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What to Expect When You're Expecting: The Impacts China's Maternal and Child Health Care Law has had on Tibetan Birthing Practices In the Diqing Tibetan Autonomous Prefecture

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What to Expect When You're Expecting:

The Impacts China's Maternal and Child Health Care Law has had on Tibetan Birthing Practices In the Diqing Tibetan Autonomous Prefecture

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Abstract

While childbirth is universal, it is undeniable that class, culture, ethnicity, and the scientific and political state of medicine all influence how women experienced it. The Tibetan ethnic minority of the People's Republic of China (PRC) is a culture that exemplifies the uniqueness of each birth. Due to both their distinctive childbirth beliefs and practices, as well as the swift changes China has undergone, Tibetan birthing experiences are asking to be explored.

This study will focus on two major factors influencing Tibetan women's birthing experiences. To begin, research will be done to understand the Buddhist influences surrounding pregnancy and childbirth, from conception, through gestation, until birth. Questions concerning religious impact will be intertwined in more common and general pregnancy experience question (Appendix A). Secondly, the impact China's quick modernization has had on the birthing practices of this ethnic minority, (specifically the implementation of the Law of the People's Republic of China on Maternal and Child Health Care (MCHL), will be looked at. Despite China's extensive growth in healthcare in the last 50 years, many previous studies of birthing practices in Tibetan ethnic minority regions still show maternal mortality ratios remaining among the highest in the world (Adams, Miller, Chertow, & Craig, 2001). Why, despite the recent and strictly enforced law, have Tibetan communities continued to suffer in childbirth more than the rest of China? Further, how has the MCHL impacted their traditional Tibetan Buddhist birthing practices? Overall, this study will work to gather a full picture of a Tibetan woman experience in childbirth- including but not limited to her religious beliefs, her psychological and physical health, as well as the positive and negative effects of the MCHL.

Keywords: Obstet & Gynecol, Religion, Public Health, Development Studies

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ABBREVIATIONS:

TTM: Traditional Tibetan Medicine

MCHL: China's Maternal and Child Health Care Law

TTB: Traditional Tibetan Buddhism

BR: Birth Registration

DTAP: Diqing Tibetan Autonomous Prefecture

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Introduction

In the year 624 BCE, a man named King Suddhodana ruled a land near the Himalaya Mountains. One day during a midsummer festival, his wife Queen Maya had a vivid dream in which a magnificent white bull elephant bearing a white lotus in its trunk approached Maya and walked around her three times. The elephant then struck her on the right side with its trunk and vanished into her. When Maya awoke, she told her husband about the dream and the King summoned 64 Brahmans to come and interpret it. Queen Maya would give birth to a son, the Brahmans said, and if the son did not leave the household, he would become a world conqueror. However, if he were to leave the household he would become the Buddha. When the time for the birth grew near, Queen Maya wished to travel from Kapilavasthu, the King's capital, to her childhood home, Devadaha, to give birth. With the King's blessings, she left.

On the way to Devadaha, the procession passed an area full of blossoming trees. Stunned by the beauty, the Queen asked her courtiers to stop, and she entered the grove. As she reached up to touch the blossoms, her son was born from under her right arm, remaining untouched by the impurities of the womb. Then the Queen and her son were showered with perfumed blossoms, and two streams of sparkling water poured from the sky to bathe them. Then Queen Maya and her son returned to Kapilavasthu, where The Queen died seven days later. (citation of the birth of buddha)

Buddhism was born, and with it grew Tibetan Buddhist Culture. Remarkably, Queen Maya's textual records of gestation, delivery, and death have survived for twenty-five hundred years. Most of the ancient world's historical records rarely, if ever, provide details of pregnancies and childbirth. These details and moments were often considered too mundane to mention in pieces written by and for men. These rare occurrences of maternal experiences being recorded often aligned with the identities of women who shaped empires: Mumtaz

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Mahal, wife of the Mughal emperor Shah Jahan; Julia, daughter of Julius Caesar; Empress Xiao Chengren of the Qing Dynasty; and Anna of Austria, the queen of Spain, and so on (Gutschow, 2016). This fact in itself can give outsiders an idea of the importance the role birth has in Tibetan Buddhist society. Childbirth, in so many ways, embodies one of the biggest elements of Buddhism: rebirth, also known as reincarnation. As stated in Craig, 2009, "the creation and bringing forth new life is deeply valued and rooted in Tibetans religious and ethnic beliefs about the nature of existence, particularly the gift of being reborn as a human being and the possibility of spiritual achievement this might engender."

To understand how Tibetan childbirth has changed, it is essential to understand the roots of its beginning. Only then, can you measure the impact something has on Tibetan women's existence. As one will see in the Traditional Tibetan Buddhist Birthing Practices section of this paper, years of tradition and practice have been built on this meaningful understanding of birth in the eyes of Buddhism. From conception to a year post-natal, ceremonies, offerings, and visits to the local religious leaders are all but standard. Buddhism flows through every inch of Tibetan birthing practices.

An Introduction to the Spirituality Behind Buddhist Pregnancy

Later in the Traditional Tibetan Buddhist Birthing Practices, the experiences of both women and men will be discussed and explained. However, in the following section, the Buddhist idea of reincarnation (specifically about the actual action of reincarnation, conception) will be examined and analyzed through a very traditional Buddhist lens. This is the foundation of the many traditions that have developed over the thousands and thousands of years of Tibetan people's culture.

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Many practicing buddhist believe that “the final factor, aging and death, begins at the moment of birth. Everything that is born is moving toward death, and in each moment cells are dying and being replaced by new ones.” (Powers, 2007). Though through Western eyes this statement could be considered somewhat morbid, in the Buddhist perspective it is all considered reassuring. When you are born as a human, you are one step closer to death, and then hopefully to enlightenment. In Tibetan Buddhist tradition when someone dies their body is taken care of in a way that allows them to be returned to the earth. For the first few days after a Tibetan's death, the deceased body is kept in the home wrapped in a white cloth. Monks and llama's are invited into the home to perform certain blessing and chants. Once this procedure has been completed, the body is carried to a place of high elevation. There, a rogyapas, or body breaker, has the task of dissecting the deceased body to allow the sacred vultures can properly eat it (Edwards, 2017). This is a sacred and complex ritual, of which would take its own separate paper to properly explore and understand. It represents, in brief summary, Buddhists belief of cyclical existence. As the soul is carried back to the earth it came from through the sacred vultures, another soul is entering a woman's womb. With each death being returned to the world in which it had life, another soul is returning to that same world. With birth is death, and with life is reincarnation.

This said “soul”, is what many texts refer to as the Bardo consciousness. The Bardo consciousness is best described as a mental state that occurs between the past and future lives. The imagery of Tibetan Medicine describes the consciousness as a being “clothed solely in an illusory body or dream-like body (mental body), and is able to experience joy and suffering.” After the death of the beings past body, whatever it may have been, the Bardo state begins and the mind or consciousness begins to travel in a world we (humans) do not understand or know (Arya, 2015). The Bardo mind is similar to the Western idea of a ghost, it can pass

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through solid objects and go instantly to any place it desires without being interrupted by obstacles. The maximum Bardo duration is forty-nine days. In this time frame, the paths and desire of the Bardo are being directed to its new life, pushed in the proper direction by its own karma. The time in which a consciousness is in a Bardo state varies depending on their karmic past. The consciousness, driven by its karmic force, is able to reach any place in the world where its future parents are living. "It sees the couple [its future parents], and is attracted to them like bees to flowers." (Arya, 2015). This is where the conception takes place. When the Bardo consciousness has found its future parents, and sees them having sexual intercourse it too feels the emotions. If the consciousness is going to be a female in its next life, it will feel attraction to the man and jealousy against the woman. If it's going to be a male, the process is the same but with switched roles. At that moment of attraction to whichever partner, the consciousness will enter the father's nostrils and go along with his breath until it reaches his sperm. From here, the process of reproduction occurs.

Both the death ritual and reincarnation beliefs have together created one of the oldest and most advanced forms of obstetrics the world had seen. Through sky burial, an early form of what Westerners would recognize as dissection of a cadaver, Tibetans were exposed to all stages of embryonic development throughout the years of sky burials. Due to the importance of rebirth/reproduction in Tibetan Buddhist society, each dissection (especially of a deceased pregnant woman) was taken seriously and studied well. For lack of a better term, traditional Tibetan medicine (TTM) had pregnancy down to a science. The development of the embryo is so precisely recorded in ancient TTM texts that each month is explained in detail, showing when the fetus develops gender, and the development of each organ and extremity. Even beyond the physical development of the fetus in utero, is the spiritual development of the future being. "On the 25th week, the child's respiration (through the mother) starts and

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the sense of feeling begins. The consciousness wakes up on the 26th week and remembers some experiences of the past that happened during Bardo and even past lives.” Depending on the beings different karma and fortunes, each phenomena is distinct during the conception time. Some beings experience tranquility while others may feel tragic emotions. Each different Bardo's emotions and traumas have the possibility to influence the child's behavior, personality, and psychology after birth (Arya, 2015). Spirituality mixed into science, a commonly found theme in Buddhism. This is the creation story of those who practice, but it is not the experience of those who do the birthing. To understand the culture, the importance, and the years of birthing tradition in Tibet, one must talk to the local Tibetan men and women who have lived it.

A Background of Birth Registration in China

The effort in modernizing obstetric, prenatal, and postnatal practices in China has been evolving since its beginning in the 1950's. Birth Registration in China, the earliest form of the modernization, refers to the documents that record a child's birth, grant it citizenship and registers its permanent residence (known as a Hukou). (Li, Zhang, & Feldman, 2010). Interestingly, from the very beginning of birth registrations there has been a very different reality in rural and urban environments. In 1951 'Regulations on Hukou Registration for Urban Citizens' was the first document issued concerning BR in the PRC. In summary, it stated that each newborn baby has to be registered at a local police station by his/her parents or guardians within the first month after their birth. It wasn't until two years later in 1953 that a BR system was established for rural areas. It was managed by township governments. As time went on, the disparities between the rural and urban people became more evident.

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Naturally, over its 50 year evolution things changed. In the latest scientific journal concerning BR, written in 2010, the most modern BR procedure was laid out.

Today, the BR procedure remains very complex and three references are involved in BR application. The couple first needs to apply for a birth certificate from the Population and Family Planning department during gestation, and then apply for a medical birth certificate from the Public Health department postpartum. Only with these two references, can they register Hukou for the child at the local police station with their Hukou booklets. Needless to say, the BR procedures in urban and rural areas are quite different. In essence the BR procedure in rural areas is much less standardized than that in urban areas, and the “operational capability of registry departments in rural areas is also much worse than that in urban areas.” It is commonly found that multiple and independent registration procedures for “different certificates, isolated registry sites, and independent administration of different registry departments” can cause great inconvenience to the applicant (Li, Zhang & Feldman 2010). One of the interviewee's, Philip, was born in 1986, a time that still followed the BR practice. “There was no need for me to be registered [with the government]. There are annual village meetings and if there is a new family member that is when you report it. They divide the food and the labor based on the number. That is how they register their child.” And so, he was registered. However, born in a changing time, this was not the end of his birth registration process (Philip's story is continued in the followed section). Even many years after Philip's story, BR was still cumbersome to many rural families. That was in the late 1900's. Today, the importance of the BR has shifted, transforming into what is today known as an identity card. While it's title has changed, many of the previously stated consequences have stayed the same. In the following section, this idea and the laws around it will be explored.

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The Revamp- Maternal and Child Health Law of People's Republic of China

The previous installation of birth registration could be considered a mere modernization of China's birthing system in terms of appearance. Birth and pregnancy were being recorded to show the outside world, yet not much was changing within the world of China. Though in the grand scheme of things, China's maternal mortality and infant mortality rates have gone down, it is undeniable there is still an incredible gap between the rural and urban areas. As stated by the Communist Party in a official statement released in 2009, "due to many factors such as economic and social reasons, the issue of hospital delivery in rural areas, especially in rural areas of the central and western regions, has not yet been well resolved. The two death rates are still at a relatively high level"(National People's Conference, 2009). In effort to keep up with the United Nations Millennium Development goals, the Maternal and Child Healthcare Law of The People's Republic of China was created. Originally released and implemented on June 20th, 2001, the most updated revision is from just last year, on November 17th 2017. Though this is an extensive law with over 42 articles, we shall focus on that concerning pregnancy and childbirth.

"Article 24: The State promotes hospital delivery. Medical and health care institutions shall implement obstetric complications such as birth control and neonatal resuscitation, prevention of birth and injury and postpartum hemorrhage, and reduce morbidity and mortality of pregnant women and perinatal infants in accordance with the technical operating norms formulated by the health administrative department of the State Council. If there is no condition for hospital delivery, it shall be delivered by a family birth attendant who has been trained and has appropriate attendance capacity." (Rongji, 2001).

The law goes further, and speaks to the improvements that have to be made within the system before these rural women can actually gain the benefits from what they are making them do. The law hopes to "strengthen obstetric quality" of the hospitals in these rural areas. It also

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states that there will be effort to “supervise midwifery organizations to standardize medical behavior, strive to ensure the quality of obstetrics, and safeguard the safety of the majority of pregnant women and maternity” (National Peoples Conference, 2009). It is clear through the occasional future tense used to write the law, that some of these very positive seeming goals are still working to be achieved. In the meantime, hospital birth is an absolute necessity for the people of China. The government does currently pay for all hospital deliveries as stated in the MCHL, implementing a subsidy policy in all rural maternity hospital deliveries. In addition to the subsidy policy, the law goes further to insure that rural women have their children in the hospital rather than at home, as was traditionally done.

“(6) To strengthen the supervision and management of medical and health institutions and personnel service qualifications. Strengthen the regional planning for midwifery technical services, strictly assist midwifery institutions, technology and personnel access, guide maternal women to qualified medical and health institutions (including medical and health institutions organized by social forces), deliver hospitals, and resolutely crack down on various illegal delivery behaviors. . .”

Though how the government cracks down on the illegal forms of delivery is not stated in any of the articles about said law, the local men and women who were interviewed were able to fill in those gaps, as many of them witnessed the transition from home to hospital and have seen incidents in which women did not make it to the hospital in time. In each interview, as seen in Appendix B, the interviewee is asked where they had their child and why. If the interviewee is a woman who was pregnant in the past 5 years, they resolutely answered the hospital. Our interviewee Debbie laid it out most clearly, “I gave birth in the hospital because if you don't give birth at the hospital you don't get a birth certificate or an identification card for your child.” The inability to get your child an ID card is one of the largest consequences a person could face. It should be noted that an ID card is essential to be able to survive as a citizen in China. At every traffic stop, every hospital, every school, there are card and face

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identification scanners that correspond with your card. Without it, you essentially do not exist. You can not register for school, you can not get government given services (such as healthcare), and you often cannot leave your home area. While previously during the Birth Registration era the family had some time to register their newborn with their local or national government without consequence, the new MCHL calls for it to be nearly immediate.

The MCHL and The Diqing Tibetan Autonomous Prefecture:

Again, this law is extensive and cannot be covered in full in a mere introduction. The MCHL continues not just to delivery but expands into pediatric services, maternal services, and sets out nationwide guidelines for Cesarean sections. This, however, is not a research paper looking to critique or compliment the MCHL. Instead, the hope is to discover how this has changed the traditional tibetan birthing practices in DTAP, and if the changes can be attributed to anything else. The autonomous region that Shangri-La sits in is a perfect case study area. Shangri-La sits perfectly in the area described by the PRC, a rural western region of China that holds a huge population of the Tibetan ethnic minority group. Dr. Yao, the director of the local prefecture level TTM hospital, echoed the concerned sentiments expressed by the Chinese government. In an interview, Dr. Yao confirmed that this area does tend to have a higher obstetric mortality rates than other regions of China. He explained that China tends to review it's obstetrics through infant and maternal mortality rate, and the government tends to set the national standard of "death allowances", per say, low. The DTAP has a population of just under half a million, a relatively small number for China. Using this statistic, the Chinese government concluded that there should only be two and half maternal deaths each year, and that infant deaths should not exceed 10. Unfortunately, according to Dr. Yao last years maternal mortality rate was 4 woman, nearly double the national standard.

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Infant deaths stayed just within national limits at a total of 10 infant deaths.¹With such a small population in comparison to other regions, any sort of accident causes a substantial change in their obstetrics reviews from the government. Further, Tibetan regions such as DTAP tend to sit at a very high elevation, with Shangri-La itself ranging from 10,600ft to 14,000ft.) As a result, oxygen deprivation and extensive bleeding are much more common in these areas. While this alone creates added obstacles for both hospitals and patients in DTAP, it can take many residents of this area 2-3 hours to get to a prefecture level hospital even with the improved transportation and infrastructure of the roads in the past ten years. Dr. Yao also added that “traditionally, women prefer to have their baby in the comfort of their own home and village” but as the law now makes women go to at least a county level hospital to have their child, the transition has been tough. It is clear that the renovations in the MCHL, as well as the implementation are necessary especially in places like this. But is it working? What further can be done? And how are all these changes affecting the women in these areas?

Method

Participants and Location

This study was conducted in primarily Tibetan locations within the Diqing Tibetan Autonomous Prefecture, as well as with those who identify as Tibetan peoples. Though most of the research was done in the more populated area of Shangri-La (also known as Zhongdian), travel to the nearby village Trinyi was frequent, and there was an equal number of interviews from people of both locations. These varying locations held different but equally extreme importance. Shangri-La, though an urbanized area that also acts as a large

¹ It should be noted that abortions past a certain (and unspecified) gestation point will be counted as an infant death, and put towards the yearly total of infant mortality.

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tourist destination for Chinese and Westerners, gave a sample population for what it is to be a modernized Tibetan. Though, this area has been affected and shaped by other non-Tibetan cultures, and could not stand as the only location to do work in, it holds an important view of what it is to be a Tibetan. In contrast, the small villages that were visited were largely untouched by outside populations. The villages held an air of a place undisturbed by time. Many women still dressed in traditional clothes while working in the fields, yak roamed freely, and Stupas stand on the side of each road. Neither of these areas are more Tibetan than the other, rather, they show the whole varying picture of the Tibetan ethnic minority.

Within each of these areas were specific locations that were important to this study. As Tibetan culture and medical practices are largely influenced by Buddhism, visiting the holy sites around each of these areas was a necessity. Songzanlin Temple, also known as Ganden Sumtseling Monastery, is the largest monastery in all of Yunnan Province, and a religious destination for many. The local reincarnated lama and Buddhist monks live here, so this is often an area people will travel to to speak and gather advice from their holy figures. Also significant in understanding religious practices was visiting the Baiji Temple, also known as the 100 Chicken Temple that sits on top of a hill just outside the old town, mimicking the pilgrimage many take to their local village deities. Even more simple, but no less important, was visiting traditional Tibetan homes, all containing large wood poles in the middle of their common room, of which Tibetan people gather and dance around in celebration (such as the birth of a child) or mourning. Further, both the local western and TTM hospitals were visited allowing insight to the different medical practices available in Shangri-La, as well as the different populations that choose Western or TTM. This is essential to understanding current and changing birthing practices.

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Field Work

Field work for this study was done largely through interviews and observation with the people living in the previously states areas. A total of 10 interviews were conducted. A handful of interviews were able to be conducted one on one with other English speakers, but most required a translator as the majority of the population here speak Tibetan or Chinese. All interviews were done in person, either in homes, offices, or local cafes. Participants in these interviews varied in both age, gender, and cultural background. While those who identify as Tibetan were the majority of my interviews, they were a diverse population in itself: women who were expecting, mothers, fathers, the old and young, rural and urban. A local reincarnated lama was also interviewed, giving enlightenment on childbirth from a devout Buddhist perspective. These interviews allowed for insight into local peoples beliefs and practices, and helped the researcher get a base understanding of the culture before delving deeper into the project.

As this project is somewhat medically based, it was important to talk and work with practicing physicians and other medically trained people in the area. Dr. Briggs is an American physician who has been living and working in Yunnan Province for the last 20 years, and Diqing Prefecture for the last 16. He is stationed at a western hospital in downtown Shangri-La, but often makes home visits to much more rural and secluded Tibetan area's. Shadowing of Dr Doug ended up being a total of 16 hours. Time was also spent with Dr. Yao, the director of the prefecture level Traditional Tibetan Hospital in Shangri-La. Though he was too busy to be shadowed, he was able to interviewed over dinner. These men, combined with the information gathered from the local reincarnated lama, allowed the three different perspectives of medicine found in Tibet to combine- Western, Tibetan, and Buddhist.

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Additionally, independent research was done through literature found both online and in paper. The literature used was centered around Tibetan Buddhism, Tibetan birthing practices, China's birth right laws, China's maternal and child healthcare laws, and any literature about field work done in these areas in the past. This allowed for an essential base of knowledge to be built before entering the field with interviews, and also created a backbone to compare and contrast the current researches findings.

Limitations

It must be acknowledged that three weeks of field work given in the independent study period is only enough time to brush the surface of Tibetan culture, practices, and changes- especially under the topic of women's health. Sexual education, women's health, and pregnancy are commonly taboo subjects in the area's the field work was conducted in. These two factors combined create a large barrier in information collected. Add into this the fact that, I, the researcher am a white, middle class, American women, and the barrier becomes higher. In effort to combat said obstacles, it was made clear at the beginning of every interview that the personal information of the interviewee would be kept confidential and that their real names would not be used in the published paper. Even with this precaution, I am sure some bias still seeped through. In addition there is the unavoidable language barrier. Though a trusted translator was used in each and every interview, it is unavoidable that there will be meaning lost as it is translated. There are western ideals that are uncommon in tibetan culture, and tibetan ideals that are uncommon in western culture. To translate these accurately would take time and understanding somewhat unachievable in the given project time. Despite this, with these translators, understanding I could never achieve alone was accomplished. Additionally, due to the season and my contacts I was unable to interview any

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nomadic Tibetans, meaning a huge population of this minority goes unrepresented. Nomadic birthing tradition is largely different from the birthing traditions of static Tibetans. Due to this, the following report focuses on only static Tibetan traditions and does not contain any information about nomadic groups, to keep the information from being confused. Hopefully, even in the midst of these limitations, accurate information about these people and the beautiful way they live their life was achieved.

Discussion and Results

Traditional and Modern Tibetan Birthing Practices

In the following section, the obstetrics practices of Tibetan women will be discussed in full, from conception through postpartum practices. Through this it is the hope the reader can gain understanding of past and present birthing practices as well as be able to see them from a Tibetan woman's point of view. To protect the women who shared their story identities, fake names have been to each interviewee. A graph of this is located in Appendix B for organization.

Conception

While the entire subject of pregnancy and childbirth is slightly taboo, the topics around conception were seemingly the most kept silent throughout the interviews. Though there could be many possible reasons for this, it is most likely due the lack of education or the shyness around dialogue about sex. Despite this, there is extensive literature surrounding the subject and a handful of women open to brief parts. Buddhist beliefs on conception are unlike many others around the world. As stated in the introduction, conception is about reincarnation rather than reproduction in Buddhist's eyes. In talking to a local lama, Tenzin, it was discovered that many people seek his advice while trying to conceive. Some go to him as they are struggling to conceive, and others go asking him for advice on how to make sure

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their future child is a boy or girl. However, to him, it's all related to the Karma of the parents. He will always be honest with the parents, that there is nothing that can be done to make sure a soul enters one's womb or that said soul is a certain gender. Despite this he often encourages the couple to do good things such as free some animals, give food to homeless people, and then maybe they will reach the good karmic level they need to fulfill their wish. If a couple is childless, he has a chant to give them that, again, might help or might not. He tries as best he can to ease each couple's worry, but it is karma and the Bardo's consciousness in the end.

Though the Bardo consciousness' reproduction journey is a unique aspect, a woman's conception and reproduction experience is described similar to any other women in any other part of the world. In Tibetan texts, a woman can feel her conception, as she will be immediately overcome with a feeling of heaviness and satisfaction. As gestation continues, she will feel the classic and worldwide symptoms of headache, nausea, body ache, and cravings. It is also stated that a woman who has conceived should be helped morally and "given light treatment." Though it is not specified what this treatment is, the texts go on to say that pregnant women should avoid eating certain meats that either don't belong to her culture or she does not have interest in, as this could influence her "sensitive and fragile" psychology. Assuming this is the treatment, it is working to protect said female from harmful emotions and keep her in harmony. All of this is referring to the drastic hormonal changes that happen when a woman conceives, and speaks to her keeping good mental health.

In effort to touch upon these experiences, the first interview questions were particularly aimed around conception (see Appendix B). "How did you feel when you first learned you were pregnant?" The translator turned and asked Fiona, our first interviewee. Giggles erupted around the room for at least a minute before an answer came, "She is feeling

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shy to talk about her pregnancy. More giggles and chatter. This is how most interviews started, with an uncomfortable tensions that either dissolved as we moved away from conversations surrounding sex, or stayed thick in the air. Eventually, Fiona responded saying that she felt happy. She has had two children, now 12 and 14 years old, and during both pregnancies she had no [morning] sickness or colds. This was a common response with nearly all of my interviewee's. It could be assumed this response was correlated to future audience, as saving face is an important social structure here in China and difficulties in health is not something to broadcast.²

However, other women did reveal certain struggles and epiphanies they had when they first conceived. The next two interviewee's have a shared belief in Buddhism and the Bardo consciousness but their process of getting there is a bit different. Mandy is actually Han Chinese, and married into the Tibetan tradition. Hailing from one of China's larger and more modern cities she had not been raised with the kind of religious belief most of the people in the Shangri-La area have. She respected her husbands beliefs and melted into his family easily, but did not start to believe in Buddhism until her second pregnancy. She and her husband had traveled to the nearby province of Sichuan to visit a monk friend that their family knew. As they sat drinking tea, the monk asked how their daughter was and they sat confused. "We had a son," we told him, but he shook his head. "A daughter, I can tell." She soon discovered she was pregnant, and did in fact give birth to a girl. She nearly immediately began to study Buddhism, and soon converted. The condition of believing in Buddhism, according to her, is the belief in reincarnation and the cause and effect. She spent her time reading many books about the Bardo consciousness and now has no doubt in her mind that

² Saving Face is the term for protecting one's reputation. It comes in many forms, and is particularly common when talking to foreigners.

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her children are reincarnated souls. Conceiving for Mandy was joyful but far from simple, and her conception of her second child and the interaction she had with the holy monk changed her entire outlook on life.

In contrast, interviewee Debbie grew up in a Tibetan village and has always held strong beliefs of Buddhism. We did not touch on the Bardo consciousness to the extent of which Mandy talked about it, as to her reincarnation is nothing new, but she was willing to share her changing health and emotions with us during conception openly. According to the translator, she felt super calm and relaxed and thought that maybe she was pregnant. She decided to check with an over the counter pregnancy test and when it came back positive she felt extremely happy. It wasn't until a few days later that she began having intense trouble eating and sleeping, and became unsure that the pregnancy test was correct. She travelled to her local lama, who checked her pulse and read her body confirming she was expecting. To aid her in her pregnancy, he gave her scripture to chant a few times a day, and it relaxed her very much and allowed her to sleep. Though she can't remember the specific context of the chant, as it was given to her five years ago, she remembers its purpose. When a soul is reincarnating into the womb, it can make a woman feel unnatural and symptomatic. The chant worked to ease the symptoms of the future child's transfer from Bardo's consciousness to fetus easier, allowing the mother to eat, sleep, and relax. As a doctor may give medicine³ for this, a lama will give a chant. It should be noted that Debbie's daughter is now 5 years old, meaning she gave birth during a time when the MCHL was in full swing. Despite the pressure to go to a hospital and seek care from a doctor, she continued to get check ups from that same lama until two weeks before her birth when she registered with the hospital. Each

³ In talking to a Westerner who experienced similar symptoms during pregnancy, she was prescribed Xanax and Melatonin to aid with her anxiety that caused her not to sleep or eat.

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women is different, and as each story comes into play it is encouraged to take notice to which medical system each depends on.

Gestation:

In the following section we will have excerpts from interviews with several different women, from several different stages of the Birth Rights evolution in China. The period of gestation in an expecting women is traditionally the stage filled with the most religious practice. There is no doubt across cultures that having and preparing for a child is, in some aspects, ominous. From the minute the child is born a families life will be forever changed, and further, it is completely unknown how said future will be changed. This often leads people to depend on something bigger than themselves, someone holier or smarter, to reassure them. The question is, with the new MCHL, who is it that families in this area chose to depend on? According to Tenzin lama, he sees a handful of pregnant women every month asking him for advice and looking for reassurance. Years ago, he says, he would tell women to make sure someone who has gone through birth or a religious figure was there to help. Now, he suggest they they go to a hospital first because people there are trained specifically on childbirth and that makes it safe. Once they go, he gives tells them to chant Oman BeiBei Hm, as this chant will make the child compassionate when he or she is born.

Our interviewee, Veronica, is what some may consider a “modernized Tibetan.” She had her first child at 31 years old, and age considered so old it is something nearly unheard of in traditional tibetan culture. She comes from the town of Ganah, a place much more traditional and religiously centered than Shangri-La. Her parents and family practices Buddhism wholeheartedly, and while she believes, she is not as dependent on it. Still,

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throughout her gestation she prayed to the green Tara⁴ frequently, hoping for protection for both herself and her child. Her parents, from several prefectures away, also worked in support of her birth. They visited their local family lama, her father yearning for a grandson. The lama was unable to help with the gender, but did give him advice on chants for the health of her baby and a fast delivery. Learning from the father's mistake, her elder brother went to the llama right away when he found his wife expecting, did the suggested rituals from the lama, and got a boy.

Eight years prior to Veronica's pregnancy and birth, our interviewee Fiona was expecting her first child. It was 2004, and the MCHL was in its beginning stages, leaving rural women with a few more choices in terms of birthing and preparation. After getting pregnant, there is a local stupa and sacred stove on a mountain near the village, where many women go to burn incense and give offerings to the mountain God that is said to reside there. Though Fiona is from Trinyi, the closest village to said stupa, women will travel to it from all around the Diqing Prefecture. She, her friends, aunties, and mother made the trek up to the stupa where they circled around it, chanted, gave offerings, and lit incense in the name of her pregnancy. Though Fiona had shyly stated during the conception part of our interview that "she felt happy" and nothing more, Fiona also opted to go to the local prefecture level hospital and get several prenatal check ups throughout her first pregnancy. She combined some of the most sacred traditions of Tibetan birthing, with some of the best Western medicine in her area, all through the choice of her own. The story of her second pregnancy is a little bit different, and will be discussed further in the Labor and Delivery section of this paper.

⁴ There are 21 Tara in the Buddhist religion, each different colored Tara representing a specific aspect of life. In this case, the green Tara is a commonly worshiped form for expecting mothers.

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Finally, more than 20 years prior to both of these gestation stories, is Monica. Monica holds very special value in this research, as she represents a time in this area's history when BR was continually not on the forefront of people's minds. Married at 21, Monica gave birth to her first child less than a year later. It was a baby girl, who unfortunately died 15 days after birth. Her next successful birth was at the age of 24, to a son and the oldest brother of three. During her gestation she reported her life barely changed. This was not unusual back then, as most traditional tibetan women will continue to work as hard as ever in the fields until the moment of their labor pains. Her first birth was in the season of harvest, for those final months of gestation she helped with the labor as normal and continued with village chores. However, according to her estimated due date, Monica was more than two weeks late. It is a local belief that if you come in contact with a "bad woman" while pregnant, they can actually halt your birth. Upon reflection, she remembered that she had come in contact with a local village woman during one of her daily chores that people considered to be "crazy."⁵ Upon telling her mother in law this, they concluded that her evil may have affected her gestation time and scared her child into staying in the womb. With this knowledge, they set out to make harmony. On the 16th day of being late, her mother in law brought her on a hike to a holy cave⁶ that is believed to have special powers for mothers and children with any problems. A full 9 months and 16 days pregnant, Monica made the 6 hour trek up the mountain and back. The next afternoon, as she was helping with the harvest, her labor pains began.

⁵ Her son, Philip, who was graciously translating added that with his knowledge now and the way his mother described this woman, he assumed she suffered from a mental illness that would sometimes result in states of psychosis.

⁶ This cave is a different holy cave from Fiona's story. Though it was not specified where this cave is, it is assumed from the pilgrimage site that it is much farther away in distance than Fiona's.

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Labor and Delivery

In the the ninth month of gestation, the fetus begins to experience conscious feelings. According to TTM texts, the emerging independent being realizes five things: “1: the place (womb) is unclean, 2: there is an unpleasant smell, 3: it is like a prison, 4: it is dark, and 5: he/she feels unhappy to live inside like in a cage“ (Arya, 2015). As the child’s sadness grows, it begins to turn its head down in effort to move out of the womb. With the help of nature, in it’s 38th week of gestation it moves from the uterus and delivery begins. Though birth itself is the same across all humans, our practices or not. For this section we will be comparing the stories of two women from the same village, one who gave birth to her first child in 1984 and the other to her first in 2014.

When we left Monica’s story, she was just experiencing the first of her labor pains. She went and told her mother in law, and the night began. In traditional tibetan homes, the first floor is used for the livestock to live in, acting as a barn. The second floor is the home of the humans, made up of a few bedrooms, a prayer room, and a large living area. Most of traditional tibetans daily activities are done in this room, meals are cooked and eaten here, dances are held, and life is lived. It is also where life is born. Upon word that her labor had begun, the women proceeded to prepare the birthing area. They built a bed of barley straw, with a sheet over it and placed it near the door⁷. This placement is purposeful, as the process of birth and female fluids are considered to be largely impure and dirty. Next to the door is an opening in the ground that acts as a garbage shoot, leading to the livestock below. When the barley straw becomes sodden in the impurity of birth, it can be pushed through the hole so it

⁷ This bed is traditionally called a “Su Tong” in Tibetan.

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can be mixed in with the livestock's feces and turned into fertilizer. Once this was completed, Monica laid down with her mother-in-law by her side and pushed. Though not much detail was given about pain levels or the length of labor, we know her son was born when the sky was dark and lit with stars, presumably around 22:00. As the child appeared in the world, butter was smeared in his mouth by Monica's mother-in-law, a TTB tradition. Once both the mother and child were safe, and the placenta taken care of, wildflowers were bundled together and used as incense, a method commonly used to purify the area where the child was born. However, this is not where the attempts of purification end. Monica was to stay with the baby in this area for two months, until all the impurity was gone. They continued to sleep on the barley straw, and changed it once every 7 days. The wildflower incense was kept lit. Though the mother-in-law was allowed in, no male could enter the room. Monica's husband did not even peer into this area for the entire two months of the purification process, and did not begin to help with the children until they were one or two years old.

As is tradition, her family visited the local lama 7 days after the child's birth to begin the naming ceremony. This is an ancient and important practice that is still done today, and most people you talk to are given the name the lama suggests. Because of the fact that Monica and her child were still too impure to leave the living area, her in-laws and husband made the trek. According to Tenzin lama, there are many factors that go into a naming ceremony, but most of the most frequently used tactic is Tibetan counting. The reincarnated lama or knowledgeable monk is given the day of the week the child was born, the date, and the time when the child was born and through a formula unknown to common people, they are able to devise a name. Sometimes, however, said lama or monk will ask to see the child, take it in their arms, and give it a name on their first instinct (with truly special babies named after the monk or lama themselves). Monica had all of her three sons at home, in the living room,

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on her bed of barley straw. Each time she had her mother or mother in law by her side, helping her with contractions, cutting her umbilical cord, and sharing their wisdom from their experiences. From her point of view, birthing at home is easy and safe. She felt as she had control over everything: when, who, where. Watching her two daughter-in-laws going through at the hospitals, not understanding what was happening, she said (via translation) was scary. Monica is Philip's mother, and he was her second son. Reaching back to the introduction of this paper in our BR section, we know Philip did not obtain his ID card until he was a teenager, but was registered with his village immediately. That was the same for all of his brothers, none of them suffering the consequences many would today.

Fast forward nearly 30 years, and the story of Bonnie begins. Hailing from the same village as Monica, Trinyi, Bonnie was wed into an arranged marriage at the age of 17. Bonnie is a talkative and honest woman, willing to share every detail of her experience as if we'd known each other forever. Bonnie is currently 21 and a mother of two sons, one who is four and the other who is two. Bonnie gave birth to her first child on October 14th, 2014. She had been going to monthly prenatal check ups at the local western hospital for months now, while also chanting and giving offerings to the deities. At two in the afternoon, she had begun to feel pains that made her feel like she was going into labor. She, her mother in law, mother, and husband headed to the hospital to get checked in. A few hours into contractions, she was measuring at 5 cm dilated. By 9pm, she was only 7 cm. At this point in time the doctors had twice tried to give her an IV with medication to speed up dilation, and she had twice refused. "She doesn't like this kind of medicine and didn't want it to hurt her baby" our translator told us. An hour later, at 8 cm, a third doctor came in and explained that she needed to take these medications so that the hospital would not be liable if something was wrong with the baby due to the slow dilation. Feeling nervous, she digressed and accepted the IV. However it does

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not seem to help. She was in so so much pain, and her cervix was dilating at what seemed to be an even slower rate. It was 2 in the morning at this point, both her mother and mother in law urging her to stay awake and things become foggy. At some point, the baby begins to crown.⁸ She tries to push but she doesn't know how, she explained to the translator.

Somehow she was pushing from her chest instead of her abdomen, and her doctor (who was actually an intern, they found out later) was not able to offer much guidance. At some point in time the intern made an incision to lengthen the opening of the vagina, a common practice in obstetrics across the world. She remembers it being sewn back up and how painful it felt, she had no pain medication.

As Bonnie had undergone a normal vaginal delivery, and birthed a healthy baby, she and her child were released from the hospital after three days. However, the child cannot leave the hospital before receiving a name. This has caused the naming ceremony tradition to change- normally one would have to wait 7 days to go ask for a name from the local monk or lama, but now the husband and grandparents go the next day. While the circumstances of the naming ceremony have changed, the tradition of *having* a naming ceremony has not. Once home, she discovered intense abdominal pain each time she attempted to pass gas. Further, she was unable to defecate. For seven days she struggled, the pain and uncomfortable feeling building as each day passed without result of feces. Finally, she and her mother went back to the hospital. A routine pelvic exam was conducted, but everything came back normal. She was sent home with the diagnosis of constipation, but things persisted. Two days later she went back to the hospital. There they found that the doctor had sewn Bonnie's vagina and rectum together, as the incision made along opening between the two. "It was so late" Bonnie

⁸ This is the point in labor where the fetus' head begins to show at the opening of the vagina, signaling imminent delivery.

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had explained to the translator, "the doctor was tired and annoyed and maybe sloppy." Both the director of the hospital and the director of women's health at the hospital came to inspect, and concluded that though this was the hospital's fault, the family still needed to pay. Bonnie had to stay in the hospital for 6 days afterwards and the total hospital bill added up to 2,000 kuai.

However, this was not the only charge Bonnie received. Though she stayed aligned with the MCHL, which affects all women, there is a law that gives legal ages for Chinese people to marry. It states that women must be at least 20 to marry, and men must be 22 (Tien, 1983). This, according to interviewee Philip is a large problem for Tibetans. Tibetan lifestyle is not for the weak of heart, and involves strenuous and copious amounts of labor. To account for this, arranged marriages happen young and pregnancy is encouraged. Further, the hospital requires you to show a marriage certificate most Tibetans do not have. Though Bonnie was married at 17 (18 in Tibetan years), she did not obtain her marriage certificate until a few months prior to our interview, at the age of 21 (22 in Tibetan years). The consequences for being married younger than this (and being caught by having your child in a hospital) are very similar to that of the consequences of *not* having your child in the hospital. Not only does a child born in a young marriage have the possible threat of being "blacklisted" and not given an ID card, but the parents and family face possible charges. Bonnie was lucky, she said. Because her father is a respected village leader, she and her husband were charged 400 RMB. Her lifelong friend and neighbor was charged 4,000. When Bonnie's second child was born (which she travelled to Lijiang for) she was not fined, but her baby was blacklisted for over a year. This theme came up in many interviews. This brings us back to the introduction into the BR system, when Philip shared his story of his own birth registration. He continued on to talk about his niece who had her first child two years ago. She was 19, one year under

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the lawful age of marriage. Her child was, and still is, blacklisted with no identification card or birth certificate at its disposal. Philip speaks fluent English, and is a man willing to talk openly about government policy. I couldn't help but ask what one does if they cannot get an ID card. What if their child is born in the car, on the way to the hospital? What if, like his niece, the mother is just too young? How do they get an ID card for their baby? His answer was plain and simple, and seemed to sum up what many people had hinted in our interviews. "I have no idea."

Conclusion

The Pros and Cons of the MCHL

According to the official document released by the Communist Party of China⁹, the purpose of the MCHL is to improve the quality of obstetrics in rural and western areas of China, as well as reduce the maternal and infant mortality in these regions. However, if this is truly the case, there is much more that would need to be done. Most of the law speaks in the future tense, containing notions such as "we will improve the quality management system for obstetrics" or, how it is a goal to "strengthen personnel training, improve basic equipment for hospital delivery, and improve the service capacity of rural primary health care institutions" (National People's Conference, 2009). Though women are *currently* being guided by the laws consequences to go to the hospital for delivery, the hospitals are *working on* their hopeful improvements. This is one of the largest cons of the MCHL. Has the quality of the hospitals improved to the standards that are being expressed in the law, the standards women are expecting? In the case of most rural, county, or prefecture hospitals, it hasn't. It

⁹ Specifically the Ministry of Health and the Ministry of Finance

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takes time to change a healthcare system, and that should be understood. However, during this changing time, there can be more done to help women and their future children. Though a lot of the maternal and infant mortality rates stemmed from inappropriate medical care in the past, in the present, much of it stems from lack of education within the general public. In her interview, Debbie recounted how she and her husband arrived at the hospital unknowingly very unprepared. Women had talked to her about birth before, telling her how it would be painful and take a few hours, but for the most part that was it. The couple actually ended up giving a woman they met in the hospital money to go out and buy supplies they would need to bring their child home, and the woman graciously did. So even if they had a successful hospital delivery... what happens when they go home?

In speaking with Dr. Briggs, he recounted several instances in which a child or mother's health suffers after birth. Tibetan communities revolve around yak butter, with people drinking up to 5 cups of yak butter tea a day. It is what has been done for hundreds of years, and is viewed as one of the most nutritious things you can feed your child. Due to this, when a mother is having trouble nursing they often resort to a mixture of yak milk and butter as a supplement. Unfortunately, not only is there a lack of nutrition in this, but the cow's protein can upset the infant's stomach and wear away the lining. Through this, many infants will get iron deficiency anemia from stomach bleeding. The stomach bleeding is minimal and rarely shows up in the stool, but if this pattern continues long enough the anemia will show through symptoms of extreme fatigue. Once the symptoms become prominent the parents will bring their child to the hospital, during which Briggs has come into contact with many babies having a hemoglobin concentration of 4 gm/dL¹⁰. The other common medical

¹⁰ The lowest rate of a "normal" hemoglobin in any child under the age of 12 months is 9 gm/dL.

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condition he finds in infants are kidney stones. He shared with us one specific case, a young girl whom he had helped through her 3 pregnancies. After the successful birth of her first child, she came back to him saying that her baby was in pain. "The next time I saw that baby, about a year later, they brought him in with these whopping kidney stones because from the time he was born they were feeding him with yak milk and yak butter. It's like from the time he was born they were overdosing him with calcium." In questioning the circumstances of the child to find out where the kidney stones came from, it was revealed the mother of the child was refusing to breastfeed him because she has hepatitis B. "She didn't understand that kids here are vaccinated against that at one month and 6 months so they are protected." And many do not. A lot of women from rural areas are deeply uneducated, and most of what's going on at the hospital during their gestation, birth, and postpartum checkups goes over their head. If the goal is to decrease maternal and infant mortality rate, or improve quality of life during these times, education needs to be given to the community outside of the hospital.

However, on that same note, there are many advantages or "pros" to the MCHL. All children are vaccinated at birth. The reason the child from Dr. Doug's story was able to eventually breast feed was *because* of the hospital. Nearly all children are vaccinated with Hep B vaccine, DTP (DTAP), oral polio, tuberculosis, measles mumps and rubella, and Japanese Encephalitis, and their parents hopefully continue to keep these vaccines updated as they grow. Though outside education would help women understand what these are and why they are important, the hospital at least makes sure each child get them.

The goals of this law are good. Improved geriatrics and neonatal care is a target for every country all over the world, both the developed and developing. It can also be observed that maternal and infant mortality has gone down since the enactment of the revised portions of this law in 2009. As stated in the introduction, there were 4 maternal deaths and 10 infant

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deaths in the Diqing Prefecture last year (Dr. Yao). Though any death is one too many, the hospital did stay within the infant death limits for the year, and was seemingly improved in terms of maternal deaths. During my interview with Bonnie, she began sharing more horror stories of births she had heard. One of her friends had an uncontrollable hemorrhage after birth and was on the brink of death. Her family was given documents to sign in proactive approach of her death, and her husband actually had to leave the hospital to go manage the will. Despite this, she pulled through. Would she have lived through this amount of blood loss if she had a home birth in her rural village? Maybe, but maybe not. For every maternal death recorded, it is important to note the undocumented amount of "almost." An almost death is never a good situation, especially in a world of developing healthcare, but if a mother or infant can come out the other side alive, it should be looked at through both a negative and positive lens. There are deaths, there are almosts, and there is success. Though the hospitals in the Diqing Prefecture may have more deaths than other areas in China even after the MCHL was put in place, it has had successes too. There is more to be done, but isn't there always more to be done in the world of medicine and healthcare?

An Analysis of Pre- and Post- MCHL Birthing Practices

From mothers in law to doctors, from the back of a nomadic carriage to a hospital bed, times have changed and medicine has evolved, and if there's any current case study of such evolution it is the ethnic minorities in rural China. But can we point our fingers at the MCHL alone? What is it that has changed, what is it that has stayed the same, and why? When speaking with Monica, who has not only gone through three traditional births of her own but also watched her two daughters in law go through birth under the MCHL, I asked her what she thought of the new law and what she thought its biggest impacts were. Her son

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Philip was again our translator and they spent a considerable amount of time discussing this. Finally they turned and he translated, "Women just walk differently now." That changed my line of thought surrounding the topic. In many ways the question of how the MCHL has changed birthing practices is too small and narrow-minded. How has the increased prevalence of the modern world changed Tibet? How has that modernization changed Tibetan women? And from there, what has changed within the Tibetan birthing practices? When Monica spoke of her marriage, she spoke of shyness. She did not see her husband's eyes until the end of their wedding ceremony. She grew to love him, though I suspect that even if that were the case she would not tell me otherwise, nor would she have spoken openly about her distaste during her younger years. In comparison, Bonnie, who also went through an arranged marriage, continued our interview for nearly 2 hours after my questions about birth was done. She spoke about her shyness with her husband and that though they acted married as they lay in bed at night, it was as if they were strangers during the day. She blames some of the horror of her birthing experiences on the fact that that he was not comfortable enough to watch over her once the baby was born, even though she was too weak to look after herself. The difference between Monica and Bonnie, however, is her vocalization of these things, not just to me, but to her friends, family, and husband himself (telling him during the birth of their second child that he was about as helpful as a yak).

Take our modernization a step further, and we return to the story of Debbie, a woman of deep Buddhist faith and traditional background. When I asked the common interview question of who was with her when she birthed her child I was taken aback to hear that it was her husband. Though women aren't, for the most part, still secluded in their birth room for two months postpartum due to impurity, it is still uncommon to find a woman who had her child in the view of a man. Normally, it is the mother or mother in law. In questioning this, I

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found that her mother had travelled there and was staying in anticipation of the child being born. She was ready and waiting to help at home, but her mother spoke Tibetan, not Chinese. The doctors spoke Chinese. In many ways her mother would have been more of a nuisance than a help. Further, she wanted her husband there and he wanted to be there. She felt more comfortable with him than either mothers. This is not common in Tibetan areas but has slowly increased in prevalence. And so, through these examples, one can observe that not just women, but men walk differently now too. Relationships walk differently. Humanity walks differently. It is clear through the interviews that the MCHL has prompted change, but it is arguable that it is inevitable.

When I approached this project, I expected there to be frustration or dissatisfaction in the Tibetan woman that they were being forced to abandon their traditions of home births, but to my surprise I found none of that. Instead, it seemed not that people were angry with the situation, but that it was just the next step. Maybe, like Bonnie, they were disappointed with the medical care they received, but that is found in every country all over the world. She was upset about the patient care, but not the location. Further, despite the mandatory prenatal check ups and birthing location, did Bonnie truly give up her traditions? She prayed at her local village stupa everyday, lighting incense and giving offerings to the gods. Debbie consulted with her family lama throughout each stage of her pregnancy, and still to this day brings her daughter to him *before* the hospital if she is sick. Veronica did chants to the green Tara once a week. And each baby has a dab of butter placed in their mouth upon their exit of the womb, as has been done for thousands of years. Despite the control of the government as to where one's child is born, religious rituals are not necessarily impacted. When Monica was a new mother, there was a lot of prayer. One would pray to the Buddha to have a healthy child, and for the child to have a good, healthy, happy life. She would chant as she tended to

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the field, cooked, cleaned, or even sat. "But that is your own action, your own mind", Monica said. "Prayer is something personal." In her generation, she felt that everyone was, more or less, the same in their religious beliefs and frequency of prayer. The younger generation is different. Some believe and chant as she did and some remain quiet. Something else has emerged that people of the younger generation can hold onto for comfort, and that is the influx of modern medicine. According to Monica, they depend on the doctor, and believe and trust the doctor. They don't have as much mystery or fright with giving birth as she and her generation did, as they have modern technology reassuring them that things will be okay. There is not as much unpredictability or mystery surrounding the birth, and that can lead to a lack of spirituality. However, as has been shown throughout history, Tibetan Buddhists are a group filled with strength and compassion. As the Dalai Lama said, "if science proves some belief of Buddhism wrong, then Buddhism will have to change." This holds true through the change in birthing practices. Though the world around Tibetan Buddhists is changing, as it has many times before, their faith can adapt to these changes and learn to continue its traditions in the modern age without losing its morals or integrity.

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TIBETAN WOMEN’S BIRTHING EXPIRENCES

Appendix A: Human Resources

Name	Gender	Location of Interview	Date of Interview
“Fiona”	Female	Trinyi	04/26/18
Dr. Yao	Male	Shangri-La	04/27/18
“Veronica”	Female	Shangri-La	04/30/18
Tenzin	Male	Shangri-La	05/03/18
“Debbie”	Female	Shangri-La	05/09/18
“Monica”	Female	Trinyi	05/16/18
“Philip”	Male	Trinyi	05/16/18
“Mandy”	Female	Trinyi	05/23/18
“Bonnie”	Female	Trinyi	05/23/18
Dr. Briggs	Male	Shangri-La	05/02/18-05/04/18 (shadowed in hospital and interviewed)

Appendix B: Sample Interview Questions

Conception:

- How did you feel when you first learned you were pregnant?
- Who did you tell first?
- In first finding out did you seek any religious support?

Pregnancy:

- How much information did you have about pregnancy childbirth and babies prior to being pregnant?
- What do you remember most about being pregnancy?
- What kind of support system did you have during pregnancy?
- Who was your primary caregiver: a doctor, a midwife or a religious figure?
- What did you do to prepare for birth?

Labor and Delivery:

- Where did you give birth, and who was there with you?
- Was your husband there, and if not where was he?
- What do you remember about being in labor?
- What kind of interventions were used, if any (IV's, herbs, enemas, drugs...)
- Was anyone of religious background there during your birth?
 - Were any blessings done prior to labor?

TIBETAN WOMEN'S BIRTHING EXPERIENCES

Life With a Newborn:

- How did you feel physically and emotionally after the baby was born?
 - about yourself, about the baby
- Were you with the baby after birth, or were you separated?
- How was your experience at the hospital? Can you tell me a little about it?
- Did you fall in love instantly or did it take awhile to develop maternal feelings?
- To what extent was the baby's father involved? How did he feel after the birth?
- If you breastfeed, did you encounter any difficulties? If so, what did you do?
- How did you decide the baby's name?
- Did you do anything after the birth to honor the baby such as a blessing or a party?

General/ Summary Questions:

- How did your religious beliefs impact your pregnancy experience?
- If you are Buddhist, did you believe the child you were carrying was/is a reincarnated soul?
How did that make you feel/ think about the child?
- If you could do it all over again, would you do anything differently?
- Please feel free to add anything important about your pregnancy that you think we may have missed or not discussed in enough depth.

Appendix C: Future Research Topics

1. Vaccinations in Newborns: How many are vaccinated? How many keep up with their vaccinations?
2. Pediatric Health: There is currently no pediatric department in the hospitals in Shangri-La. Is this changing? How are children treated medically?
3. The Female Role in Tibetan Society: They are sometimes seen as impure, yet important.