

## **Panel 8: Women and Gender in Medicine and Healing across Asia**

**Panel Organisers:** Theresia Hofer (Wellcome Trust Centre for the History of Medicine, University College London), Jennifer Bright (University of Toronto)

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This panel seeks to explore the roles and perspectives of women doctors and patients, and their contributions to, broadly defined “medical” practice and theory of Asian medicines and healing, both, contemporarily and at different historical times and in diverse geographical settings. Papers are invited that deal with: biographies of female medical practitioners and their role in society, women’s and men’s health within Asian medical traditions and healing, family planning, the construction of gender in medical texts, expressions of distress particular to certain groups within societies and communities, lay concepts of illness and disease, visual representations of the body, etc.

### **Participants and abstracts**

#### **8.01 Tibetan Women’s Reproductive Health Behaviour between Modern Family Planning and Traditional Family Values**

**Dr. Mona Schrepf (Central Asian Seminar, Humboldt University Berlin)**

Since the early 1980s, Chinese state family planning policies are being implemented in the rural Sino-Tibetan border region of Qinghai Province. Since then, women’s reproductive health and bodies touch upon issues of new birth control technologies connected with Chinese modernity and state control. Women’s social status in their rural communities is still strongly defined by their physical strength and fertility, so working hard, being able to carry heavy things and in particular having at least one son among the two children allowed are part of important family values. Many women complained about physical weakness after using IUDs or sterilisation which they perceived as jeopardizing their social status in their communities and families. A sick woman is useless and socially frowned upon. To have no son, however, is still the biggest social disgrace, and is especially precarious for the daughter-in-law. However, there are traditional ways to enhance fertility and to ensure male offspring. Tantric practitioners, fertility temples and rituals are in high demand among modern Tibetan women to remedy the additional pressure. Thus, women’s reproduction and bodies become the social focal point for negotiating gender, subjectivity, community and family values, ethnic identity and the state policies of a socialist modernity that is at odds with their sociality.

#### **8.02 Becoming a mother: reproductive technologies and the ambiguities of fertility in imperial and contemporary China.**

**Francesca Bray (Social Anthropology, University of Edinburgh)**

In this paper I explore the articulations between social dimensions of bio-power and theories of fertility and natural kinship in late imperial China, asking how important a woman’s capacity to give birth was to her status and security. I draw on medical and social sources from the Ming and Qing period, from about 1500 to 1750, to explore how parent-child bonds were conceptualized and produced, and how biological and social contributions were likely to be ranked. I focus principally on motherhood, outlining the spectrum of maternal roles and the range of resources available to more privileged women to achieve desirable forms of relatedness. I suggest that the institution of polygyny legally and ritually facilitated, while medical theory naturalized, a form of maternal “doubling” whereby a pair of women of different social status could jointly fulfill the biological and social roles of ideal motherhood, at very different costs to each of the women. I conclude by tracing the social and moral legacies of this late-imperial reproductive culture that are currently resurfacing in contemporary debates about assisted reproduction and surrogacy in the People’s Republic of China.

#### **8.03 Women’s Diseases, Health and Childbirth in Tibetan Medicine**

**Dr. Mingji Cuomu (Humboldt University, Berlin)**

Although there is some overlap in the understanding of women's diseases in Tibetan Medicine and Western Medicine, Tibetan medicine has developed a unique way to classify and treat them according to its own theoretical framework. As a practitioner and author of a forthcoming treatise on women's diseases in Tibetan Medicine, I will introduce how we classify, diagnose and treat women's diseases. I will also speak about important behavioral understandings in Tibetan Medicine to sustain and promote women's health and with regard to child birth.

**8.04 Tibetan Women Doctors and Healers in Transition**

By Theresia Hofer

This paper, based on altogether sixteen months of field research explores the role and work of female medical practitioners in the 1950s and 1960s in Central Tibet.

Chinese communist discourses and publications hold that thanks to communist reforms in Tibet have women entered previously male dominated "professions", such as medicine. However, by drawing on oral history interviews and ethnographic data as well as recent Tibetan language publications on the history of medicine, I will argue that this position has on the one hand neglected a variety of female medical practitioners and carers (such as oracles and birth assistants) outside of the realm of *Sowa Rigpa*, which the Chinese - although ambiguously - identified as "medicine". On the other hand, there have indeed been women who worked as doctors, or *amchi* in *Sowa Rigpa*, inside and outside of the official government sponsored medical institutions. I will explore under what circumstances women entered and worked in different domains of health care and healing and describe their roles in and contributions to medicine, broadly defined, in Tibet.

**8.05 A Women's Body Not Made of Causes: a Feminist Reading of "Healthy Mind, Healthy Body: a Health Handbook for Tibetan Women"**

By Jennifer Bright

The issue to be addressed in this paper is twofold: what are some of the underlying principles and assumptions in the theory and treatment of women according to the Tibetan medical system and, secondly in what ways are these configurations of women's bodies being challenged, reconfigured, or alternatively, unproblematic with the adoption of biomedicine by Tibetan women. In this paper I suggest that *Healthy Body Healthy Mind: a Health Handbook for Tibetan Women* presents the biomedical care of women as a specifically Tibetan feminist alternative to Tibetan medicine, particularly in the practice of gynecology and obstetrics.

**8.06 Tibetan Women's Health and Nationalism: Perspectives from Women's Groups in Dharamsala and Tibet**

By Cristina Bonnet-Acosta, Stanford University

This paper explores the rhetoric surrounding women's health as presented by the Tibetan Women's Association (TWA), a mass nationalist NGO that works with the Tibetan government in exile, and the Tibetan Women's Federation (TWF), the pan-Chinese women's group operating in Tibet. Both these groups have women's health at the center of their objectives albeit in very different ways. The TWA's main explicit objective is to "to raise public awareness of the abuses faced by Tibetan women in occupied Tibet...especially in the form of forced birth control policies, such as sterilizations and abortions..." This contrasts with TWF's reports such as "what makes Pubu Zhuoma [deputy director of the TWF health bureau] cheerful is that reproductive conditions of health for Tibetan women have improved in recent years through the promotion of hospital parturition, safety reproduction, new delivery methods and child health." (People's Daily, September 2, 2005) While the TWA spends its energy researching and denouncing the "abuses" done to women's bodies under Chinese rule, the TWF constantly reports on the success of its women's health programs and on the improvement of the health of women. When did Tibetan women's health become the main concern of these women's groups and

why? How does a particular portrayal of women in Tibet gets produced both in exile and in Tibet and how is it related to the Tibetan and the Chinese nationalists causes?

This research has taken place over the last year in Dharamsala, India and aims to reflect upon the particular subjectivities about women's health that are produced in the contexts of the exiled Tibetan's global strategies for a "Free Tibet" and the Chinese governmental structures.

### **8.07 'A fly inside my head': Headaches and 'blood boiling' among poor Tamil women, South India**

**Haripriya Narasimhan (LSE)**

Anthropological focus on women's health in South Asia has been predominantly engaged with reproductive issues, such as childbirth practices, and maternal and child health. This paper comes out of ethnographic research on non-reproductive, everyday and chronic illnesses affecting poor women in urban Tamilnadu, south India. The urban poor in Chennai, capital city of Tamilnadu, have come to rely increasingly on allopathic medicine, and on government-funded health care for major illnesses. For everyday illnesses such as fever and cold, however, they depend more on 'private' health care practitioners in the area. Based on in-depth interviews and observations in a 'slum' in Chennai, Tamilnadu, this paper explores how women from lower-caste communities draw connections between socio-structural dynamics within their households, and illnesses manifest as 'headache' and 'blood boiling' (hypertension). The women's narratives capture their struggle in negotiating with available 'systems' of health care, and with 'doctors' who practise in a primarily middle class, upper caste neighbourhood and approach them as 'slum women'. The paper will also portray the ambiguities in women's articulation, about problems with 'country medicine' on the one hand, and about allopathic medicine's lack of understanding of their bodies on the other.

### **8.08 Between Admiration and Contempt: Images, Roles and the Legal Status of Midwives in Medieval Muslim Societies**

**Avner Giladi (Department of Middle Eastern History, University of Haifa)**

In this paper I wish to present a few findings from an ongoing study on midwifery in medieval Muslim societies. The main aim of the study is to uncover how midwives functioned socially and culturally in these societies and so to contribute to a better understanding of the gender relations that prevailed in them.

Based on the assumption that child-birth, far from being merely a natural occurrence, is imbued with ritual and magic, the paper shows that the midwife in medieval Muslim societies stood at the center of the feminine sub-culture that had developed around it. The paper also touches on the professional relations between male doctors and midwives and the way these were gendered and further deals with the legal status midwives enjoyed as witnesses in court. It is here that the midwife, without being ranked very highly in social terms, gains a unique and privileged status. In her capacity as the "overseer" in an all-female domain, extending physical help, witnessing to events involving women's bodies and, at the same time, fulfilling prescribed ritual roles, the midwife found herself at the intersection of public and private spheres in a quasi-official but still liminal status – the female representative of patriarchal authorities.

### **8.09 Imperial Consorts and Eunuchs in the Qing Imperial Court- Not Quite Men**

By James Flowers

The medical practitioner Sun Simiao said that women are ten times harder to treat than men. I will look at ways of thinking about women's health in the Qing. The cases I will be looking at are those of consorts and servants in the Qing Palace. An analysis of cases of the eunuchs throws another element into the mix.

I will present several cases from these groups, the main purpose being to offer an analysis from a gender perspective while holding a medical focus in the discussion.

## **8.10 The Female Body in Tibetan Medicine: An Online Visual Database**

Morgan Edwards, BFA

The purpose of this presentation is to introduce a new—in-progress—website that visually maps the Tibetan medical body. The function of this website is to offer those persons working in Tibetan medicine a visually organized database of Tibetan medical terminology with textual references, specifically, at this time, of women. This will enable scholars and medical researchers to compile a shared database that will use anatomical illustrations to give a detailed mapping of medical terminology from various times, places, and points of view. The anatomical drawings will reference both Tibetan and biomedical interpretations of the female body. Therefore, this site will need to be mindful of the culturally significant ways the body is variously construed. Attention will also be paid to contemporary notions of gender/sex theory. This poster presentation will introduce the website, provide user information and showcase some of the original illustrations.

## **8.11 Traditionally intervention of Nutritional Medicine to the diet of Lactating mothers during Perperium in western Rajasthan of India**

Mathur Meenakshi & Parihar Neetu, Department of Home Science, Jai Narain Vyas University, Jodhpur, Rajasthan , India

In India, it is the custom to breast feed infants for prolonged periods ranging from 6 months up to even 3 years. According to ICMR, studies carried out on nursing mothers have revealed that when they were given extra amounts of body building foods, they produced a large amount of breast milk for their infants. At the same time their health also showed improvement. This is because some of the body building nutrients from the additional food were diverted to replenish the maternal tissues, which probably had been depleted by pregnancy and nursing. (Venkatachalian and Rebello, 2002). Inspiring from it, on the same line, a study was undertaken to record the nutritional medicinal intervention given to Lactating mother immediately after delivery for 42 days and why?

Perperium period is considered to be of six weeks or 42 days. In local language it is said to be “sava mahina”. This paper is presented from a project which is on going to prepare a database on the Diet of lactating mothers, Nutritional intervention, and Special care given to her among different communities of Western Rajasthan during perperium. The sample size is quite large but presently sample of 200 was interviewed .All the ladies who experienced at least one pregnancy were amongst the sample, or the elderly ladies of the family. The interview schedule was prepared, tested on a small sample and then data collection was done. The interview schedule had major five areas, i.e. 42 days dietary intervention to Lactating mother, why and how the nutritional medicinal intervention is done, What all food and nutritional medicines are avoided during that period , status of breast milk after intervention and work pattern of lactating mother during perperium,

The findings indicated that out of 200, most of the communities i.e. Mathur, Brahmins, Bishnoi and Suther have similarity in their nutritional medicinal intervention to lactating mothers after delivery. The sequence of Nutritional medicines was Firstly halva of Ajwan (omum ) with jaggery, almonds, and cow’s milk ghee for 7 days (83%) was given , rest (17%) of the respondents gave Wheat flour and jeggery halva in cow’s milk ghee. The main reason for this is cleaning of uterus and to regulate menstrual flow. Secondly 70% of them gave laddo of haldi (Turmeric) for 10 days, as turmeric is having antiseptic quality, purify blood and it promotes breast milk. Next to it laddo of Sauth (dry ginger) with wheat flour or dry Singhara flour (Water chestnut),almonds, resins, dry gum powder, cashew and sugar in cow’s milk ghee for 10-15 days (63%) were given to lactating mother. Only 30% of respondents gave Supari laddo (Arecanut) along with sauth laddu in the evening. The main reason for giving sauth and supari is to bring back the muscle tone of uterus and vagina. Sauth also help in promoting milk production. In the end laddo of Lod is essential in almost all community. For this wheat flour or dry singhara flour, almonds, dry gum, black pepper, coconut,

soapstone powder, poppy seed, sugar, papal (kandanathippilli) in cow's milk ghee is given to lactating mother. Lod has tendency to give coolness to body, therefore it is given in the end. Beside it normal diet is given but only easily digestible food is given such as Kichari (rice and green gram dal). Those who are non vegetarian, they were given only Goat meat in the dinner. On an average, 12-15kg Ghee is given to each lactating mother during perperium in almost all community.

### **8.12 Gender in monastic space: Treatments of female bodies in a monastery clinic in contemporary rural Western Tibet.**

**Heidi Fjeld**

Based on recent fieldwork to be conducted in Gertse county in Western Tibet in February – April 2009, this paper will describe and discuss how gender manifests in the meeting between patients and doctors in a monastery clinic outside the urban institutions of gso ba rig pa. The paper is part of a larger project on local rural practices of gso ba rig pa in the times of secularization and standardization in the powerful medical institutions. Located in a remote nomadic area, the monastery clinic, from which the paper's ethnographic material will be produced, serves both lay women and men as well as monastic members, and is the only health service offered in its area. In order to discuss gender manifestations, the paper will focus on women's health and access to healing in a monastery clinical practice. Three main issues will be given particular emphasis: first, the access to medical consultations and treatments on women's diseases, and secondly, the perceptions, dealings and discussions of the female body within the monastery clinic, and thirdly, the manifestation of gender in the process of the doctor's private medical production. Analysed together, these three issues will inform the main aim of the paper, namely to discuss the particularities of monastic clinics in terms of gender and treatments of female bodies as this unfolds in rural Tibet today.

### **8.13 Miscarriage – Conceptions past and present**

**By Victoria Conran**

The significance of miscarriage is not a straightforward concept to explore. Until recently, little literature has been available. Frequently miscarriage remains a private experience for women, although this may be changing. Are cultural perceptions of miscarriage similar across time, space and gender? Has the incidence of miscarriage remained steady over time, or is it receiving greater attention due to early detection methods and therefore apparently on the rise? What significance do women attribute to their miscarriages and how have notions of care and recovery intersected ideas about miscarriage and the significance it carries? With increasing numbers of people turning to Assisted Reproductive Technologies, with varying rates of statistical success (or failure) in achieving 'take home babies' how is miscarriage perceived by those losing pregnancies as well as cared for by health professionals. The use of acupuncture to assist recovery from miscarriage has been a main focus of my work over the past 12 years. This work developed into the MYSS research project which formed the basis of a dissertation in Medical Anthropology in 2000. The research revealed the impact of miscarriage on lives and a severe lack of care provision, complicated by taboo, privacy and shame on the part of many women. This paper will describe how traditional Asian medical techniques have become meaningful in a wholly new situation.