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Modern Portraits of Childbirth in Exile in McLeod Ganj, Dharamsala: A Melding of Tradition and Innovation

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**Modern Portraits of Childbirth in Exile in McLeod Ganj, Dharamsala:
A Melding of Tradition and Innovation**

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Table of Contents:

ABSTRACT

METHODOLOGICAL APPROACH

ACKNOWLEDGEMENTS

INTRODUCTION

A. BIRTH IN TIBET

B. BIRTH IN MCLEOD GANJ

C. BIRTH OPTIONS IN DHARAMSALA

D. ATTITUDES SURROUNDING BIRTH

E. FAMILIAL INVOLVEMENT

F. RITUALS

CONCLUSION

APPENDICES

BIBLIOGRAPHY

SUGGESTIONS FOR FUTURE RESEARCH

Abstract:

The exiled Tibetans of McLeod Ganj, Dharamsala, India¹ are caught between two worlds; forced to live outside of their native land, some cling to Tibetan tradition while others embrace their new environment and its protocol. Because their 1959 exile was relatively recent, the Tibetans I spoke with during my four weeks of research for this paper were nearly split: many of my interviewees were born in their homeland while a number of others were born into exile. This juxtaposition made for a wide range of perspectives and answers to my queries, as well as heightened insight into the ways that their new environment has affected both them and their traditions. It was clear that for some living in McLeod Ganj, Tibet is a beloved piece of their history; for others it is still their present.

The one unifying factor among interviewees was the fact that, no matter where they were born, when they spoke with me they were all living abroad, exiled to India. Questions such as: *How does one retain one's culture when one is living in an environment that is not their own? How does one relax into assimilation when one is constantly fighting to prove that they belong?* and *How do people navigate a world where nothing is designed for them?* were pertinent to all and surfaced repeatedly.

The aforementioned queries permeate every facet of life for people living in exile. According to Sarah Pinto's "Pregnancy and Childbirth in Tibetan Culture" in *Buddhist Women Across Cultures*, those living in exile "are both concerned with sustaining Tibetan culture and religious tradition, and integrating their practices with Indian and Western cultures."² For this paper, I sought to examine the ways that this integration is occurring in McLeod Ganj in the context of childbirth and maternal healthcare. I aim to address how "a refugee population keeps its beliefs and customs intact despite geographic dispersal and the threat of cultural extinction," focusing especially on childbirth, which "can be understood to be the ritual enactment of shared cultural values."³

¹ The Tibetan government in exile is located in Dharamsala. McLeod Ganj is a suburb of Dharamsala and home to a large community of Tibetan exiles.

² (Brown, Farwell 2008: xiii)

³ (Pinto 1999: 159).

Methodological Approach:



Tenzin Youdon, who acted as translator for many of my interviews.

The majority of the research for this paper was accrued through interviews with members of the McLeod Ganj community. Interviewees included doctors at Delek Hospital, Zonal Hospital, and the Men Tsee Khang Clinic,⁴ a Tibetan midwife, a midwife who practices in the United States, an astrologist at the Men Tsee Khang Astrological Center,⁵ a public health specialist who works in Kerala, India, and mothers and fathers who live in the McLeod Ganj community. Only one of the parents interviewed was not Tibetan; he had moved to McLeod from Austria a number of years ago and his four children were delivered with the aid of Tibetan midwives.

A few of the interviews were made possible through the aid of organizations, such as Stitches of Tibet, the Home Department of the Central Tibetan Administration, the Jampaling Elderly Home, and the Tibetan Women's Association. Further information was gathered from an anonymous survey, which was conducted at the Tibetan Children's Village in upper Dharamsala in order to gather data on birth attitudes among youth in the community. My ISP advisor, U.S.-based midwife and CEO of Maternity Neighborhood Brynne Potter, was also instrumental in my research.

Many of the interviews were conducted without the aid of a translator; when one was needed, I usually relied on Tenzin Youdon, the Dharamsala coordinator for SIT's Nepal: Tibetan and Himalayan Peoples program. Additionally, one interview was conducted with the help of a 21-year-old Tibetan woman from McLeod Ganj. Many times, the language barrier was permeated by community members who happened to be nearby and willing to assist. All of the interviews were conducted after briefing the participants on my project and obtaining verbal permission to use their information. Due to the private nature of the topic and the fact that many interviewees still have family living in Tibet, I have given everyone except for the doctors and midwives pseudonyms. The photos that appear throughout the paper were all taken with permission.

⁴ A branch of the Men Tsee Khang: Tibetan Medical and Astrological Institute

⁵ A branch of the Men Tsee Khang: Tibetan Medical and Astrological Institute

Acknowledgements:

All of my gratitude goes out to the men and women of McLeod Ganj who graciously volunteered to share their time and stories with me. I also want to thank Dr. Wangmo and Dr. Khando of the Men Tsee Khang Clinic, the staff of Delek Hospital, and Dr. Negi of Zonal Hospital. A special thank you goes out to Tashi of the Kelsang Guesthouse as well as Ngawang, Dawa, Gyaltso, and the rest of the gang for their signature help, some rousing sing-alongs, lots of filtered water, an unexpected pool stop, a wedding, and a bonfire in a flower pot. I'd like to thank Neema and Jigme of JJI Exile Brothers for their aid as well as countless plates of heavenly vegetable and cheese *momos*; Franziska Oertle for being a fairy godmother throughout my month in McLeod; Lhamo and D.K. of Lhamo's Croissant for their assistance and endless bowls of delicious muesli and curd; the women at the Tibetan Women's Association for unexpectedly me an internship, a delicious plate of chicken, and five interviews; the men at Moonpeak Espresso for all of those iced mochas and a particularly adorable hand-drawn map; the students on the Emory University study abroad program for their company, midnight sketching sessions, scavenger hunts, and affection; Brooke Burrows for being a general badass and always asking me how I was feeling; Tashi Dickey of the Home Department at the CTA for finally getting me that elusive permit; Tenzin Youdon for being an amazing translator and hanging out with me; the women at Stitches of Tibet for laughing about sheep shit with me; Brynne for a whirlwind Skype session, all of her generous help and being the best goddess mother I could ask for; Sithar for a lovely afternoon filled with laughter and some frank talk about having babies; Pema Bhuti for her translation skills and friendship; and Jakob Urban for an unexpected ten hour hike and a trap door.

I would especially like to thank all of the staff of SIT's Spring 2014 Nepal: Tibetan and Himalayan Peoples Program. Eben, your wry humor, patient advice, awesome vests, and honesty never cease to make me smile. Rinzi, your Peter Pan qualities are an inspiration and I will never be able to hear the word "shortcut" without thinking of you and your mischievous grin. Tenchoe, thank you for believing that we can sing in *Dzongka* and always finding a bathroom for me. Isabelle, your brilliance, humor, insight, and willingness to challenge both yourself and others has been a much-needed reminder for me that there many beautiful and equally wonderful ways to be a strong woman in the 21st century. Luke, thank you for being a great teacher and understanding the importance of taking breaks from Tibetan lessons to talk about *takin*. Sonam, thank you for your patience and kindness; I will never be ceased to be amazed by how glamorous you look riding an elephant. Thank you to Hubert and Nazneen for your wisdom and excitement, and Pala for the most amazing lunches I could imagine. A HUGE hug to all of the SIT students for sharing a rousing game of cowboy faces, giving me biscuits when I got cranky, and sharing an amazing, amazing semester with me. Much love to my homestay family—Amala, Pala, Youguel and Calden, you have been more generous to me than I ever could have imagined. And of course, all my love to my family and friends back home. P, D, and I—I only leave because of how much I enjoy running across airports to greet you again. (And Mom, sorry about that one terrifying phone call from Delhi.)

Introduction:

What is a “midwife?”

A *thangka*⁶ hanging in the Men Tsee Khang Museum in Dharamsala outlines the general Tibetan beliefs pertaining to birth including causes of conception, the three phases of embryonic development, signs of birth, childbirth procedures, and maternity care. The bottom row is composed of a diptych depicting the actual process of childbirth; in each portrait the woman in labor is surrounded by several hunched, older women in long flowing skirts. These women hover around the bed, tending a steaming cauldron, holding supplies for the baby, and caring for the soon-to-be mother. Who are these women? What are they doing exactly? The plaque which adorns the wall next to the *thangka* refers to them as “midwives.”

The Merriam-Webster Dictionary defines a midwife as “A woman who assists women in childbirth,” a category vague enough to encompass a wide range of assistants with different qualifications, tasks, and kin relationships. Yet when I first began researching Tibetan birth practice in Dharamsala, it was with a more nuanced image of what a midwife really was; in my mind, midwives were usually female community members who attended many births, often caring for all the women of childbearing age living in a designated area. Midwives, I thought, could also be women who had undergone formal childbirth training, adhering to what the Merriam-Webster Dictionary defines as a “nurse midwife: a registered nurse with additional training as a midwife who delivers infants and provides prenatal and postpartum care, newborn care, and some routine care (as gynecological exams) of women.”

During the first week of my research it became clear to me that the definition that I was operating with did not describe the Tibetan women who had been assisting homebirths for centuries. Contrary to what one might expect to find in a country where homebirth was usually the only option, “There were no midwives or persons with specialized training in delivery; births were assisted by servants or female family members. Except in situations of extreme danger, and sometimes not even then, there was little medical intervention.”⁷ Not only were there no women who had been trained in accredited facilities and carried medical certificates and sterilized equipment, but I also found little evidence of women who were known throughout a specific area as designated birth helpers.

Instead, women giving birth were assisted by “women with experience,” a phrase which was repeated over and over again in reference to the grandmothers, mothers, sisters, and neighbors who had helped usher Tibetan newborns into the world. Birth seemed to be viewed as a communal experience, one that nearly any woman who had given birth herself was more than willing to help out with. These “women with experience” rarely acted as the sole baby-deliverer for a village but instead helped a few women over their lifetime, most likely their own sisters, daughters, or neighbors. To have experience, one had only to have had a baby, something that most Tibetan women had done many times over.

After four weeks of research, I have learned that all words, even ones considered universal, have an endless array of meanings which vary according to the culture of the person using it. For the sake of this paper, I will define a “Tibetan midwife” as “a woman with experience—be it experience birthing a child herself or experience helping with another woman’s birth—who assists in delivering a baby.”

⁶ According to the website “Buddhist Art and Architecture: Tibetan Thangka Paintings,” “A thangka is a complicated, composite three-dimensional object consisting of: a picture panel which is painted or embroidered, a textile mounting; and one or more of the following: a silk cover, leather corners, wooden dowels at the top and bottom and metal or wooden decorative knobs on the bottom dowel.”

⁷ (Pinto 1999: 162).

What is a “home?”

During my research, I discovered that the term “homebirth” is just as difficult to define as “midwife.” Looking through my own lens of someone who had been born and raised in the United States, I held that homes are typically made of wood, bricks, or stones and have a roof, a floor, at least four walls, and a door. For women living in Tibet, however, this was not always an option: “Traditionally, Tibetan women gave birth in a location apart from the space of day-to-day life, in an isolated room in the home or in the family’s barn or cowshed.”⁸ My second interview supported this statement, in which my definition of a “home” was called into question.

Dawa, age 33, was born in western Tibet to a nomadic family. In her community, births typically took place in a black tent, separate from the rest of the family’s tents, which the woman would retire to when she began to feel “the pains start.” She would then deliver her baby on “a bed of sheep shit” that had been laid down and covered with cloth to absorb the blood. The woman would then remain in the tent for five days after delivering, wrapped in blankets to keep warm and eating the traditional meals of yak meat soup and hot *tsampa*⁹ mixed with butter to regain her strength.

Listening to Dawa’s story brought up a slew of new queries. Did a tent count as a home? Did a pad of “sheep shit” equal a bed? My questions only multiplied as my number of interviews increased; how would I classify Yangchen’s birth in Amdo, the delivery of which took place in a hospital but which also involved a day and a half of labor spent in her brother-in-law’s tent and a ride through the mountains of Tibet in a cart pulled by a cow? She ultimately delivered her child in the hospital yet it was hardly a typical hospital birth. After four weeks of research, I feel that the most appropriate definition of “homebirth” for this paper is: “Any birth where the labor and delivery does not take place within the confines of a hospital.”

A. Birth in Tibet:



Members of Stitches of Tibet; all four were born at home and chose to birth their own children in Indian hospitals.

⁸ (Pinto 1999: 163).

⁹ *Tsampa* is defined by the Merriam-Webster Dictionary as: “flour made from parched ground barley or wheat that is the chief cereal food in and near Tibet.”

Warmth:

In order to understand how Tibetan childbirth had changed in its transition from occurring in Tibet to occurring in India, I first tried to form an image of what typical birth practices had looked like in Tibet. While an emphasis on staying warm is not specific to Tibetan childbirth but prevalent throughout all of Tibetan culture, it was referenced many times during my conversations about childbirth. In an interview, Yeshe Dhonden, a renowned doctor of traditional Tibetan medicine, explained: “In Tibet as it was often very cold preparations for the actual birth of a child could be complicated.”¹⁰ For those living in exile in Dharamsala, the weather is not as harsh but the Tibetans I spoke with still prefer to air on the side of caution when it comes to getting chilled. Says Dhonden, “Generally, [a] mother should be very careful to always move gently and to keep herself, especially her abdominal area, warm. Nor should cold baths be taken. The food she takes should be approximately of body temperature; extremes disrupt the balance of vital energies in the abdominal area, causing suffering to the unborn child and possible problems for the delivery.”¹¹

Dhonden admits that some of the practices may seem unnecessary to Westerners: “In the west, usually only one thin sheet is kept on the mother, whereas the Tibetans put many thick blankets on her and keep her perspiringly hot.”¹² The doctor explains the medical reasoning behind the emphasis on warmth before and during childbirth. Heat, he explains, “contributes to the flow of vital energies and to generally unwinding of all the muscles. Both of these qualities aid childbirth. The only possible benefit that I can see in using one sheet is that it prevents the inconvenience of dirtying more than one article and hence is nicer for the nurses involved.”¹³ Choden, a 58-year-old mother of three, agrees that the lack of blankets in hospitals is due to pure laziness: “If the woman giving birth is cold, just wrap something around her. If the blanket gets dirty, it doesn’t matter, just throw it away or wash it, I don’t care! One blanket is nothing compared to your life. It’s your life!”

Many of the women I spoke with also lamented that hospitals do not keep babies warm after they are born. Dr. Yeshe Khando, a general doctor at the Men Tsee Khang Clinic spoke of the traditional Tibetan afterbirth process: “The mother will stay [lying down] because the placenta should come out. First we do the ‘babycare:’ the baby should be wrapped many times.” At the hospital in Dharamsala, she says, the Australian doctors “take the baby out and [put it on the table to the side and care] only for the mothers. And then baby becomes jaundiced because it gets cold. Every baby has jaundice--yellow, yellow.” This practice varies drastically from typical protocol in Tibet where, “because the climate was very cold the baby would be washed when born and then wrapped up for a month, only unwrapped to clean its bottom.”¹⁴

Physical warmth is not the only type of warmth that many Tibetans feel is lacking in the hospital experience: “It is during the labor itself that Tibetan traditions seem to differ the most from the usual Western techniques...sterile conditions may benefit both the mother and child, especially in a hospital setting [but many sense] the loss of a great deal of warmth, both literally and psychologically.”¹⁵ *The Tibetan Art of Parenting*, written by Anne Maiden Brown and Edie Farwell, describes the difference: “In the United States, giving birth often seems to be treated as a medical condition; in contrast, in the Tibetan tradition, giving birth is looked on as a very important but entirely natural process.”¹⁶ Many of the Tibetan women I spoke with agreed, reporting emotionally unsatisfactory experiences in hospitals. Choden says: “I heard my friends saying ‘Oh you’re so lucky, you have your mother to help you so you can

¹⁰ (Dhonden 1980: 39)

¹¹ (Dhonden 1980: 39)

¹² (Dhonden 1980: 37)

¹³ (Dhonden 1980: 37)

¹⁴ (Dhonden 1980: 39)

¹⁵ (Brown, Farwell 2008: 85).

¹⁶ (Brown, Farwell 2008: 68).

give birth at home. At the hospital it was so difficult. We had nurses coming and going. It's not like dealings between humans. They're like machines.”

Birth Positions:

The position that the woman giving birth adopts is a controversial area; typically “In the west, a delivering mother is kept on her back” yet “in the Tibetan system she is always placed on her knees.”¹⁷ The reasoning behind the Tibetan approach, Dhonden explains, is that: “ ‘On-knees’, the baby’s weight works for the childbirth, whereas ‘on-back’ the weight works against it. Also the muscles can develop more pressure in the former posture, making the childbirth easier and faster.”¹⁸

More than one woman cited this as a major difference between giving birth in a hospital in India and having a baby at home in Tibet. Said one elderly woman from Lhasa who had one child at home in Tibet and birthed four more in hospitals in India, “In Tibet, the baby was born while kneeling on the floor on all fours. I prefer it back in Tibet, because in the hospital I had to lie down on my back and I felt that was more difficult than kneeling on my knees and actually pushing down; that was easier.”

Hospital birth in Tibet:

“In Tibet, everyone gives birth at home” was a chorus I heard nearly every day of my fieldwork. During my 25 interviews, I only came across one woman who had given birth in a hospital in Tibet. Forty five-year-old Yangchen was from Amdo and had planned on giving birth at home, as was the norm in her community. Yet after a day and a half of pain and many ritual incense burnings that did nothing to ease her agony, she gave in to her family’s urging and agreed to make the arduous journey from her brother-in-law’s tent to the hospital. Her family wouldn’t let her ride a yak there, as she wanted, but instead put her in a cart pulled by a cow. The journey was lengthy and painful; she describes her husband urging her to try to wait to deliver for fear that she would give birth on the road in front of the villagers, causing embarrassment for all. Two hours after arriving at the hospital and being given anesthetics, she delivered a large baby boy naturally.

For Yangchen’s second birth, she wanted to try to have her baby at home, but at four months she experienced heavy spotting and was warned by the local doctor that the delivery would be a complicated one. If she gave birth naturally the doctor predicted that the baby would live but she would die. If she had a caesarean section, however, both she and the baby would live. After consulting a *lama*¹⁹ and doing many special *pujas*,²⁰ Yangchen agreed to go to the hospital; she was worried about who would look after her three-year-old son if she died.

She describes the horror of the caesarean section: “I had no pain after the anesthetics but I could feel the baby being taken out of me [during the surgery]. At first when the baby was taken out he didn’t cry and I kept thinking, *If he is okay, if he cries the pain will all be worth it.* Then they slapped him and he finally cried. For me, it took hours for the blood to stop flowing. My oldest son wanted to sleep in the hospital bed with me that night but I couldn’t let him. I was exhausted, out of oxygen, I couldn’t feel anything. I heard my older son telling my baby that he would take look after him from now on because the doctors had hurt me and I wouldn’t be able to care for them anymore. It was heartbreaking.”

¹⁷ (Dhonden 1980: 37).

¹⁸ (Dhonden 1980: 37).

¹⁹ *Lama* is defined by the Merriam-Webster Dictionary as “A Buddhist priest of Tibet.”

²⁰ *Puja* is defined by The Smithsonian Institution as “the act of showing reverence to a god, a spirit, or another aspect of the divine through invocations, prayers, songs, and rituals.”

Yangchen spent weeks in the hospital recovering: “I’m scared of hospitals now. I would rather have a normal delivery at home. At home, you can get up and walk after one day of rest. You feel healthy after. Hospitals make you lose strength—you turn into a half-dead person after caesarean sections. It’s really difficult to recover.” The parallel that Yangchen draws between her post-delivery state and that of a “half-dead person” is stark but it is not original: “Pregnant women and corpses, epitomizing the liminal moments of birth and death, hover at the doorways to earthly life. The liminality of birth renders pregnancy potentially threatening.”²¹ The comparison is a reminder that giving birth is truly a dangerous journey from which women do not always will return.

According to Brynne Potter,²² who provided invaluable mentorship throughout my research, Yangchen’s attitude towards hospital birth is typical of women who live in areas where females only deliver in facilities if there are extreme complications. Instead of blaming the problems on the birth itself, the hospital becomes the culprit. Says Potter: “If a woman dies in childbirth or has a bad experience [in a hospital that is not part of the community] it’s very different than being outside of the hospital and dying. Because women are dying in hospitals, more women are refusing to go at all. Some of the places with highest maternal mortality rates have women who decide that they would rather die at home and so choose not to go the hospitals. They don’t want to go and not come back.” In these areas, it is easy for hospital birth to accrue a negative reputation, similar to the bad connotation that homebirth carries in India; the place where the most women die during childbirth tends to be the place considered the riskiest to deliver. It’s easy to see how the factors have come together in each location to develop a highly different attitude regarding where the safest place is to birth a baby.

B. Birth in McLeod Ganj:

Homebirth:



Sangmo unexpectedly gave birth to her first child at home in Dharamsala; the labor was so easy that she did the same with her second child

²¹ (Pinto 1999: 161).

²² U.S.-based midwife and CEO of Maternity Neighborhood

Throughout my four weeks in McLeod Ganj, I was told many times that people simply “don’t give birth at home anymore.” I would have a hard time finding anyone to interview who had delivered outside of a hospital, well-meaning folks told me. I *did* manage to find women who had birthed their babies at home, but their reasons for doing so and the trajectory of their stories varied dramatically; these births were, for the most part, either accidents or due to other factors such as limited resources.

From the beginning of my research, it was clear that the birth of the first baby was always treated differently than the second. Said Sangmo, A 32-year-old woman whose two babies were born at home: “Normally people don’t go to the hospital after the first baby. [But] if the first baby is easy then they might have have the second one at home.” For her own first child, Sangmo said that when the labor pain started she initially did go to the hospital where she had been having regular check-ups and was planning to deliver. When the baby didn’t come she went home, where she stayed because the pain never became very strong. She ended up delivering in her house with the aid of a female neighbor “with lots of experience.” She didn’t consider going to the hospital for the second birth because all had gone smoothly the first time; each birth lasted no more than thirty minutes.

Gyaltsen, whose second baby was born at home, described the birth of his eldest child: “Well, it was the first baby so we had to be very careful for my wife. We went to the hospital a week before the due date. We took clothes and everything was ready so it was easy.” For the second birth, Gyaltsen’s wife delivered at home with the aid of a European midwife. The choice was more chance than planning: “We met a lady who said she was a midwife. She found us...we heard she was good and she came to visit every week when it was near the due date. She wanted to help us give birth at home...she was also excited. It’s much nicer at home and the midwife was very good so things went very smoothly. I don’t know [why but] we just took a risk at the time. We relied totally on that lady. We thought it would be nice at home so that’s why we chose it.”

Choden explained that when she chose to birth her three children at home—each delivery took place 20-30 years ago—it was due to financial reasons: “When we arrived in India all the Tibetans were very poor so they couldn’t afford to go to the hospital; so that is the one main factor. If you do go [to the hospital] you have to pay. It’s not a huge amount but for us at that time it’s a lot. Also we don’t have a hospital nearby. We have to go very, very far away. We can’t go to the hospital for check-ups each month because we have to take leave from our work and taking leave every month is not very easy. And also I have my mother at home. So I was quite lucky and also very confident that my mother was there so I didn’t have to go to the hospital.”

Choden brings up an important point: in Tibet, there were always women with experience who were available to help deliver babies at home. When arriving in India, however, many young women of childbearing age reported that they had left their mothers behind in Tibet or were separated when they fled. No longer having anyone they trusted to assist them, many of these women felt they had no choice but to turn to the hospitals for support. Choden elaborated: “The young people don’t have women looking after them. Let’s say you and your husband are alone and you have no mother or aunt or anyone looking after you--you have to really, really think about yourself, whether you want to go to the hospital or not.” Facing this decision, most Tibetan exiles have chosen to put their trust in the dominant system in India: the hospitals.

Women aren't as strong as they used to be:



"I cannot tolerate my pain," said one young mother whose two children were born in hospitals.

Throughout the interviews, many younger women repeatedly stated that they felt they were not able to give birth at home because these days women of childbearing age are not as strong as their mothers and grandmothers had been. Said Dr. Khando, "Nowadays, everyone is a little bit sensitive. [Mimicking] 'Oh infection, oh, oh.' Really! In Tibet, what did we do? Delivery in the sheephouse outside!"

Another woman reacted similarly, "During my parents' time, when people went to the hospital to have children, they just laughed at them. 'What do you need to do? You only have to cut the cord! Why you give money to the hospital? Instead of that, you eat good food, buy something you need for the child. That's what you need.'"

Older women may laugh at how readily women go to the hospitals these days, yet throughout my interviews I often heard the refrain: "I cannot tolerate my pain. These days people cannot tolerate as much," from more and more young women. As the conversations went on, I began to wonder if the difference they spoke of was mental or physical. A 28-year-old woman who was born at home favored the former: "I think my mom and grandmother, they were much more stronger—physical body I don't know, but they were mentally stronger--I don't think I would be able to have a baby at home." Her mother, a carpet weaver who had birthed six babies at home and had labored hard stringing fibers so that her children could be educated and have easier lives than her own, agreed.

Some interviewees did favor the idea that they were physically weaker than their ancestors, attributing the corporeal disparity to a lack of hard manual labor in their daily lives. Tashi, a young woman living in Dharamsala spoke of the older Tibetan women in her community: "These old women, they can endure pain. They are hard laborers, farmers, nomads. That's why they say giving birth is easy. But now it's different."

Tashi's 56-year-old mother spoke similarly of the gap between herself and her own mother, who had birthed seven babies at home, including two sets of twins: "She had a harder time than me. She had to work very, very hard. When she gave birth to her children she was in India and she was working on the road, carrying heavy loads even while she was pregnant. And if she didn't go to work, her pay was cut and it already paid very low. She had to work."

While the majority of the women I interviewed spoke of a lack of confidence in their own physicality, some felt that the world was more dangerous for babies these days and said that it was important to give birth in a hospital in

order give newborns the necessary medicine right after delivery. One 28-year-old who was born at home said that she wouldn't choose to give have her future children at home: "These days I think it is different. There are more facilities, there are so many medicines which are necessary for the baby, different types of injections. So I think in a home it's not possible.

A young mother who chose to deliver in the hospital agreed: "We have to give the baby vaccinations, boosters, polio hepatitis A, hepatitis B. During the time of our births, they didn't have these kinds of injections. My mom used to say, 'What is this? This is just to give pain to the baby.' Nowadays it's a different world...pollution, non-organic food. So we have to do the vaccinations."

A 45-year-old mother who gave birth to her children in Tibet agreed that much of the danger of modern homebirth stems from the environment, not the women's capabilities. She had no concerns about giving birth at home in Tibet because there "everything is clean, good. There is no illness, no sickness."

These women's worries made me think of a conversation that I had with Brynne in which she emphasized the "privileged situations" of most Westerners who choose to give birth at home. It's "very different than the situations of poor women all over the world who have no other option," she said. In accordance with the worries of the aforementioned young Tibetan women, Brynne feels that many "Traditional practices don't work anymore because the world has changed and these practices are no longer informed by state of the world." In other words, the women who are having the statistically safer homebirths are not birthing babies on top of piles of dung in cowsheds in Tibet; these are women who are putting a lot of money into hiring accredited midwives who use sterilized equipment and have been trained in safe, modern techniques for home delivery.

C. Birth Options in Dharamsala:

Where to find a midwife?



Pempa Kipa (right) was the only woman I found in McLeod Ganj who identified herself as a midwife. She helped deliver the older brother of Pema Bhuti (center) at home.

While it was clear that the majority of the women I spoke with would not be interested in having a homebirth, even with the aid of a trained midwife, this was not the case for all. Said a 32-year-old who had recently given birth in a hospital, “My husband and I would like to have a birth assisted by a woman who has experience but we don’t have an experienced woman who will help. We cannot find them.”

A father whose second child had been born at home with the aid of a European midwife echoed her complaint. The only reason his baby was born at home was because the midwife had found them: “If that woman wasn’t there then we wouldn’t have had a homebirth. We don’t know any other midwives. This was the first time we’d heard of a midwife in the community.” A 28-year-old woman who lived nearby agreed: “I have not heard of trained midwives in the community. If there are midwives then people are going to ask for that but I haven’t heard of any. Most people are going to the hospital.”

Choden was one of the women who said that that McLeod Ganj is in need of trained midwives who are willing to do homebirths: “That would be very good. I think they should have more people like this because some definitely don’t want to go to the hospital. I was working in one school and one of the teachers was pregnant. She had pain so she went to the hospital in a taxi. And before reaching the hospital she gave birth in the taxi! And the people in the taxi with her, they went to call the Indian villagers nearby to come and help. Then some women came and helped her to cut the cord and she went home! [Laughing] In my mother’s time, there were many women who were ready to help like this, even though they were not trained. They were willing to do all these things. Now more and more women, they go to the hospital. There are less and less women doing this work at home.”

The problem seems to be that the majority of experienced women who are willing to assist with homebirths have no medical training—and the young women living in McLeod Ganj today are not comfortable with this dynamic. The few doctors and nurses who are trained and would be willing to assist in homebirths aren’t aware that there is a demand for their services. Choden feels that it is the responsibility of the health community to help these women gain exposure: “They should advertise from the hospital. If one woman wants [to help as a midwife] she’s not going to advertise by herself. If someone wants to have a homebirth with a trained midwife it would be better for both mother and baby, I think.” Dr. Khando agreed: “Home delivery is the best—healthy. In hospital, a little pain and they give an injection to erase the pain. And it is not normal.” When asked if she would like to help her own daughters give birth at home, she laughed and answered readily: “Yeah, I would very much like but nobody is giving me the chance.”

Delek Hospital:

The majority of Tibetans living in McLeod Ganj rely on Delek Hospital, which was founded by His Holiness the Dalai Lama in 1971 to “provide much-needed health care to the Tibetan and local Indian communities in Dharamsala, India.” While the hospital boasts of “strong maternal and child health care programs, a service sorely lacking in the area”²³ my interview with Dr. Tenzin Tsundue, one of the five family physicians at Delek, proved this wrong. Delek’s facilities, he said, are not fit for the majority of deliveries and the hospital has no specialists. Dr. Tsundue explained that “most of the deliveries are taking place in the government hospitals or the private hospitals where they have specialists: pediatricians, obstetricians, gynecologists, etc. Only normal vaginal deliveries, if they’re not complicated, we do over here.” The doctor admitted that his own training was “pretty limited” and covers only “the basic” in terms of birth, designed with the assumption that during births general physicians would be working alongside experienced obstetricians. Because of the limited number of staff, inadequate facilities for cesareans, and absence of specialists at Delek, the hospital only sees about three births per nine months these days.

²³ "Background." Friends of Tibetan Delek Hospital -. <http://www.delekhospital.org/background.htm> (accessed May 4, 2014).

Zonal Hospital:

Delek refers most pregnant patients to the local Indian government hospital Zonal, which is in Chilgari, Dharamsala, farther than Delek from McLeod Ganj. When interviewed, Zonal Hospital's Senior Gynecologist Dr. Kalpana Negi said that she sees an average of one Tibetan woman at Zonal Hospital each day. Because of this dynamic, the majority of the Tibetan women I spoke with were not giving birth in a traditional Tibetan setting but a typical Indian one. When I asked Dr. Tsundue if he ever found that Tibetan women didn't want to give birth in an Indian hospital, he said that any reluctance he encountered was generally not "because it's an Indian hospital but because sometimes they have the language barrier. In such cases we encourage them to take one of their friends who can speak Hindi along with them." Besides the potential for language difficulty, Dr. Tsundue said that the birth experience would not be culturally different depending on the hospital as there were no traditional Tibetan birth practices that occurred at Delek.

Despite Dr. Tsundue's assurances, Zonal's prominence in the birth experience of the women of McLeod Ganj brought in a new—and often confusing—thread. How much of these women's birth experience was the result of Indian governmental policy and how much was not? Dr. Arun Patel, a public health specialist who works at an Indian hospital in Kerala, informed me that "government policy in India is very heavy-handed," speaking of the "misguided" and common practice of admitting women to hospitals a week before they are due, inducing them, or performing premature caesarean sections in order to avoid "the risk" of allowing women to deliver naturally. Dr. Patel said that this was occurring because of pressure from the Indian government, who was experiencing pressure from outside sources such as the World Health Organization, to improve national maternal/infant mortality rates. He also spoke of risk assessment, sharing the information that if a woman misses one of her three "required" prenatal check-ups she is considered high risk and therefore more likely to be urged to have a caesarean section due to fear of complications—regardless of her actual physical state.

These practices were certainly not reminiscent of the typically "holistic approach" of Tibetan medicine yet they would be the ones that Tibetan women would be exposed to if delivering within the Indian system. The situation supported the assertion that: "The ancient culture of Tibet is now severely endangered, and it has become difficult, if not impossible, for Tibetans to practice their traditional ways, including medical and birth practices."²⁴ Furthermore, the mix of influence meant that it was difficult—if not impossible—to ascertain what exactly a "modern Tibetan hospital birth" would look like apart from Indian influence.

Caesarean Sections:



Dr. Wangmo of the Men Tsee Khang Clinic

²⁴ (Brown, Farwell 2008: 2).

Throughout my research, the caesarean section was a topic that surfaced many times. Dr. Wangmo of the Men Tsee Khang Clinic shared her impression that sometimes hospitals schedule caesareans when a baby could be birthed both naturally and safely. In her opinion, vaginal delivery is better if the mothers and doctors “want to take the risk.” Her words were typical of my findings: natural birth was commonly referred to as a “risk,” sometimes an “unnecessary risk” depending on with whom I was speaking. *How did Tibetan women come from delivering 100% of their babies at home to viewing all vaginal deliveries as a risk?* I wondered. The most ironic part was that the World Health Organization (WHO), who according to Dr. Patel is the driving force behind much of India’s policy on maternal healthcare, acknowledges that unnecessary caesarean sections can negatively impact a mother’s health. In a policy brief, the WHO stated that the caesarean section is “is one of the most commonly performed surgical operations in the world today,” going on to say that “in a growing number of cases worldwide, caesarean section is being performed without any medical need. The rising number of such deliveries suggests that both health-care workers and their clients perceive the operation to be free from serious risks.”²⁵

According to “Rates of caesarean section: analysis of global, regional and national estimates,” “In 1985 the World Health Organization stated: ‘There is no justification for any region to have caesarean section (CS) rates higher than 10–15%.’”²⁶ At Zonal, however, Dr. Negi reported that out of the 120-150 births per month, 30-40 were cesareans, meaning that around 33% of the deliveries at Zonal Hospital occurred with the aid of surgery—a number nearly doubling the WHO’s recommendation.

Many of the women I spoke with in McLeod Ganj who had opted for hospital births had undergone caesareans, citing “complications” as the reason. Although caesareans are a deviation from tradition for Tibetan women, most of the mothers I interviewed spoke of the surgery as a normal part of the birthing process, begging the questions: How many non-Tibetan birthing practices were becoming normal to Tibetan women? Would they soon be seen as part of Tibetan birthing practices, the way caesareans seemed to be?

Justin, a native of Austria whose four children were delivered at home in Dharamsala, spoke negatively of the fear surrounding birth: “Nature does 90 percent of the work during birth. The mishaps are due to fear and anxiety. Let nature take its course; a lot of havoc comes because humans tamper with it.” When asked for his views on the rising rate of caesareans, he commented: “Most births these days are caesarean because the doctor doesn’t want to take responsibility if something goes wrong. It’s safer and you can time it with your holidays,” he added wryly.

Adapting to Western Practices

According to “Birthing Traditions in Tibetan Culture,” Western birthing practices deviate dramatically from traditional Tibetan practices and may be hard for Tibetans to adapt to: “For Tibetans, health is achieved through balance of the mind, body, and spirit... The birth experience is profoundly different for the Tibetan family when compared to families from North America. The Tibetan childbearing family may have difficulty adapting to Western medicine, but providing a holistic nursing approach is possible; traditions and beliefs can be honored.”²⁷ With this quote in mind, I was curious to supplement the rates of caesarean sections and statistics with a qualitative inquiry

²⁵ “Caesarean section without medical indication increases risk of short-term adverse outcomes for mothers.” WHO Policy Brief. http://whqlibdoc.who.int/hq/2010/WHO_RHR_HRP_10.20_eng.pdf?ua=1 (accessed May 4, 2014).

²⁶ Betrán, Ana P., Mario Merialdi, Jeremy A. Lauer, Wang Bing-Shun, Jane Thomas, Paul Van Look, and Marsden Wagner. “Rates of caesarean section: analysis of global, regional and national estimates.” *Paediatric and perinatal epidemiology* 21, no. 2 (2007): 98-113.

²⁷ (Wilson 2012: 33).

regarding individual parents' birth experiences at government hospitals.

A young Tibetan mother who had birthed her eldest child at a private hospital and her second child at a government hospital (not Zonal) said that her experience at the private hospital was markedly nicer. At the government hospital she was not allowed to bring any friends or family into the room with her, which she said was hard. Additionally, the hospitals are overcrowded: "If you go to the government hospitals, there are many pregnant women and everyone is shouting. You're in pain, you're screaming, and the nurses are saying, 'Stop crying! Why you are shouting? This is normal, natural.' They scold you a lot while you're giving birth. It feels very bad but you cannot do anything. But it's not like that in private hospitals—of course they are nice to you there because you are paying a lot of money."

Not being allowed to have any family or friends present during the delivery creates an atmosphere markedly different from the traditional Tibetan homebirth experience, where women are surrounded by family, friends, and neighbors. Said one woman who experienced both homebirth in Tibet and hospital birth in India, "The most tragic thing a mother is going through during the delivery is the thought that she might die and in the hospital she is thinking, *If I die here now I don't even have my family or friends along with me.*"

Many women also spoke of the nastiness of the nurses and doctors during other parts of the birthing process, including prenatal care. One woman remembers hearing from her friends that the doctors "asked them to eat all this medicine. If they didn't eat the medicine then next time they told them, 'If you don't do what I'm telling you then I'm not going to take responsibility for your child.' I heard this from other women, so for my third child I did go to the check-ups and had some medicine."

The same woman said that trying to have a baby at home but planning to go to the hospital if there was a complication—as many Westerners do—was not an option: "You have to go to the hospital from the beginning. Let's say you want to deliver at home and suddenly you think, *Now its not going to work so I have to go to the hospital*, they won't help you. They will say, 'Why you didn't come from the beginning?'" Whether or not this is actually practiced, the information this woman conveyed swayed her decision of when and where to seek healthcare during her pregnancy as well as where to birth her children.

Continuity:

While it's easy to look at specific experiences and make sweeping judgments about where the best place to give birth is or who the best person to assist a mother in labor might be, it's also important to look at the larger picture. Realistically, the Tibetan women of McLeod Ganj are living in India and they must find a way to comfortably navigate a foreign system while retaining their Tibetan identity. *Where are the midwives?* might not be as pertinent a question as *In India, what are the options for expectant mothers?* or *What areas of maternal healthcare could be improved?*

During an interview, Brynne suggested that instead of focusing on where babies were being born, I focus instead on the model of care that women are receiving, honing in on continuity of care. It was possible that in Dharamsala women would be likely to receive a higher quality of care in a hospital than at home, even though this might not be the case in their homeland. In order to assess this, Brynne urged me to examine the experiences of individual women, focusing on continuity in providers and care in general.

Continuity of providers is an area that directly affects the quality of maternal healthcare in a community. The women of McLeod Ganj usually went to check-ups at Delek Clinic²⁸ where the routine examinations were performed by Delek doctors. The actual births usually occurred at Zonal or a private hospital, though, which meant that when they entered a delivery room, they had usually never met the doctor before. How was this affecting their level of comfort

²⁸ Delek Clinic is part of Delek Hospital. The clinic is located in McLeod Ganj on Bhagsu Road, making it more accessible than the hospital for the residents of McLeod Ganj. The doctors run a clinic for expectant and new mothers twice a week, splitting their time between locations.

during the delivery and their overall birthing experience? As was the case with many situations in which there is no other choice, women never mentioned this in the interviews, but I noted that it was a large deviation from the traditional Tibetan experience of delivering in the presence of well-known friends and family.

The postpartum stage seemed to be the area that had diverged the least from tradition. Women who gave birth in India stated that they rested for a month—similar to the time allotted for recovery in Tibet, according to interviewees—and that family, neighbors, and close friends helped out. The actual delivery, the part over which they had the least control, seemed to be the area where they had the least to say. Instead, the women described being surrounded by loved ones after the birth, having their husbands cook meals for them, and picking up mothering tips from their own moms. In this way, it was clear that there was continuity of care if one were to overlook the actual delivery. Before and after the birth the mothers were usually surrounded by friends and family, just as they would have been in Tibet.

D. Attitudes Surrounding Birth

The medicalization of life: a late arrival:



“Nowadays, they see birth as a big deal but back then they didn’t see it as a big deal,” said one elderly woman from Lhasa

Throughout my interviews I was surprised by the casual attitude that many of the mothers and father exhibited towards birth. An older woman from Lhasa explained, “Nowadays, they see birth as a big deal but back then they didn’t see it as a big deal. For me, I got scared during my first birth because it was my first time, but the midwife had experience and did it very easily so I never had to worry about that.” Choden felt similarly, saying that at the time, “I just thought, *My mother will do it*. Now I think it’s a big job! It’s not a little thing to do. There are so many risks, you know?” A 35-year-old mother of two summed up the attitude I encountered among Tibetan women living in McLeod Ganj: “Birth is casual and also a very big deal. Both! As a woman it is casual, a normal occurrence, but the pain is a very big deal.”

Was this causal attitude a new occurrence or historically ingrained, caused by what life had been like in Tibet? I wondered. Sonam, a 67-year-old who was born to a farming family in Kham provided some insight: “We don’t talk much about birth... we don’t consider it a big deal. Your family takes care of you and then neighbors come and see you. Otherwise it’s not a big happening. You just deliver the baby.” Sonam said that her “main concern” was recuperating so that she could help her family on their farm again. She described giving birth in one corner of the room in a nest of blankets, where she slept there for three days after the delivery. After cleaning the corner herself and removing the bloody sheets, she continued to rest in the house for a full month before returning to work: “We have to do the recovery

practice because we do hard labor as farmers and our main concern is going back to work. We need to be all better first.”

The amount of work expectant mothers are advised to undertake seems to depend on their lifestyle, which in turn is influenced by where they live. Like Sonam, Yangchen, a 45-year-old woman from Amdo, explained that working while pregnant was encouraged in her region. She recalls that she didn't realize her older sister was pregnant because her sister continued working, even in the early mornings and during the monsoon season. One day her sister told her that she would deliver a baby very soon; when Yangchen came back from working in the fields an hour later there was a new child in the family. “She had no pain and it was very easy,” Yangchen recalls. The only special treatment given to pregnant women, she said, was that after the first few months of gestation they were never left alone: “It's easy because we have big families and we all live together and work on the farm.”

Choden continued to work as a teacher in Dharamsala until her son was born: “We tell women to work a lot when they're pregnant. Don't just sit there and eat and say, ‘I'm pregnant’ and don't work. Our parents say, ‘You have to just work. Never, never sit, lie there and eat. You eat however much you want to eat but you still work.’ The morning before my first son was born I put on all my clothes. I was ready to go to my job. I stepped out of the door and suddenly I had pain in my back. Then I thought, *I just have to go inside*, and I lay down on the floor and the pain was gone. And again I went out, two or three times I did that. Then I had a huge pain and I couldn't stand up to go out so I asked my sister, ‘Can you please call my mother? I have very bad pain and I don't know what this is.’ On that day I delivered! [Laughing] That morning I was prepared to go to my job and that evening I had a child.”

The experiences of these women may seem surprising to Westerners, who often prepare for births by throwing elaborate baby showers, buying mountains of supplies, taking birthing classes, and reading books on raising children. While some of the younger parents I interviewed said that they did prepare clothing, blankets, and other supplies for the baby--especially the firstborn--many others did not. Some cited financial problems as the reason. Said Choden, “Before [I gave birth] I just ate what I liked to eat. At that time we were very poor so we can't think about which vitamin you're going to eat...just eat!!” For her homebirth, Choden delivered in a “One room house. There was nothing special to prepare. The only thing we did was put down a plastic sheet so as not to mess up everything.”

A Tibetan father whose wife delivered in India with the aid of a European midwife had a different experience, as seemed to be common when Westerners were involved: “She visited often and she told me to buy all the stuff like strings, gloves, scissors, everything, and she was very good.” When asked if he read any books, he laughed and said no, that was not very common among Tibetans.

Justin²⁹ took an approach that seems to be more typical of Westerners. He admitted that he did read up on the process: “I studied midwifery books for months. I had everything prepared and I had things ready in case we had to go to the hospital at the last minute.”

Many of the interviewees cited education as the main factor affecting the degree of a couples' preparation. Said Dr. Wangmo, “If they are educated then yes they do read about the process and look at the internet. If they are not educated then still they may have knowledge from their nurse or an experienced mother.” Another factor in preparation was financial affluence; many of the sources said that as they became more monetarily comfortable and felt more settled in India they devoted a larger amount of time and energy to preparing for the birth of their children. If this trend continues, it's likely that in the coming decades Tibetans will devote more time to getting ready for delivery, further muting the casual attitude intrinsic to Tibetan birthing culture.

Discussion:

If an overall casualness permeated the practice of birth, then what was birth education like? I wondered. The older women who I spoke with claimed that birth had rarely been discussed in their families while they were growing

²⁹ Justin was born and raised in Austria; his four children were born at home in Dharamsala.

up. Many of the parents I interviewed didn't know when they had been born as their parents had not kept track. Gyaltzen, a 48-year-old man whose parents were both born in Tibet, said that he wasn't sure of any details surrounding his birth: "My mother, she never told me. I think maybe [I was born] at home but she doesn't remember my birthday either. She said, 'You were born some day near winter,' so I thought it was maybe November." A 54-year-old woman who was born right after her family fled Tibet said that she "learned about birth from nobody. I didn't discuss my birth with my mother very much because she had stress to build [a new] life so she didn't have the time to answer these questions."

While for some the lack of discussion was practical, some cited other reasons. When asked if he knew his birth story, Gyaltzen answered, "Ah no, this I never asked. I could have asked but nothing came into my mind. Usually it's not nice to talk about...it's embarrassing for Tibetans." The idea that the topic itself is embarrassing and therefore avoided runs contrary to the claims of *The Tibetan Art of Parenting* which states that "a daughter learns all about the birth experience through her own mother's experiences during childbirth"³⁰ and is often present for the delivery itself. Even in cases when interviewees neglected to mention embarrassment, many did cite a lack of communication, and often said that they weren't sure why exactly it hadn't been discussed.

A typical response came from a 28-year-old woman who learned about the birthing process "from teachers, from books, internet, and these things sometimes I discussed with my friends also. There was no specific reason it wasn't discussed in the family."



TCV in upper Dharamsala

In order to gauge how much young people knew about the birth process in general, I conducted a survey at the upper Dharamsala branch of the Tibetan Children's Village (TCV).³¹ The survey, which was answered by 16 through 24-year-olds, showed that the majority of them felt "somewhat informed" in terms of their knowledge of birth. The majority of them reported that they had accrued their information from school or friends; a few cited books as their main resource. Most of the students wrote that their parents had spoken with them about birth "a little" but many of them said that they wouldn't feel comfortable going to them with questions. When asked if she would choose to ask her parents about her own birth, one 16-year-old student answered that she would not, elaborating, "I feel shy. I feel uncomfortable. And I'm not interested in hearing stories of my birth."

³⁰ (Brown, Farwell 2008:68)

³¹ The TCV schools were founded by His Holiness the Dalai Lama's eldest sister, Mrs. Tsering Dolma Takla. As of August 2013, this specific branch of TCV was home to 867 male boarders, 767 female boarders, 62 male day scholars and 47 female day scholars.

While the historical lack of communication surrounding birth may have begun in Tibet, where birth was simply a fact of life, it is clear that this is a trend that is continuing in exile, where “shyness” is often cited as the culprit. It was clear from my interviews, however, that the students did have more information about childbirth than their parents’ generation. As these young people grow up and start their own families, it will be interesting to see if the discussions increase.

E. Familial Involvement

The Role of the Father



Gyaltsen, whose second child was born at home with the aid of a European midwife

The role of the father in Tibetan birth, especially during the delivery, was another topic that was contested in my interviews; it quickly became clear that the father’s role varied greatly throughout different regions of Tibet and had further been changed by the transition from birthing in Tibet to birthing in India.

According to *The Tibetan Art of Parenting*, “Priority is given to the father’s special place during the birth, to be present with the mother and any other children. His part in welcoming a child into the world is a sacred responsibility.”³² Many of the answers from women who gave birth in Tibet supported this statement; one 67-year-old woman who gave birth to two children in Kham said that having her husband there was “a necessity. You might die so it’s better to have someone you’re close to near you.” Her words echoed her elderly friend who said that: “the only thing that you’re thinking during childbirth is that you might die if it doesn’t work out—at hospital or at home. That is the only thought,” she said, implying that there was no room for the embarrassment that many of the younger women said they would have felt if their husbands had been present for their deliveries.

While there was no consensus among the women I interviewed as to whether a husband should be present for delivery, there was concurrence on whether or not they were present; due to Indian government hospital regulations, the majority of the men had waited outside the delivery room while their babies were born. Gyaltsen recalls that the doctors at the hospital where his first daughter was born told him, ““You are a man, you have to stay away.”” He mused that perhaps the rules are in place in India because “The lady doctors are shy. Maybe they feel embarrassed.” While the

³² (Brown, Farwell 2008: 71)

idea that the female doctors would be embarrassed to have a male present during childbirth might be surprising to someone from the West, Gyaltzen's hypothesis was supported by multiple interviewees. A Tibetan woman who identified herself as a midwife³³ explained that during the homebirths she attended it was not an issue for the husband to be present, but that in the hospital it was different: "[It's] not embarrassing for mother but for the nurses who are female."

Upon further questioning I learned that in some regions of Tibet there is a similar history of men not being allowed to witness homebirth if in the presence of female attendants, meaning that this embarrassment is not an effect of Indian governmental hospital policy. A young mother who was born to a nomadic family in eastern Tibet reported that men are only allowed in the birthing tent without other women "because of shame." At first, I assumed that this "shame" was simply a manifestation of the pervasive discomfort with nudity that sifts men and women into separate bathrooms and locker rooms all over the world. Upon further examination, however, I began to suspect that there may be another reason...perhaps it's not only a matter of shame but also of practicality: "Tibetan women consider it more practical to give birth among women,"³⁴ because they are the ones who best know how to help them. While men can offer invaluable emotional support, they can't offer the wisdom accrued from having given birth themselves. In the cramped tents and one-room houses that women in Tibet often delivered in, perhaps there wasn't enough space for them to participate directly. Historically, the husbands might have simply been more useful tending to the household chores, caring for the other children, and cooking—something that many women cited as a husband's main responsibility during a wife's recuperation.

While many of the women tied the shame to the adults, others said that it came from the baby: "In a few parts of Tibet, custom has it that the father should not be anywhere near the birth. There is saying that if he is present the baby may be too embarrassed to come out...So in these areas of Tibet, the father must actually hide during the birth."³⁵ Choden had heard this as well: "In Tibetan [communities], there is a saying, I don't know whether it is true or not, but if a woman is giving birth to a girl and the father is around, it is difficult to give birth because the girl is too embarrassed to come out. I heard but I don't know." A 32-year-old woman who gave birth at home in Dharamsala supported this statement, saying that the older female neighbor who assisted her wouldn't allow her husband in the room during the delivery: "It's superstitious. They think that if she is having a baby girl then the baby girl will feel shy and she won't come out easily."

It's possible that some of these superstitions also come from a place of practicality. One woman from Amdo said that in her region there is no superstition about girls not coming out if the father is present but that if there is a pregnant woman at home then guests aren't allowed to come to the house because visitors are considered dangerous for the mom. In this light, it's possible to surmise that the lore is in place to make sure that only the necessary helpers—those who have experience—are present when the woman is most vulnerable.

While Indian government hospitals don't allow men—or anyone else—to be in the room while the woman is delivering, some of the private ones do. A 33-year-old woman who delivered in a private Indian hospital said that having her husband in the room was "very helpful" as he fanned her and held her down when she was shouting during the labor. She was grateful to have her husband present as she had no other family with her: "We were both alone, husband and wife."

³³ Pempa Kipa was the only woman I encountered during my research who was identified—by herself or others--as a midwife. Pempa worked as a nurse in the TCV nursery for 31 years; while she was not formally trained as a midwife, she learned how to care for women during childbirth through informal training given to her by the Swiss doctors at Delek Hospital. She says that when a woman wanted to give birth and it looked like there wouldn't be any complications, the doctors would call her to assist them during the home delivery. She attended a total of five homebirths.

³⁴ (Pinto 1999: 164)

³⁵ (Brown, Farwell 2008: 72).

Dr. Tsundue acknowledges that women need emotional support and stated that if things aren't "too hectic" at Delek, the hospital's policy allows family and friends to be present. He thinks that the trend will change in the future for government hospitals as well: "If you go now in the Indian corporate hospital the trend is slowly picking up. As you have in the West, the husband, they shoot the video, all the things like that. Over here, the trend is slowly coming."

Whether or not the husband is allowed—or chooses—to be present during the birth, it was always stated that his role was to assist in any way possible. One woman whose husband was in the army and only had two months leave per year said that she and her partner planned for him to take his break after the birth, when he could come home and be most helpful.

Said Choden, "Most husbands, they're very helpful here. If they're not helpful then why should we live with a man, you know? [Laughing] We will hire a servant and ask them to do the work! Two people live together means help each other. We call it husband and wife but it's a lifetime friend, you know. You want someone to live with, someone to depend on, someone to believe in...that is *rokpa*.³⁶ Both [husband and wife] should be working hard to raise the child."

Community Involvement:

While the exact role of the father may be contested in the Tibetan community, the high level of involvement from the family and other community members was emphasized across the board: "In every experience...I found a common thread in the great sense of community support through the entire birthing process. Family and friends come together to comfort and nurture women in birth and to welcome the precious new life of a child into the world."³⁷

Choden's experience fell into line with Maiden and Farwell's observation: "I didn't get [to hold] my first child the night he was born because everyone wanted to hold my son. They were saying, 'Now it's my turn' and another would say, 'No, no it's my turn.' My mother and my father-in-law and my sister, they love my children. So they are like parents, more than me honestly." A fluidity of roles among members of the extended family seems to be common in Tibetan communities as the Tibetan view of childbirth "emphasizes the unity and wholeness of a birthing mother and family, rather than attributing to each of them separate roles and services."³⁸

In many cases, the women spoke not only of family involvement but the support of other members of the community. An elderly woman from Lhasa stated that family and neighbors "will help you through this process...if you don't have family, you will have to rely on neighbors." Another older woman agreed: "In Tibet, the neighbor does come and ask if you're in pain, if you need anything...back in Tibet neighbors are really good. You can completely rely on them to help out. You don't need to ask, they just do it."

It's likely that this involvement stems from the close-knit ties that developed among isolated communities in Tibet, especially nomads and farmers who traveled together or worked closely side by side each day. While modern life in McLeod Ganj may not force Tibetan families to interact quite as intensely, the individuals I spoke with made it clear that interpersonal connections are highly valued and the area of childbirth is no exception.

F. Rituals:

Fragmented Traditions

Rituals and superstitions are an area that nearly every written source on Tibetan parenting addresses, as "In Tibetan tradition, this time is associated with increased spirituality, as well as concerns for physical health and well-

³⁶ *Rokpa*: a helper or a friend

³⁷ (Brown, Farwell 2008:68)

³⁸ (Brown, Farwell 2008:10).

being.”³⁹ This may be because “Tibetan medicine recognizes that spirituality and health are intimately intertwined...For Tibetans, health is achieved through balance of the mind, body, and spirit.”⁴⁰ Accordingly, BTTC recommends that women exercise gently while pregnant. The suggested activities include, “walking around a temple, while mediating on the positive, as the physical and spiritual are always connected.”⁴¹ The majority of the parents interviewed—both women and men-- said that they did do extra *kora*⁴² while expecting, yet a few of the younger women laughed and said that they were “modern Tibetan women” and therefore did nothing spiritual.

While *The Tibetan Art of Parenting* speaks of a modern community clinic which “maintain[s] many of the ritualistic [afterbirth] traditions”⁴³ I did not find any such clinics. Dr. Tsundue claimed that there was no difference between the manner in which births were carried out at Delek Hospital or an Indian or Western one. When asked about specific spiritual practices associated with pregnancy and childbirth, most of the answers I received varied.

Among the parents interviewed, there was very little consensus about which rituals were still done. Some women reported stamping a baby’s tongue with saffron in order to ensure longevity; another claimed that it was not for longevity but ensured “brilliance.” Many other women had never heard of the practice.

Most women mentioned the need to stay warm including Dr. Khando: “We advise mothers to always keep warm. Especially kidneys and the baby house [uterus]. This always should be hot. Otherwise the baby will not develop or sometimes the mother will have a miscarriage.” One woman mentioned that she did not touch water after giving birth, “Because in Tibetan communities we are told too much cold water is not good for the health. It will make the mom sick. It’s very dangerous.” While I was not surprised to hear that cold concerned her, she was the only person who pinpointed water as a specific culprit.

Dreams:



Choden recalls having significant dreams before the birth of each of her children

³⁹ (Brown, Farwell 2008:45).

⁴⁰ (Pinto 1999:33)

⁴¹ (Wilson 2012:34)

⁴² *Kora*: a circumambulation around a sacred site

⁴³ (Brown, Farwell 2008: 82)

Many of my written sources emphasize the importance of dreams during pregnancy: “Given that pregnancy and birth are seen as a time of heightened spiritual awareness, the information in dreams takes on heightened significance.”⁴⁴ For example, “a mother will report auspicious dreams of plentiful fruit and inviting someone into a room. These are both signs of a successful welcoming of a reincarnated spirit into the womb, and the woman knows she is pregnant.”⁴⁵

While many of my written sources mentioned dreams, only one of the women I interviewed reported having had a special dream while pregnant. Choden recalled: “Every time when I got pregnant I had a different dream. At the beginning of the pregnancies I had dreams that there was an apple and I ate it. I had this dream during my pregnancy with all three children and it was a sign that I was pregnant. And while pregnant with both sons I had dreams that there were snakes lying on my bed but they never harmed me, the snakes were very good.” Choden also had a dream when she was pregnant with her daughter that she was in an underwater kingdom filled with mountains of turquoise. She recalls the underwater King and Queen instructing her to choose the most beautiful piece of turquoise—*youdon* in Tibetan—for herself. The dream ended there but she reports that when she went to receive the name for her child from His Holiness the Dalai Lama the name was “Youdon.” Even more coincidentally, when her father-in-law was holding her newly born daughter and crooning to her, he called her *youri* which means “turquoise mountain.” Says Choden, “This word just came out—I didn’t tell him about the dream, either!”

Rings:

One tradition which doesn’t seem to be widely practiced anymore occurs postbirth: “The infant is dried and wrapped in only new clothing and blankets. If the infant is a boy, a ring may be temporarily placed on his penis to avoid the gender being changed.”⁴⁶ Apparently, “In Tibetan culture, the folklore belief is that a baby’s sex can change either during pregnancy, right at the moment of birth, or up to a few days after the birth. Changing sex is not seen as bad, but is to be avoided since it is unsettling to the child and family.”⁴⁷

Dr. Khando, recalled having actually witnessed this during her days as a former nurse aid at Delek Hospital: “After 10-20 minutes the baby becomes a girl [unless you put a ring on the penis]. We’d always say this to the very good [Australian] doctor and he says ‘I can’t believe this.’ One woman, she delivered a boy and she quickly took the ring off her finger and put it on his penis.

The doctor said, “You’re crazy, crazy.’ After five hours we went go and check on the baby and the boy had become girl and then we were very happy.

‘Oh, Dr., now come look here!’ we called.

The doctor looked and said, ‘No, no, it can’t be.’

‘Doctor, you see!’ we said.

‘Oh! You’re 100 percent right. Tibetan culture is very right!’ he said.

If you don’t see it you don’t believe it but it really happens.”

When I asked her how this was possible, she responded: “I don’t know but it happens in the Tibetan community there are many, many like this. If we can’t see we don’t believe. Even you, you heard but you can’t believe.” When I asked other parents, most had never heard of the superstition; the majority of those who had but had never witnessed it didn’t believe it, just as Dr. Khando predicted.

The Tibetan Art of Parenting suggests that perhaps there is a medical explanation behind these cases. The text theorizes that when some baby girls are born, their clitoris is swollen, appearing to be a small penis. After delivery, the

⁴⁴ (Wilson 2012: 35-6).

⁴⁵ (Wilson 2012: 36).

⁴⁶ (Brown, Farwell 2008: 36)

⁴⁷ (Brown, Farwell 2008: 100)

swelling goes down and the parents and doctors are surprised to find that they actually have a girl on their hands. While this justification makes more sense than any other, it is still hard to understand why this would only occur in the Tibetan community.

Astrology:

While nearly every Tibetan ritual tied to birth seems to be losing popularity overall, the one exception appears to be natal birth charts. Pema, an astrologist at Men Tsee Khang Astrology Center, reported that Tibetans as well as parents from all over the world come to have these done. The charts use the baby's time of birth and birthdate to make predictions about his or her future health, relationships, work life, and academia. They also prescribe remedies, prayers, mantras, amulets, and diet for poor health as well as prayers and rituals to repel negative energy. Pema says that these charts are very popular and that the center has many pending orders.

Surprisingly, some of this rise in popularity—at least among the Tibetan community--may be *because* of the surge in the number of hospital births. Although it is an ancient Tibetan tradition, the exact time of birth was rarely known when babies were born at home in Tibet; these days, however, nearly everyone in India is born in a hospital and is therefore able to provide their exact time of birth, thus creating a more accurate reading. At the end of my four weeks of research, I was surprised to find that natal birth charts may be the one area where a traditional Tibetan birth practice is actually being fueled by modernization.

Conclusion:

This paper examines modern childbirth practices employed by the exiled Tibetans currently living in McLeod Ganj, Dharamsala, India. By discussing the meaning of ambiguous terms such as “midwifery” and “homebirth,” comparing historical Tibetan birth practices with those occurring today in Dharamsala, summarizing birthing options—both in terms of both caregivers and facilities--available to the expectant parents of McLeod Ganj, and examining prevalent beliefs, especially the role of the father, the community, and rituals in childbirth, I hope to create a comprehensive overview of the ways in which tradition has both been carried over from Tibet and the way that it has faded as Tibetans have created new lives for themselves in India. Because the exile that Tibetans experienced occurred in the recent past, they are still very much in the process of navigating their new environment. This paper is merely a snapshot, and it will be interesting to see if the findings written of in this paper continue to be relevant as time goes on.

Appendices:

Appendix 1: Glossary of Terms

Kora: A circumambulation around a sacred site

Lama: defined by the Merriam-Webster Dictionary as “A Buddhist priest of Tibet.”

Puja: defined by The Smithsonian Institution as “the act of showing reverence to a god, a spirit, or another aspect of the divine through invocations, prayers, songs, and rituals.”

Rokpa: A helper or a friend

Thangka: According to the website “Buddhist Art and Architecture: Tibetan Thangka Paintings,” “A thangka is a complicated, composite three-dimensional object consisting of: a picture panel which is painted or embroidered, a textile mounting; and one or more of the following: a silk cover, leather corners, wooden dowels at the top and bottom and metal or wooden decorative knobs on the bottom dowel.”

Tsampa: defined by the Merriam-Webster Dictionary as: “flour made from parched ground barley or wheat that is the chief cereal food in and near Tibet.”

Youdon: Turquoise

Youri: Turquoise mountain

Appendix 2: Interviews

1. Tsering; Mother; April 10th, 2014*⁴⁸
2. Dawa; Mother; April 10th, 2014*
3. Tenzin; Mother; April 10th, 2014*
4. Phintsho; Mother; April 10th, 2014*
5. Lati; Mother; April 10th, 2014*
6. Desel Tenzin; General Practitioner, Delek Hospital; April 14th
7. Tenzin Tsundue; General Practitioner, Delek Hospital; April 14th
8. Yeshi Khando; General Doctor, Men Tsee Khang Clinic; April 15th
9. Kalsang; Young Woman; April 16th, 2014*
10. Sangmo; Mother; April 17th, 2014*
11. Choden; Mother; April 17th, 2014*
12. Sonam Wangmo; General Doctor, Men Tsee Khang Clinic; April 18th, 2014
13. Gyaltzen; Father; April 18th, 2014*
15. Brynne Potter; U.S.-based Midwife, CEO of Maternity Neighborhood; April 19th, 2014
16. Pema; Astrologist; April 21st, 2014*
17. Yangchen; Mother; April 22nd, 2014*
18. Karma; Mother; April 22nd, 2014*
19. Tashi; Young Woman; April 22nd, 2014*
20. Arun Patel; Public Health Specialist; April 23rd, 2014*
21. Justin; Father; April 23rd, 2014*
22. Neema; Mother; April 23rd, 2014*
23. Kalpana Negi; Senior Gynecologist; April 25th, 2014
24. Pempa Kipa; Midwife; April 26th, 2014
25. Sonam; Mother; April 28th, 2014*

⁴⁸ * Names have been changed

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Suggestions for future research:

In the future, it would be interesting to further explore the father's role in childbirth, especially the ways that men living in India might be affected by localized attitudes as opposed to traditional Tibetan sentiments. Another area of interest would be a study of whether Tibetan women and Indian women are prone to the same genetic problems and complications—both in general and during childbirth. I suggest focusing on whether Tibetan women are receiving care that is specific to their genetic make-up as they give birth in Indian hospitals. A further idea would include examining the short and long-term effects on the community when Western midwives travel to McLeod Ganj and offer their services to Tibetans.



Luna Adler conducting an interview; Photo by Tenzin Youdon