**Review of "Loss in Childbearing Among Gambia's Kanyalengs: Using a Stratified Reproduction Framework to Expand the Scope of Sexual and Reproductive Health." By Carolyn Hough. *Social Science and Medicine* 2010. Vol. 71: 1757-1763.**
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Hough conducted ethnographic fieldwork with Gambian women who have experienced infertility and/or child mortality, known as *kanyalengs. Kanyaleng kafoos* are groups of these women which provide social, emotional, and financial support for their members. Hough has two goals for the paper: first, to locate the challenges of childbearing *kanyalengs* endure into a "framework of stratified and disrupted reproduction" that emphasizes Gambian reproductive norms and women's relationship to motherhood, which she describes as both "a symbolic good and a political economic necessity" (1757). The second goal is to show how the *kanyalengs'* experiences reflect the need for new methods of family planning and STI/HIV prevention, and suggest new paths for sexual and reproductive health policies in line with goals set by the 1994 Cairo International Conference on Population and Development (ICPD). Hough attempts to achieve these goals by drawing from life history interviews with *kanyalengs* and date from her own participation and observation. The presence of *kanyaleng kafoos,* Hough argues, emphasizes reproductive norms and local reproductive stratification.

In Gambia, reproduction is important for women's identity. Children can assist with labor, provide material support in old age, and assure the continuation of her lineage. Therefore, female infertility or a woman's loss of children to death is very threatening to the formation of adult identity. Women will go to great lengths to solve issues of infertility. Recruitment into the *kanyalengs* is one attempt to address these issues. *Kanyalengs'* most important public role is their performances at celebrations of important life events, including baby naming, marriages, and return from or departure to pilgrimage to Mecca. Through song and dance performances, the women hope to shame themselves before Allah thereby invoking his pity so that he will help the members of *kanyaleng* become fertile or allow their children to live. This activity has caused NGOS to recruit them as "traditional

communicators" whose songs and performance ability might be used in health outreach programs on maternal nutrition and HIV awareness. *Kanyalengs* lend themselves to this work, Hough argues, because they are culturally sanctioned to speak openly about sensitive issues like sexuality.

Hough argues that *kanaylengs'* missions toward fertility and "God-begging" reveal that infertility has not been a priority of the reproduction health agenda of Gambia. Contraceptives such as condoms and the pill have been increasingly used as strategies of development, yet Hough found that women who used these methods for short periods of time were using them to restore their physical state, rather than to limit family size. In her discussions with *kanyalengs*, Hough found two classifications for disease: *seketoo* and *buluntoo.* These diseases could be linked to infertility and RTIs/STIs, but they were not associated with sexual transmission by the women themselves. *Seketoo* is thought to be caused by pedestrian transmission, and *buluntoo* is associated with severe abdominal pain and prevention of pregnancy.

Although the rates of HIV and AIDs are lower in West Africa than in other parts of the continent, Gambis still suffers from problems associated with HIV and AIDs, including as war, poverty, displacement, and mobile labor forces. Male soldiers and truck drivers engage in sexual relations with women outside of marriage while away from home. Conflicts with Senegal, Sierra Leone, Liberia, and Guinea-Bissau have caused an increase in immigration and refugees across Gambian borders. Additionally, contraceptives are incompatible with the women's goal of trying to get pregnant. Based on her fieldwork, Hough makes two suggestions to expand the Gambian reproductive health agenda. The first strategy is to link sexual classifications (*seketoo* and *buluntoo*) to sexual transmission and infertility to improve STI diagnosis and management. The second strategy is to promote condom use for extra-marital sex and to promote STI prevention. Hough argues that prevention must reach those engaged in high-risk sexual behavior and those who hold the power to decide which safe-sex methods are used.

Hough does a good job of describing the *kanyaleng kafoos* and their role in society, and connecting them to the social and reproductive norms and stratifications of Gambian society in explaining the large family ideal and the *kanyaleng* groups as a coping mechanism for women who have failed to meet this ideal. Hough addresses are both anthropologists, and also public health workers in suggesting strategies for HIV and STI prevention which integrate the economic and social norms of Gambia. Hough clearly gives a description of the problems involved in grassroots health campaigns, for example, those that arose in marketing condoms to men without realizing their reproductive goals. She also effectively describes the problems relating to reproduction, men, and sex workers in Gambia and other neighboring countries. In terms of her second goal, Hough could have tied in the importance of *kanyalengs'* experiences to directions in STI/HIV prevention a little more. Overall, however, Hough manages to achieve the goals set out in the paper, suggesting that the reproductive goals of men and women in Gambia influence the SRH agenda which aims to prevent STI/HIV admission, thus limiting HIV transmission and ensuring healthier childbearing.