

dertaken in Colombia, Egypt, Pakistan, Syria, and Taiwan, but Taiwan withdrew in 1972 to complete its study on its own and the other four studies were not finished in time for the present report.

The study centered on two broad hypotheses: "Health risks for mothers and children increase with high frequency of pregnancies, large family size, short birth intervals, and too young or too old age of mother at the time of pregnancy" and "Experience of child loss raises subsequent fertility" (p. 53). It was motivated partly by the desire to provide data from developing countries bearing on the first hypothesis, which has been researched primarily in developed countries, and partly by the wish to demonstrate the direct health benefits of family planning in developing country settings.

The study design called for sample surveys of women of reproductive age, with interviewing, physical examination of respondent and children under five, and standard intelligence testing of the children. Samples were chosen from local areas, with no intent that they be nationally representative. Samples were stratified to represent different cultural or residential groups. For example, in India the sample consisted of Muslims, Scheduled Caste Hindus, Vellala Hindus, and other Hindus, chosen from 34 villages in two districts of Tamil Nadu State; in the Philippines the sample consisted of rural respondents from Rizal Province and urban respondents from metropolitan Manila. Total sample sizes for the nations represented ranged from 3004 to 6541. The surveys were one-shot cross-sectional, with pregnancy histories, except in India, where longitudinal features were added (although they are not reported on in this volume). Fieldwork was carried out in the early 1970's.

This report consists of a literature review by Omran (16 pages with a bibliography of more than 125 entries), a brief statement of the overall research design, a concluding "overview," also by Omran, and in between, constituting the major part of the report, detailed results from each of the five countries, organized in eight topical chapters. Individual country reports within each chapter are presented in strictly uniform format, as regards text, tables, and charts. For example, table 3.A.2 deals with "pregnancy outcome by culture, social status, and maternal age" in India; table 3.B.2 presents the same data in the same form for Iran; and so forth. Consequently it is easy to locate comparable information for all five studies. And the level of detail is high.

Indeed, the main use of the volume may be as a compendium of detailed data from developing nations collected through the use of comparable concepts and techniques and analyzed and presented in comparable form. The prevailing tone is descriptive. No attempt is made to develop new techniques or methods. There is little if any explicit theorizing—only three pages in the introductory chapters are devoted to a statement of research objectives, questions, or hypotheses. The aim is not so much to improve on previous research on the health consequences of fertility behavior as to replicate it in developing countries. Explanations and interpretations tend toward the casual and the ad hoc. Probably the full value of the studies will be realized only later, with deeper analyses of the data from individual countries and more searching syntheses of results from all the participating countries. It is hoped that publications providing such analyses are planned.

Even future analyses will be constrained, however, by a lack of social and behavioral data. Apart from some attitudinal items having to do with family planning, the "sociocultural variables" included are limited to social class, occupation, education, rural-urban residence, and religion or caste. The lack of richer data already has hampered analysis in the present report: "Certain environmental factors strongly related to mortality may have distorted the relationship of child mortality to family formation variables. While social status could be controlled, other cultural, social and environmental factors could not" (p. 523). Elsewhere it is noted that most of the variation in pregnancy wastage by area, culture, residence, and social status probably was due to induced abortion rather than to the nonvoluntary factors of spontaneous abortion and stillbirth (pp. 514–515). Yet data bearing on attitudes and behavior in regard to induced abortion are entirely lacking.

Valuable as the present study is as a major source of new empirical data, it is a striking reminder of the need in epidemiology for a broader view of biology (an infusion of some of the insights of the new discipline of sociobiology would help) or, even better, for fuller collaboration of biomedical and social scientists on topics where the dividing lines between the biological and the behavioral are thoroughly blurred.

THOMAS K. BURCH

*Department of Sociology,  
University of Western Ontario,  
London, Ontario N6A 5C2, Canada*

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**Drug Interactions.** Papers from a symposium, London, Mar. 1975. D. G. Grahame-Smith, Ed. University Park Press, Baltimore, 1977. x, 310 pp., illus. \$44.50.

**Equity, Income, and Policy.** Comparative Studies in Three Worlds of Development. Irving Louis Horowitz, Ed. Praeger, New York, 1977, xviii, 300 pp. \$25. Praeger Special Studies in International Politics and Government.

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**The Fetus and Birth.** Proceedings of a symposium, London, May 1976. Elsevier/Excerpta Medica/North-Holland, New York, 1977. viii, 482 pp., illus. \$39.95. Ciba Foundation Symposium 47 (new series).

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