert knowledge beyond gender stratification to issues of civil rights. And although they advocated for access to medical expertise, they remained wary of modern medical practitioners.

Scientific motherhood is linked at an international level to the growth of the infant formula industry. Corporate marketing strategies manipulated the discourse of good mothering associating formula feeding as the new and improved method for caring for one's infant. In developing countries, where women do not have access to clean drinking water needed to constitute the powdered formulas and sanitize bottle products, millions of babies have died from diarrhea, the leading cause of death for children worldwide. The United Nations Children's Fund (UNICEF) estimates that 1.5 million children could be saved each year with improved breastfeeding practices.

Although many infant formula corporations engage in international marketing, UNICEF and the World Health Organization (WHO) have identified Nestlé as particularly notorious in the effects of marketing tactics and its resistance to the *International Code of Marketing of Breast-milk Substitutes*, which originated in 1934 by the World Health Assembly.

The aspects of child development and behavior subject to medicalization continue to expand. With this expansion, the project of "good mothering" becomes increasingly complex and politicized. As just one example, the psychiatric profession developed what is now known as attention deficit hyperactivity disorder (ADHD) as a diagnostic category in the 1950s. Ritalin (methylphenidate), the drug most prescribed for ADHD, is estimated by WHO to be given to "10 to 12 percent of boys between the ages of 6 and 14 in the United States," according to Peter Breggin. As a practicing psychiatrist, parent, and author of *Talking Back to Ritalin* (1998), Breggin has been critical of the extensive use of the drug as well as of families and physicians who, in too many cases, have not examined the context of the child's life for change.

The politics and practices of motherhood weave through the intersections of race, class, and gender stratification. Scientific motherhood, like parallel practices around fertility and birth, was a Western masculinist project that displaced women's knowledge about mothering. Scientific motherhood generated a space for intentionality and reflection concerning parenting. Yet the space was filled with

knowledge external to the lived experiences of women (and most men). So scientific motherhood affected how children are raised, and it affected the identity of women and their power in negotiating the development of their children into adults. Although all mothers face difficulties in negotiating the discourses and practices of scientific motherhood, poor women and many women of color face greater structural disadvantages in negotiating and resisting the experts.

Mary E. Virnoche

See also Breastfeeding; Midwifery; Motherhood

Further Readings

- Apple, R. D. (1995). Constructing mothers: Scientific motherhood in the nineteenth and twentieth centuries. *Social History of Medicine*, 8(2), 161–178.
- Ehrenreich, B., & English, D. (1978). *For her own good: 150 years of the experts' advice to women*. New York: Anchor Books.
- Ferber, R. (1985). *Solve your child's sleep problems*. New York: Simon & Schuster.
- Litt, J. S. (2000). *Medicalized motherhood: Perspectives from the lives of African American and Jewish women*. New Brunswick, NJ: Rutgers University Press.
- Sears, W., & Sears, M. (1993). *The baby book: Everything you need to know about your baby—from birth to age two*. Boston: Little, Brown.
- Spock, B. (1946). *The Pocket book of baby and child care*. New York: Pocket Books.

SELF-EMPLOYED WOMEN'S ASSOCIATION

The Self-Employed Women's Association (SEWA) is a trade union based in India of women who work informally (outside of a traditional employer-employee relationship). SEWA was founded in 1972 by Ela Bhatt and a small group of women whose unique needs as poor, female, informal textile workers were not being met by conventional labor unions. Since that time, SEWA's membership has grown to include approximately 800,000 poor women, representing a variety of castes and ethnic groups. These women work in a number of different occupations, including agriculture, street vending, home-based work, manual labor, service provision,