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AIPS Final Report

“Scales of Marginalities: Transformations of Women’s Bodies, Medicines, and Land in Postcolonial Balochistan, Pakistan”.

Here is a narrative report discussing my dissertation research, the historical research undertaken during the AIPS fellowship tenure, and briefly offering some of the results of the archival research.

Research objective:

In brief, my dissertation project explores the relations between local midwives’ practices, their knowledge about reproductive health and plant medicines and the historical and contemporary policy construction of their identities and social worth in the context of a multi-ethnic society. I am also examining the social and historical impact of development interventions on midwives and the women with whom they work and care for. The primary research site for this project is Panjgur, a predominantly rural and one of the largest districts in Balochistan province located in southwest Pakistan bordering Iran.

Data sources include ethnographic observations, interviews, organizational documents, print media and the existing and historical literature on reproductive health and local midwives. The library and archival research is focused especially on documentation of health care programs implemented in Balochistan across the 19th and 20th Century, and also on the representation of Baloch’s who may or may not be the targets of health and social improvement.

The archival research is concerned with delineating the relationship between contemporary and historical scientific representations about *dais*’ (local midwives) reproductive health care practices and the Baloch people, against my ethnographic investigation of the social life of Baloch *dais* and other women in rural Panjgur. Thus, the archival research focused on two broad social areas:

1. Investigation of historical and contemporary policy about *dais* (local midwives), their practices, and the future of midwifery in Pakistan, and the history of health and development interventions in Balochistan, particularly the contemporary documents related to plant medicines.
2. Investigation of historical and colonial representations of Balochs and Balochistan. Most of the best archives and even modern books on Balochistan are only available and preserved in the United Kingdom Libraries. Rare documents such as the Gazetteers of and various kinds of administrative/ethnographic reports concerning Balochistan, and the memoirs of the British imperial officers, including medical officers can only be found in the India Office Library and the

British Museum Library in London, U.K. Both the India Office Library and the British Museum have documents and rare material about the Pre-1947 British Empire that included South Asia including what is now Pakistani Balochistan. As well as the British imperial zones of influence in West Asia/ the Middle East and East Africa, specifically Iranian Balochistan. I will also visit the Oxford University Library and the Cambridge University Library for the same reason.

Preliminary Results:

I completed my AIPS fellowship research. As planned I went to London and Geneva in July and August. As a whole my time there was quite productive. The British and the Wellcome library staff and librarians were extremely helpful. I believe I was able to research sufficiently to be able to address some of my core research questions. Below, I discuss two specific aspect of my inquiry that had been further shaped by my earlier ethnographic research and that now discussion about which is made possible in light of the historical investigation conducted in London and Geneva.

A focus that arose as a result of my ethnographic research is the need to consider the relationship between Unani medical diagnostic and treatment approaches and the conceptions of Panjguri local midwives' about female related illness/diseases. Pakistan, along with Iran, Afghanistan, India and Bangladesh are areas where Unani still survives despite the prevalence and preference for “modern (western) medicine” or “allopathic medicine”. But in each area Unani was altered to adapt to local conditions when they were re-written by local *hakeems*. cursory review of some of the material, I collective during my archival research at the British and Wellcome libraries suggest that Unani medicine may have influenced the knowledge and practice of the local midwives of Balochistan. My writing task is to delineate how and to what degree. One way I am approaching this is to first ascertain whether women herbalists or *tabibas* had a significant place in Unani medical practice historically in the regions of Balochistan. And if the *tabibas* once had equivalent status and roles in caring for women as did the *tabibs* in caring for men, how did this status and socially recognized role for women disappear. I first came across the term *tabiba* in Panjgur when sometimes the expert Panjguri midwives were referred to by this title. Thus, I began to wonder about possible link between a once thriving Unani medical tradition and the expertise of many local midwives and female herbalists I met and interviewed in Panjgur. The persistence of these midwives and their work in Panjgur, contrasts sharply with the dominant transnational discourses of the disappearing *dais* or “traditional birth attendants” (A view that was prevalent in the early 20th Century as made evident by the documents archived in the WHO library). The 19th and turn of the Century historical material clearly points to the uneven intrusion of allopathic medicine (that was in some respect a means of British colonial rule) and other forms of modern institutions and practices in South Asia and within Balochistan itself. Of course, if in the end, I am unable to find a direct connection between a historical and institutionalized *Tabiba* and the female expert midwives and herbalist of Panjgur, the reasons for it remain as important to delineate. I am left to explain, for example, how so many women across distinct areas of the Panjgur district that have not come in contact with one another, possess the depths of knowledge and

skills, have analogous diagnostic and treatment approaches that involve similarly complex herbal formulas.

In Geneva I visited the World Health Organization (WHO) offices and the United Nation's League for Health. While there was very little information about projects specifically targeting the region of Balochistan, the archives at the League of Nation's for Health proved extremely beneficial in regards to the shifting focus on "*dais*" training programs. Unlike Balochistan, Sindh province experienced a large number of interventions aimed toward hygiene training and skill development in the early 1900s. In general there is absence of any discussion about *dais*/midwives' involvement in the use of plan medicines.

My time at the World Health Organization and UN League of Health Office provided access to archives of some of the contemporary (20th century) and late 19th Century health related material. Because many people were on vacation, it was not possible to arrange many of the interviews that I had hoped to conduct. However, I did make important contacts with several individuals at the University of Geneva and the Wellcome Institute that looks as though may lead to future collaborations in projects of mutual interest. These included a fruitful meeting with Dr. Fantino, the director of Institute of History of Medicine and Health at the University of Geneva. One important area of my discussion with Dr. Fantino, following my archival research in London, included my concern about ethnomedical conceptions of reproductive/uterine related "cancers" and the degree to which this may or may not have been influenced by 19th Century allopathic medical understandings and shifting expertise in surgical procedures.

My investigation of the British colonial medical documents, archived in the British library indicates that in British India, large numbers of surgical procedures were being carried out throughout the medical hierarchy of infrastructures from Basic Health Units to the larger hospitals in the early 1900s. These included uterine and cancer related surgeries on women and across all regions (including medical facilities located in Balochistan) under the administration of British colonial rule. However, the rate of these surgeries varied across regions. Medical facilities in Balochistan appear to have the lowest rate of patient enrollment. There appears to be particular trend that I ascertained through an examination of the multiple years of facility based medical registries. It appears that as more British doctors were trained to do surgeries and as surgical equipments and instruments became increasingly available there was a direct rise in numbers of surgeries. What is remarkable is that death rates did not go down, and in some instances data showed that death was not an uncommon outcome of these surgeries. It appears as if death was one more "side effect" along with other iatrogenic related morbidities that may have been a result of physicians learning and experimenting with new technologies This point is particularly interesting for my project in light of my ethnographic findings, in the 21st Century, of the alarming number of hysterectomies among Panjguri women, a procedure that Panjguri midwives criticized and considered unnecessary in light of the preventive "*Balochi dewai*" (herbal medicine) they could provide and which their ancestors provided in the past. The "unnecessary" hysterectomies underscores the conflicting approaches between Panjguri midwives ethnomedical

conceptions and allopathic/biomedical ones about treating uterine dysfunctions and growths or “cancers”.

I continue to write my dissertation and as stated previously on the AIPS fellowship application, and I expect to file my dissertation in June 2007. So far, I have four of the seven chapters written. While I will integrate some of the historical material that I have researched with support from the AIPS Fellowship, I plan to write one or more articles that will be substantially informed by this historical material during my post-doctoral fellowship that I hope will begin fall of 2007. Moreover, I do intend to translate my dissertation into a book, which will of course emphasize the historical relationships that I seek to make in my research project in greater detail. Also, I hope to present a paper, in part informed by this historical material, at the South Asia studies conference in Wisconsin next fall in 2007. Unfortunately, I was unable to make it to the meetings this year.