



Gender, medicines, and modernities: beliefs and practices surrounding childbirth in contemporary Tibet

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This paper will explore the impact of medicines and modernities on constructions of gender in contemporary Tibet. By looking at the beliefs and practices surrounding childbirth, this paper explores the intersection between “modern” medical practices and “traditional” practices in rural and urban settings around Lhasa.

Through an analysis of textual materials on childbirth from the Four Medical Tantras (*rgyud bzhis*) and interviews with traditional Tibetan medical doctors who specialize in women’s health and childbirth, I will analyze Tibetan medical constructions of gender in theory and practice. I will juxtapose these findings with biomedical texts used in Lhasa hospitals and disseminated by international health NGOs. In addition, I will use interviews with Tibetan doctors trained in biomedicine in order to analyze how “modernity” meets “tradition” in the domain of childbirth and in constructions of gender.

Theoretically, this paper challenges entrenched and often unconscious dichotomies in Western scholarship on Tibet between modernity and tradition, past and present, old and new, historic and contemporaneous, religious and scientific, authentic and synthetic. Taking inspiration from Edward Said’s critique of Orientalist scholarship in the West and Geoffrey Samuel’s depiction of the co-existence of clerical and shamanic Buddhism in Tibet, I explore the multi-layered beliefs and practices in medicine and childbirth and their impact on constructions of gender in Tibet. One of the primary methods of attaining this information is by looking at the usage of space by women during childbirth, their prohibition from certain spaces during “polluted” times (i.e. menstruation and childbirth), and women’s reactions to these prohibitions across social-economic, lay-monastic, and rural-urban divides.

This paper argues that variable belief systems and practices are layered one on top of the other in uneven, fragmentary and often “alogical” ways. It is equally important to pay close attention to how power shapes the intersection of these beliefs systems, episte-

mologies, and cosmologies in practice. For example, since the 1950s there has been a gradual shift in power away from traditional Tibetan medicine (*bod sman*) to “Chinese” biomedicine (*rgya sman*). In urban Lhasa, status, prestige, economic and occupational advantage are attained through biomedical practices introduced by the Chinese government rather than traditional Tibetan medical practices passed down from teacher to student for generations. At the same time, this new Sinofied class dynamic mirrors still extant rural class dynamics where Tibetan medicine, stemming from a highly literate, noble and monastic tradition, takes on prestige and power when juxtaposed against the “bare-foot” medical practices of village doctors and the occasional midwife.

This research pays attention to the uneven co-existence of biomedical, Chinese, Tibetan medical, and “folk” or “shamanic” medical practices while paying attention to how each gains certain valence and prestige over the other depending on the social-cultural context. In childbirth, different systems of knowledge, techniques, and technologies are played out on the ground of women’s bodies, which directly influences how gender is constructed in contemporary Tibet.

For instance, there is a current government initiative to have all women in the villages deliver in the county hospital because it is considered “safer,” though the distance to hospitals, road conditions, and expenses are often prohibitive. In the hospital, women’s bodies are literally shaped by medical workers who ask women to lie prone with their feet in stirrups so that they remain immobile for the convenience of the doctor and ostensibly for the safety of the woman and the child. Counter-posed to government concepts of safe practices, many Tibetans consider hospitals to be dirty and polluted places due to the proliferation of disease in these settings. As such, hospitals are *dangerous* places that can bring on spirit attacks and threaten the health of the mother and the child during childbirth.

At home, women most frequently deliver on their knees and are free to move at will in order to manage their own pain. However, beliefs about pollution also mean that women cannot deliver in the main house near the stove where it is warm since the hearth spirit resides there. Thus women often deliver in cowsheds or in other areas where animals are kept, conditions that are also not optimal. Safety in the Tibetan cosmological world is here measured in terms of maintaining a balance between the spiritual world and the material world.

In both governmental and village perspectives, women are constructed as the object of intervention due to their ostensible frailty and due to the danger introduced *to* them and *by* them during childbirth. While in the hospital setting, women’s bodies are literally confined and controlled by the birthing bed, at home women are free to move at will in order to manage their pain but must do so under prohibitions that place them under animal-like conditions. What effect do these different cosmologies and epistemologies have on the construction of gender, and how do these constructions of gender affect practices during childbirth? To answer this question, I will discuss how women respond to

these variable practices and to what extent inner family dynamics, histories, childbirth tales, and habitues influence women's perceptions and practices during childbirth. The internal force of these "private" practices may serve as a kind of counterbalance to the heady interplay of variegated practices, both old and new, barking down the village door. On the other hand, they may simply add to the mix of overlaying medical practices during childbirth.

Underlying all of these questions is the central question of how gender is constructed at the intersection of class, caste, age, occupation, locale, income, and perhaps most importantly within the larger landscape of ethnic minority discourses and policies within China. This paper attempts to answer some of these questions and pose new ones about the roles of women in contemporary Tibet.